BY ORDER OF THE COMMANDER

Central Command Regulation 40-2
(CCR 40-2), 27 March 2023

HEADQUARTERS UNITED STATES CENTRAL COMMAND
OFFICE OF THE CHIEF OF STAFF
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Medical Services
DEPLOYMENT FORCE HEALTH PROTECTION

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SUMMARY OF REVISIONS

This United States Central Command Regulation is revised to reflect updated Department of Defense guidance. Updated appendices to this regulation include United States Central Command Comprehensive Exposure Monitoring/Occupational and Environmental Health Sampling Plan (Appendix B), United States Central Command Sampling Plan for Sites with Burn Pits (Appendix C). Additional updates include Strategic Force Health Protection Metrics and Force Health Protection Performance Management Metrics. This regulation should be read in its entirety.

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SECTION 1: GENERAL

1.1. PURPOSE

This regulation consolidates DoD and Chairman Joint Chiefs of Staff policies into United States Central Command (USCENTCOM) specific requirements. Joint medical capabilities are grouped into Force Health Protection (FHP) and health service support pursuant to Reference (x). FHP includes all measures taken by commanders, leaders, individuals, and the health care system to promote, improve, or conserve the behavioral and physical well-being of military personnel, DoD civilians, and contractors authorized to accompany the force. FHP falls under the joint function of protection; see Reference (w). FHP functional areas include casualty prevention, preventive medicine, health surveillance, combat and operational stress control, preventive dentistry, vision readiness, environmental laboratory services, hearing readiness, and veterinary services pursuant to Reference (x).

1.2. APPLICABILITY

a. This regulation applies to all USCENTCOM Service Components and Combined and other Joint Task Forces (CJTF/JTF) operating within the geographic area of responsibility (AOR) assigned to USCENTCOM by the Unified Command Plan. It also applies to DoD civilian employees and DoD contractor personnel deploying with U.S. forces (hereafter referred to as "DoD personnel") consistent with DoD and Service-specific guidance and regulations.

b. This regulation focuses primarily on health activities required during deployment operations. Pre- and post-deployment activities addressed in the following guidance:

(1) Pre-deployment. Due to limited deployed joint medical capabilities, USCENTCOM requires the supporting DoD personnel to accomplish the pre-deployment activities described in References (k), (p), and (hh).

(2) Post-deployment. Post-deployment health activities described in Reference (p) are a Service responsibility.

(a) For medical purposes, this regulation applies to travel to, or through, the USCENTCOM AOR with expected or actual time in country for a period of greater than 30 days, excluding shipboard operations, References (p) and (qqq).

(b) For information related to environmental surveys, environmental reports, and the environmental criteria for establishing, operating, maintaining, closing, and/or transferring base camps, refer to References (aa) and (cc).

1.3. REFERENCES

See Appendix N.

1.4. POLICY

It is USCENTCOM policy to effectively anticipate, recognize, evaluate, control, and mitigate health threats to deployed forces in the USCENTCOM AOR, and to maximize electronic reporting and archiving of FHP and health surveillance activities.

SECTION 2: RESPONSIBILITIES

2.1. COMMANDER, U.S. CENTRAL COMMAND

a. The Commander, USCENTCOM establishes Command deployment FHP policies and programs, and reports health surveillance findings for all DoD personnel assigned or attached in the USCENTCOM AOR.

b. Supports comprehensive exposure monitoring (CEM), occupational and environmental health (OEH), and FHP requirements pursuant to the references listed in Appendix N.

2.2. CHIEF OF STAFF, U.S. CENTRAL COMMAND

The Chief of Staff oversees staff coordination of FHP issues within the USCENTCOM AOR.

2.3. DIRECTOR, U.S. CENTRAL COMMAND MANPOWER AND PERSONNEL DIRECTORATE

Director, USCENTCOM Manpower and Personnel Directorate (CCJ1) ensures DoD Components and JTFs have a process in place to record individual daily location data each deployed Service members and DoD civilian, and report the data electronically to the Defense Manpower Data Center and record location data for contractors pursuant to Reference (p) and (qqq).

2.4. DIRECTOR, U.S. CENTRAL COMMAND INTELLIGENCE DIRECTORATE

a. Director, USCENTCOM Intelligence Directorate (CCJ2) coordinates medical intelligence information with USCENTCOM Command Surgeon (CCSG) to incorporate into medical threat products.

b. Ensures plans describe procedures for collecting and analyzing intelligence information that potentially affect the health and safety of deployed personnel.

c. Disseminates chemical, biological, radiological, and nuclear (CBRN) threats and hazard information to all units in the USCENTCOM AOR.

d. In coordination with the Defense Intelligence Agency and the National Center for Medical Intelligence, provides intelligence information specific to the USCENTCOM AOR pertaining to DoD activities for Military Departments, supporting unified commands and DoD agencies in support of their deployment health surveillance responsibilities.

2.5. DIRECTOR, U.S. CENTRAL COMMAND OPERATIONS DIRECTORATE

a. Director, USCENTCOM Operations Directorate (CCJ3) provides the locations of the forward deployment sites to the CCSG for medical intelligence preparation of the operational environment and intelligence preparation of the battle space assessments.

b. Coordinates with CCSG regarding suspected and confirmed OEH incidents and CBRN incidents to facilitate tracking of exposed or potentially exposed personnel.

c. Incorporate food protection and security of food and water into force protection vulnerability assessment.

2.6. DIRECTOR, U.S. CENTRAL COMMAND LOGISTICS AND ENGINEERING DIRECTORATE

a. The Director, USCENTCOM Logistics Directorate (CCJ4) coordinates with CCSG to field qualified personnel or teams to perform environmental baseline surveys, CEM and OEH surveys, industrial hygiene surveys, and/or other environmental surveys related to infrastructure, construction or demolition projects and base camp closures/transfers, Reference (aa).

b. Coordinates with supporting Service preventive medicine and veterinary personnel for DoD-approved sources of food, water, and ice, as well as for food and water risk assessment (FWRA) of food, water, or ice from other (unapproved) sources, prior to procurement and consumption.

c. Upon request, provides deployment site locations and other available relevant information to support FHP mission planning.

2.7. DIRECTOR, U.S. CENTRAL COMMAND STRATEGY, PLANS, AND POLICY DIRECTORATE

The Director, USCENTCOM Strategy, Plans, and Policy Directorate (CCJ5) includes CCSG Group in long-range planning to ensure deliberate and crisis action plans address CEM and OEH surveillance requirements such as food/water vulnerability assessments, infectious disease, OEH surveys, CBRN incident exposures, OEH incidents, and reportable medical event reporting.

2.8. U.S. CENTRAL COMMAND, COMMAND SURGEON

a. CCSG monitors and ensures compliance of the implementation of this regulation. Conducts periodic Mission Assurance Site Assessment visits to measure compliance.

b. Specifies reporting requirements for Occupational and Environmental Health Site Assessments (OEHSA) (Appendix A), Risk Acceptance Acknowledgement for FHP Corrective Action (Appendix D), Periodic Occupational and Environmental Monitoring Summaries (POEMS) (Appendix G), Reportable Medical Events (RME) (Appendix H), Disease and Non-Battle Injury (DNBI) surveillance (Appendix I), CEM and OEH surveillance and CBRN incident reporting (IR) (Appendix J) in contingency and operational plans and orders, as applicable.

c. Identifies USCENTCOM CEM and OEH surveillance program's critical shortfalls and assist Service Components and JTFs with developing solutions to meet FHP and health surveillance compliance. Develops, implements, monitors, and assesses the USCENTCOM CEM and OEH surveillance program.

d. Establishes a Joint Force Health Protection Working Group to meet at least monthly to support the USCENTCOM Medical Coordination Working Group, Reference (z). The working group will update OEHSA tracker status, FHP troops to tasks listing, commanders risk assessment memorandum status for each deployment site, contact information, FHP capabilities, Medical Common Operating Picture (MedCOP) tracking and updates, DNBI trends, RME investigations, request for information submission, and identify lessons learned. The group will develop and recommend changes to this regulation.

e. Develops, implements, monitors, and assesses the USCENTCOM CEM and OEH surveillance program.

f. Coordinates with the Joint Staff, Defense Health Agency (DHA), Defense Centers for Public Health (Defense Centers for Public Health – Aberdeen [DCPH-A], Defense Centers for Public Health - Dayton, and Defense Centers for Public Health - Portsmouth), U.S. Army Medical Center of Excellence, U.S. Air Force School of Aerospace Medicine, and component Surgeons to ensure understanding of concepts of support for FHP in USCENTCOM AOR.

g. Works with USCENTCOM Communication Integration (CCCI) to identify appropriate communications channels, develop messaging, and implement media plans in supporting health risk communication efforts.

h. In coordination with CCJ2, CCJ3, CCJ4, and CCJ5, ensures that deliberate and crisis action plans address CEM and OEH surveillance (including risk communication) requirements.

i. In the event of an exposure incident that involves weapons of mass destruction, CBRN agents or toxic industrial chemicals or materials, coordinates with CCJ3 and ensures the proper documentation and dissemination of information (see Appendix I and Appendix J); and facilitates tracking casualties to final disposition.

j. Serves as USCENTCOM's final approval/signature authority on DD Form 1910, *Clearance Request for Public Release of DoD Information*, to recommend POEMS, Reference (p), for public release when all stakeholders with equities concur at the Directorate level. USCENTCOM directorates with equities in the POEMS includes CCSG, in coordination with CCJ2, CCJ4, USCENTCOM Staff Judge Advocate (CCJA) and applicable Service components or other subordinate commands as applicable. If any directorate non-concurs on release of a POEMS, the DD Form 1910 must be endorsed by a USCENTCOM Original Classification Authority.

k. In support of CCJ3 security office, provides subject matter expertise on country-specific food and water vulnerabilities as well as the other Defense Threat Reduction Agency developed FHP Benchmarks in support of the Mission Assurance Assessment Program.

l. Sends a surgeon representative (when staffing levels permit) to the following USCENTCOM Boards, Bureaus, Centers, Cells, and Working Groups (B2C2WG), Reference (z), Anti-Terrorism Executive Committee, Anti-Terrorism Working Group, Threat Working Group, Joint Intelligence Center, and the CCJ4 Environmental Working Group.

m. Conducts health surveillance and biosurveillance activities utilizing open-source sites, such as the Armed Forces Health Surveillance Branch, World Health Organization, and International Society for Infectious Diseases Program for Monitoring Emerging Diseases products to identify health threats, monitor DNBI rates and trends, submit requests for studies, and develop strategies to reduce DNBI rates, References (d) and (vvv).

n. In the event that a JTF and/or Service Component is not staffed with a Force Health Protection Officer (FHPO), the CCSG provides support to the respective CJTF and/or Service Component to meet requirements outlined in Paragraph 2.10 of this regulation, and associated appendices.

2.9. U.S. CENTRAL COMMAND SERVICE COMPONENT AND JOINT TASK FORCE COMMANDERS

a. Provides a risk managed, safe and healthy environment for all assigned personnel. Employ FHP assets to minimize the threats of DNBI. Establishes procedures to record occupational and environmental health risk decisions and to archive, and reevaluated on a reoccurring basis, Reference (l).

b. Ensures subordinate commanders' decisions on whether to implement identified occupational and environmental risk mitigation recommendations are adequately documented in the appropriate system of record (DOEHRS) and consistently monitored, at least on an annual basis, for each installation/base/enduring location/contingency location, Reference (rrr).

c. As specified in plans, orders, or the CCJ4 Base Operating Support-Integrator (BOS-I) matrix; serves as BOS-I for medical management. For locations without a specified BOS-I for medical management, the Commander of the medical treatment facility/unit (MTF) that provides the highest role of care for the base, will integrate medical support (mass casualty response, health surveillance) throughout the base, Reference (dd). Ensures medical concepts of support for each deployment site address access to each medical functional area, whether organic to the site or not, pursuant to Reference (x).

d. Resources subordinates with appropriate medical countermeasures and personnel protective equipment, Reference (hh).

e. Integrates CEM and OEH surveillance requirements outlined in this regulation into deployment plans, orders, and exercises.

f. Submits requests for assistance to meet the requirements of this regulation to the appropriate Service Headquarters.

g. Execute and track behavior health screening requirements for all deployers every 180 days. Implement an in-theater mental health assessment once during each 180-day period a Service member is deployed pursuant to Reference (uuu).

h. Enforces General Order 1C (GO-1C), Reference (ii), in your operation area. Identify all personnel injured by any animal and ensure they seek medical attention at the nearest MTF immediately.

i. Report the status of the following strategic FHP metrics by the 28th day of each month to the CCSG's Office, Strategic Force Health Protection Integrator:

(1) Commanders complete the USCENTCOM Risk Acceptance Acknowledgement Memorandum, Appendix D, in concert with OEHSA corrective action recommendations. Forward completed memorandums to USCENTCOM/CCSG Strategic Force Health Protection Team within 10 days of completion.

(2) Commanders deploy properly trained Service preventive medicine personnel to conduct CEM and OEH sampling needed to complete the USCENTCOM Sampling Plan for Sites with Burn Pits. Execute sampling guidance pursuant to the current CEM and OEH sampling plan and Reference (pp).

(3) Pursuant to Reference (x), commanders deploy and utilize trained and equipped field sanitation teams or service equivalent teams to implement preventive medicine functions to include risk communication, health education, medical surveillance, pest and vector control, disease risk assessment, environmental and occupational monitoring, medical countermeasures, proper waste (human, hazardous, and medical) disposal, food service sanitation, water potability, and hygiene.

(4) Commanders execute and track behavioral health screening requirements for all deployers every 180 days pursuant to Reference (uuu).

2.10. U.S. CENTRAL COMMAND SERVICE COMPONENT AND JOINT TASK FORCE SURGEONS

a. Develops medical concepts of support to clarify how every deployment site accesses each medical functional area pursuant to Reference (x).

b. Ensures compliance with and execution of deployment health surveillance and FHP requirements for all operations and contingencies. Develop processes to:

(1) Conduct baseline and vulnerability assessments, OEHSAs (Appendix A), ensure documentation and archival (Appendix F), POEMS (Appendix G), RME reports (Appendix H), DNBI surveillance (Appendix I), CBRN/OEH exposure IR (Appendix J), and Animal Bite Reporting (Appendix L) pursuant to the requirements of this regulation.

(2) Assess and manage medical threats and health risks within the AOR pursuant to established military risk assessment and risk management doctrine, Reference (hhh).

(3) Coordinate FWRA for the forces deploying or operating in an area where approved sources of food and water may not exist.

c. Institute appropriate OEH surveillance measures and provide preventive medicine support for identified hazards consistent with level of risk, mission, and available resources.

d. Establish processes to submit and monitor health surveillance reports for forces by geographic location, to include RMEs and DNBI surveillance reports through MedCOP, Disease

Reporting System Internet (DRSI) and other Service-specific health surveillance activities. See Appendices A-L for further details.

(1) Ensure all locations (medical units, medical treatment facilities, etc.) providing medical care complete joining and departure reports within MedCOP, Reference (ff).

(2) Establish naming conventions and filters to monitor surveillance rates by appropriate geographical location: Forward operating base, country, etc., Reference (hh).

(3) Monitor data entry quality and conduct periodic continuing medical education training to standardize clinical interpretation of the disease codes associated with the surveillance categories listed in Appendix J MedCOP at: https://hgsaidO1.ds.centcom.smil.mil/fms/#viewDir/base64L3B1YmxpYy9NRURDT1AgRG9jdWllbnRzL1VzZXIgTWFudWFscy9Vc2VyIE1hbnVhbHM%3D.

e. Institute appropriate CEM and OEH surveillance measures and provide preventive medicine support for health risk assessment development and recommendations to reduce residual hazards during decontamination of CBRN contaminated equipment and human remains.

f. Develop processes to:

(1) Enter all unclassified CEM and OEH surveillance data collected by Service preventive medicine/FHP assets into the DOEHRS pursuant to the references and guidance listed in Appendices A-E.

(2) Report all OEH and CBRN exposure incidents pursuant to procedures in Appendices H and Appendix J within 24 hours of incident to the CCSG's Office.

(3) Prepare health risk communication plans to inform deployed personnel of known and perceived health risks. This includes medical threat briefs and other products such as fact sheets, or information cards that describe the specific USCENTCOM country, and when applicable, area or base camp-specific health threats/medical risks and associated countermeasures. Coordinate with Service-specific public health activities/centers for assistance with products.

(4) Report all infectious disease outbreaks to the CCSG's Office USCENTCOM within 24 hours of incident, reference Appendix H. Complete required comprehensive exposure monitoring for all locations within the requirements outlined in current USCENTCOM sampling plans. Send completed results of all CEM and OEH sampling missions, to include completed OEHSA forms, base camp assessment forms, and OEHSA recommendations provided to the location commander within 10 days of mission completion to USCENTCOM/CCSG Strategic Force Health Protection Integrator.

g. Develop and implement geographic, area-specific malaria risk assessments and guidelines as specified in Appendix L.

h. Maintain deployed personnel immunization requirements as specified in the current USCENTCOM Individual Protection and Individual-Unit Deployment Policy.

i. Assign a Service Preventive Medicine Officer/Force Health Protection Officer to:

(1) Oversee and comply with the CEM and OEH surveillance program and reporting/record keeping requirements in this regulation. Initiate JTF and deployment site-specific policies and procedures to support the requirements of this regulation. Follow the USCENTCOM sampling plan requirements for each location within the USCENTCOM AOR on a quarterly basis.

(2) Participate in the USCENTCOM Joint Force Health Protection Enterprise Working Group (JFHPEWG). Chaired by the USCENTCOM Strategic Force Health Protection Integrator, the working group meets monthly via teleconference in support of the USCENTCOM Medical Coordination Working Group, Reference (z). The working group is comprised of representatives from the USCENTCOM, Service Components, JTFs, National Center for Medical Intelligence, Armed Forces Health Surveillance Branch, Defense Centers for Public Health, Joint Staff, Defense Health Agency, Under Secretary of Defense - Health Affairs, USCENTCOM deployed units and other supporting organizations.

(3) Implement procedures to develop, document, and track CEM and OEH surveillance and OEHSA completion status for all deployment sites within the respective area of operation (Appendices A-E). Coordinate with the DCPH-A for reach-back assistance and technical support.

(4) United States Air Forces Central Command and United States Naval Forces Central Command complete POEMS for their operational areas with internal resources and support from Defense Centers for Public Health - Portsmouth with final staffing and approval by the USCENTCOM Command Surgeon's Office. DCPH-A in support of USCENTCOM completes all other POEMS.

(5) Complete required CEM and OEH surveillance for all locations within the requirements outlined in current USCENTCOM sampling plans. Send completed results of all CEM and OEH sampling missions, to include completed OEHSA forms, base camp assessments, and OEHSA recommendations provided to the location commander within 10 days of mission completion to USCENTCOM/CCSG Strategic Force Health Protection Integrator.

(6) Enter all unclassified OEH surveillance data collected by Service preventive medicine/FHP assets into the DOEHRS, Appendix F, the system of record for documenting unclassified OEHSAs. Submit a monthly report of deployment sites with completed OEHSAs not accurately reflected in DOEHRS to the CCSG FHP team by close of business 28th of each month. Send classified information that pertains to deployment sites with sensitive operational conditions to DCPH-A USCENTCOM Desk Officer at oehs.data.army@mail.smil.mil.

(7) Complete staffing and coordination review of needed documents such as draft POEMS and related assessments where the component/JTF identified equities.

(8) Track, staff, and coordinate completion of incident reports and associated documentation required for all OEH exposures and CBRN incidents as described in Appendix J. Forward a copy of all reports to the USCENTCOM Strategic Force Health Protection Integrator

within seven days of the event. Provide CCSG with updated status report for all public health incidents within 24 hours.

(9) Support deployment sites and Command safety offices in the development of radiation safety programs, policies, and program execution.

(10) Monitor vector control programs and provide input into deployment of site integrated pest management plans.

(11) Identify regions where cold weather injuries (55 degrees Fahrenheit and below), heat injuries (78 degrees Fahrenheit and above), and altitude illness (over 4,000 feet) may occur and implement illness mitigation strategies.

(12) Support the process of capturing and capitalizing on lessons learned by accessing the Joint Lessons Learned Information System (JLLIS) on the Non-classified Internet Protocol Router Network (NIPRNet): https://www.jllis.mil and Secret Internet Protocol Router Network (SIPRNet): https://www.jllis.smil.mil/, clicking "Communities of Practice," and selecting "USCENTCOM Medical Community of Practice."

(13) Complete required CEM and OEH surveillance for all locations within the requirements outlined in current USCENTCOM sampling plans. Send completed results of all CEM and OEH sampling missions, to include completed OEHSA forms, base camp assessments, and OEHSA recommendations provided to the location commander within 10 days of mission completion to CCSG/Strategic Force Health Protection Integrator.

(14) Service preventive medicine personnel (designated organization leads) deployed to USCENTCOM operational AOR complete an after-action report (AAR) seven days before they redeploy. Capture preventive medicine and FHP lessons learned during their deployment and include a detailed account of all OEH activities by date and location. Forward copy of all AARs to the CCSG Strategic Force Health Protection Integrator within seven days of redeployment.

(15) Track all sites with active burn pits and the status of CEM and OEH sampling, sampling results (forward all results to supported commander within 10 days of completion), OEHSA, Commander's Risk Acceptance Acknowledgement Memorandum, health risk assessment reports, base camp assessments, and status of requested CEM and OEH sampling equipment and supplies for designated operational area. Follow the USCENTCOM burn pit sampling plan for each location. Forward all results within 10 days of mission completion to CCSG/Strategic Force Health Protection Integrator.

(16) Provide a copy of completed OEHSA, Risk Acceptance Acknowledgement for Force Health Protection Corrective Action Recommendation, Appendix D, and all supporting documents to the USCENTCOM FHPO for review within 10 days of completion of survey.

(17) Pursuant to Reference (p), use strategic FHP metrics and FHP performance management metrics to provide commanders and staffs with visibility on deployment health and Service preventive medicine requirements and capabilities in the AOR. Service Component and JTF Service preventive medicine/FHP personnel provide the following monthly updates to the USCENTCOM Strategic Force Health Protection Integrator/FHP Team: OEHSA and POEMS

status tracker; current listing of all Service preventive medicine/FHP and Veterinarian Assets; FHP Troops to Task Listing; and an updated situation report for their areas of responsibility as well as additional information as required no later than the 28th day of each month by 1700 hours Eastern Standard Time.

(18) Service Component and JTF Service preventive medicine staffs ensure Service preventive medicine personnel are adequately trained and equipped to conduct these assessments. Ensure methods and processes are established and implemented to provide the required supplies, equipment, and environmental samples required at designated locations in support of deployment health activities/FHP tasks pursuant to this regulation. Each Service's/JTF's Service preventive medicine elements maintain environmental and occupational sampling equipment and supplies needed to execute USCENTCOM CEM and OEH Sampling Plans for their areas of responsibly. Service Component and JTF assess potential OEH exposures incidents to categorize the health risk to forces.

(19) Serve as a member of the rabies advisory board for their area of operation and tracks all animal bites that occur. Provide feedback on the status of the animal bite reporting for their areas and provide a copy of tracking logs to the USCENTCOM Strategic Force Health Protection Integrator by the 28th day of each month by 1700 hours EST.

(20) Track compliance of all programs under CCJ3 Joint Security Officer Mission Assurance Assessment Program specifically; compliance with annual water vulnerability assessments for each location (where applicable); compliance with food vulnerability assessments; and compliance with public health emergency management for each location. Report the status of all Force Health Protection Benchmarks on or before 1 May and 1 October of each year to the CCSG/Strategic Force Health Protection Integrator. Be prepared to provide status updates quarterly upon request.

(21) Monitor data entry quality on CEM and OEH surveillance activities ensuring OEHSAs, exposure pathways, sampling plans, base camp assessments are completed and documented in DOEHRS, the DoD system of record. Send a copy of all completed OEHSA for quality assurance/quality control to the CCSG/Strategic Force Health Protection Integrator within 10 days of completion of draft OEHSA in DOEHRS.

(22) In addition to the execution of the standard sampling plans outlined in Appendices B and C in support of CEM and OEH sampling, conduct additional air sampling using the Deployed Particulate Matter Sampler to execute a continuous "six day" sampling plan (conducting air sampling on every sixth day in succession) to increase exposure monitoring and exposure data at the follow locations: North Camp, Egypt; Erbil, Iraq; BDSC, Iraq; Camp Arifjan, Kuwait; Camp Buehring, Kuwait; ASG-Jordan; NSA Bahrain; Al Udeid, Qatar; PSAB, Saudi Arabia; Al Dhafra, UAE; Ali Al Salem, Kuwait; and MSAB, Jordan. Execute this additional CEM and OEH Sampling NLT 1 April 2023 and continue until the termination date of 31 March 2027. Contact the USCENTCOM Strategic Force Health Protection Integrator for additional guidance and with any questions as needed.

j. Report the status of the following FHP performance management metrics by the 28th day of each month to the USCENTCOM/CCSG Strategic Force Health Protection Integrator:

(1) Are Service Force Health Protection personnel tracking the following: active sites with burn pits, status of CEM and OEH sampling for all locations, CEM and OEH sampling results (sampling results reported to supported Commander within seven days of completion), OEHSA and CEM and OEH status per location, Commander's Risk Acceptance Acknowledgment Memorandum status, and current status of CEM and OEH sampling equipment and supplies on hand and requests for support?

(2) Are required documents provided to the CCSG Strategic Force Health Protection Team by the 28th day of each month by 1000 Zulu? Documents required: Updated USCENTCOM OEHSA and POEMS tracker, FHP and Veterinarian assets listing, FHP Troops to Tasks Listing, Quad Chart (For monthly FHPEWG Synch), and updated situation report for their units and AOR.

(3) Are Mission Assurance Assessment Program requirements tracked and reported to the CCSG Strategic Force Health Protection Team by the 28th day of each month? Mission Assurance Assessment, Force Health Protection benchmarks (17 total Benchmarks) to be tracked include, but not limited to: water vulnerability assessment compliance, food vulnerability program compliance, and public health emergency management program compliance.

(4) Are CEM and OEH sampling surveillance activities completed to standard pursuant to USCENTCOM Command Directives outlined in this regulation? Activities to be assessed include, but not limited to completion of OEHSA, execution of CEM and OEH Sampling Plans, Base Camp assessments, annotating Latitude and Longitude for each location and sample, and completion of exposure pathways.

(5) Are copies of completed Commander's Risk Acceptance Acknowledgment for Force Health protection Corrective Action Recommendations provided to the CCSG Strategic Force Health Protection Team within 10 days of completion?

(6) Are AAR completed by Service Force Health Protection personal (designated organization leads) completed within and provided to the CCSG Strategic Force Health Protection Team within 10 days of departure from theater?

(7) Are animal bite reports provided monthly to the CCSG Strategic Force Health Protection Team by the 28th of each month and are rabies advisory boards meetings being conducted monthly?

(8) Are POEMS completed for each location annually and tracked monthly?

2.11. TRAVELING OR DEPLOYING TO U.S. CENTRAL COMMAND AREA OF RESPONSIBILITY WORKING UNDER THE AUSPICES OF DEPARTMENT OF DEFENSE

Individual Military Personnel, Civilians, and Contractors traveling or deploying to USCENTCOM AOR must apply personal protective measures and use protective clothing and equipment as required, and:

a. Avoid contact with domestic and wild animals, Reference (ii). Immediately report any animal bite, scratch or any other injury received from a domestic or wild animal to your chain of command and to the nearest MTF as soon as possible. Untreated exposure to rabies will result in death.

b. Practice good field sanitation and personal hygiene.

c. Implement the DoD insect repellent system, including the application of a standard military insect repellent to exposed skin, use of permethrin treated uniform, proper wear of the treated uniform to minimize skin exposure and sleeping in a permethrin treated bed net when appropriate. Use the Improved Bednet System, National Stock Number: 3740-01-543-5652 (Coyote Brown), to reduce the risk of arthropod borne diseases such as Malaria and Leishmaniasis.

d. Share the responsibility for ensuring a safe and healthy work environment by implementing administrative and engineering hazard controls.

e. Report unsafe conditions, hazardous exposures, and occupational injury or illness.

f. Seek medical care at the appropriate MTF for injuries, animal bites/scratches and illness received during deployment. Document any deployment related medical concerns during the post-deployment health assessment. Register at the Veterans Affairs Airborne Hazards and open Burn Pit Registry to report exposures to burn pits during your deployment at: https://veteran.mobilehealth.va.gov/AHBurnPitRegistry.

g. Limit strenuous physical activities when air quality is especially poor; and actions such as closing tent flaps, windows, and doors (for reducing risk from high particulate matter).

h. Consume food and water from approved sources to reduce risk to endemic disease. Drink bottled water only from approved sources. Obtain a current approved source listing for food and bottled water approved by the Army Veterinary Services by contacting the USCENTCOM/United States Army Central (USARCENT) Veterinarian.

i. Ensure compliance with all required vaccinations, pursuant to Reference (hh).

j. Avoid water contact and recreational water activities by properly wearing the uniform (especially footwear) and utilizing protective coverings for cuts/abraded skin (for reducing risk for endemic diseases from water contact).

k. Use work-rest cycles, proper hydration and nutrition, and Wet Bulb Globe Temperature monitoring to reduce risk from heat stress.

l. Use protective measures, limit exposure during cold weather, enforce proper hydration and nutrition and proper wear of issued protective clothing (for reducing risk from cold stress). Use appropriate hearing protection if in a higher risk area and always use proper eye protection.

m. Use personal protective equipment (as needed) to protect against the possible negative effects of poor air quality, emissions from burn pits, and other industrial air pollutants of concern. When operational possible, limit exposures and remain inside tents or hardstand buildings during peak exposure periods at locations with hazardous air quality. The use of approved High Efficiency Purified Air (HEPA) units indoors at locations with poor or hazardous air quality can be used to limit environmental exposures. Contact the USCENTCOM Strategic Force Health Protection Integrator for an updated approved listing of HEPA units.

SECTION 3: PROCEDURES

3.1. SCOPE

This regulation focuses on deployment-based FHP-required activities. The Commander, USCENTCOM, in concert with CCSG and USCENTCOM Strategic Force Health Protection Integrator, have overall responsibility to ensure these DoD Instruction (DoDI) requirements are completed. Described in this Section are key required activities. Detailed guidance is also provided in Appendix A (OEHSA), Appendix F (DOEHRS), Appendix G (POEMS), Appendix H (RME), Appendix I (DNBI), Appendix J (OEH Exposure and CBRN IR), Appendix K (feral animal risk mitigation), and Appendix L (animal bite reporting).

3.2. BASELINE DOCUMENTS

Tailor deployment health activities on the baseline health threat and risk assessment documents for the area or areas of operations and the specific deployment location. The incoming site preventive medicine personnel reviews documents and previous site reconnaissance and updates as the deployment proceeds.

a. Document pre-deployment threat assessment information in the intelligence preparation of the battle space, medical intelligence preparation of the operational environment, and preliminary health assessments/phase 1 reports.

b. Conduct OEHSAs, site reconnaissance, food and water vulnerability assessments, food and water risk assessment and environmental baseline surveys (engineering function) to identify and assess actual or potential health threats, evaluate, and identify exposure pathways, and collect CEM and OEH exposure date. Use collected information to complete risk assessments, determine courses of action and countermeasures to control or reduce the health threats, and to protect the health of deployed personnel. These documents, especially the OEHSA, are critical baseline documents that establish a conceptual site model that identifies key hazards and affected populations. Completed in coordination with the Defense Centers for Public Health, with assistance from preventive medicine assets/units in theater, OEHSAs for the USCENTCOM AOR are the responsibility of JTF and Service Component designated FHP personnel. Use OEHSA findings to direct and prioritize follow-on OEH activities such as routine sampling/monitoring, or focused sampling of a specific hazard or high-risk areas, or to address significant information data gaps. Submit information based on follow-on and incident driven monitoring and sampling and health risk assessments to DOEHRS, the DoD-approved system of record. This information also serves as source data for POEMS development and directly supports the Individual Longitude Exposure Record (ILER) pursuant to Reference (p).

c. At established base camps, review previously published FHP related documents for potential use and familiarity with that location's documented health hazards, to include base camp OEHSAs, POEMS, deployment specific hazard and incident factsheets, Deployment Health Guide trifold, and risk communication documents such as medical threat assessments.

d. Conduct an annual OEHSA to include quarters sampling pursuant to USCENTCOM Burn Pit sampling plan (Appendix C) at all locations exposed to emissions from open air burning of

waste (i.e., site with an active burn pit, landfill fires). Execute the Burn Pit Sampling plan every 90 days and complete the Joint Service OEHSA Form, and base camp assessment form pursuant to this assurance during each sampling mission. During each sampling mission, Service preventive medicine personnel conduct portions of phase II (site reconnaissance and verify exposures pathways) and phase III outlined in the OEHSA manual pursuant to Reference (pp). Use the Joint Service OEHSA Form to document findings during the execution of OEHSA and the Base Camp Assessment Form, in Appendix E, during each CEM and OEH sampling mission. Send copies of completed OEHSA template, base camp assessment form, and all other results (to include recommendations to the Commander) of each burn pit sampling mission to the USCENTCOM/CCSG Strategic Force Health Protection Integrator and the CCSG FHP Team within 10 days of completion.

e. Conduct an annual OEHSA to include quarterly sampling pursuant to USCENTCOM CEM and OEH Sampling Plan (Appendix B) at all locations (unless site meets criteria in part Paragraph d). Execute the CEM and OEH Sampling plan and updated the Joint Service OEHSA Form during each sampling mission. During each sampling mission, Service preventive medicine personnel conduct portions of phase II (site reconnaissance and verify exposures pathways) and phase III outlined in the OEHSA manual pursuant to Reference (pp). Send copies of completed OEHSA template, base camp assessment form, and all other results (to include recommendations to the Commander) of each CEM and OEH mission to the USCENTCOM/CCSG Strategic Force Health Protection Integrator and the CCSG FHP Team.

3.3. RISK COMMUNICATION PLANS AND TOOLS

It is critical that DoD personnel receive information regarding health threats (potential site hazards/exposure) and appropriate countermeasures prior to deployment and during the deployment and are made award of information they can access post-deployment. Health threats and countermeasure briefing, and other health risk communication information should be up to date, appropriate for the audience, and cleared through appropriate technical and command channels, Reference (qqq).

3.4. ROUTINE OCCUPATION AND ENVIRONMENTAL HEALTH MONITORING DOCUMENT

CEM is the totality of activities established to monitor occupational, environmental, and other exposures to hazards that support health surveillance, force health protection, treatment, and other health service support activities that maximize the health and readiness of Service Members and Civilians across the Joint Force. OEH surveillance includes monitoring and assessment of air, water, soil, food, vectors, noise, heat/cold and other potential hazards/exposures that can affect the short or long-term health of personnel. Routine monitoring, individual surveys, and reports are necessary to develop a complete and effective OEH surveillance program. Service preventive medicine personal use DOEHRS pursuant to Appendix F to archive OEH surveillance-related documents.

3.5. MEDICAL DATA SUPPORTING DOCUMENTATION

a. Monitor and conduct DNBI surveillance within MedCOP and pursuant to Appendix H (RME) and Appendix I (DNBI), Reference (qqq).

b. Document all deployment patient encounters, including those resulting from CBRN or CEM and OEH exposures, in the DoD health record (electronic medical record) or on a Standard Form (SF) 600, *Chronological Record of Medical Care*, in the deployment health record if the electronic system is not available. Use the applicable International Classification of Disease 10 codes, Reference (www).

c. Collect, report, distribute, and archive RMEs that meet the requirements described in Appendix H, including CBRN OEH incidents, according to Appendix I and Appendix J of this regulation, as well as DoD and Service-specific policies.

d. Once-Daily Location Tracking of Personnel. During deployments, Service components and JTFs verify once daily individual Service member locations recorded and reported through Service-specific personnel reporting systems to the Defense Manpower Data Center, References (p) and (qqq).

e. FHPO and Preventive Medicine Physicians can assist unit medical providers in documenting current environmental exposures unique to the deployed location. Unit medical providers are responsible for documenting individual Service member's occupational and environmental exposures during deployment operations using a SF 600. The use of the Electronic Medical Record and Post Deployment Health Assessment is another way to capture patient OEH exposures. Service Component and CJTF staffs will make the standardized OEH SF 600 overprint template available to subordinate FHP personnel include in their Service members medical records to describe the purpose and online availability of the POEMS. Staff additional information to depict potential OEH threats through the medical providers JTF/Theater Surgeon staff for approval with coordination/concurrence from CCSG, Reference (qqq).

SECTION 4: ADMINISTRATIVE INSTRUCTIONS

4.1. PROPONENT

The proponent of this regulation is the HQ USCENTCOM Command Surgeon (CCSG). Units are invited to submit comments and suggested improvements directly to HQ USCENTCOM ATTN: CCSG, 7115 South Boundary Boulevard, MacDill AFB FL 33621-5101.

4.2. ACCESSIBILITY

Publications and Forms are available on the USCENTCOM SIPRNet Releasable (REL) Publications Information Portal at the following link: https://ccj6.rel.centcom.smil.mil/R_DIV/RD/RDP/SitePages/Home.aspx.

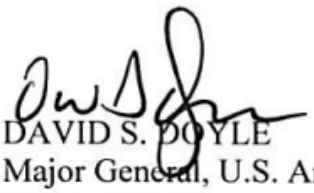
4.3. RELEASABILITY

There are no releasability restrictions on this instruction within the U.S. Federal Government. Contact the USCENTCOM Freedom of Information Act (FOIA) Office if requested for public release pursuant to the FOIA.

4.4. EXPIRATION

This regulation will expire in five years pursuant to USCENTCOM CCR 25-30, *Preparation of Administrative Publications*, unless revised or rescinded.

OFFICIAL:



DAVID S. DOYLE
Major General, U.S. Army
Chief of Staff

APPENDIX A: OCCUPATIONAL AND ENVIRONMENTAL HEALTH SITE ASSESSMENT

1. The OEHSA, done by Component preventive medicine personnel, documents the overall OEH conditions and documents complete or potentially complete exposure pathways at sites, Reference (u), occupied for more than 30 days. It includes a reconnaissance of the site history and potential or actual hazards from air, soil, water, noise, entomological vectors, occupational hazards, food safety, general sanitation, and ionizing and non-ionizing radiation. Use Joint Service OEHSA template found in DOEHRS by clicking the OEHSA link under the Environmental Health Tab: http://doehrs-ih.csd.disa.mil/doehrs/login.jsp. Additional information also found at DOEHRS resource web site at: http://phc.amedd.army.mil/topics/envirohealth/hrasm/Pages/DOEHRS_Resources.aspx.

2. Within 30 days of opening or re-establishing a DoD contingency location, the JTF, Component Surgeon, or specified BOS-I for medical management will submit a plan for completing the initial OEHSA to the USCENTCOM Medical Coordination Working Group. An OEHSA is complete once marked "Approved by quality assurance" within DOEHRS. The "start date" in DOEHRS is the reference date for tracking OEHSAs. USCENTCOM FHP Team will serve as the quality assurance review for all OEHSA completed in the USCENTCOM AOR. USCENTOM FHP Team will provide feedback to component and JTF Service Preventive Medicine personal. The Defense Centers for Public Health will provide technical support to the completion of OEHSAs and guidance on quality assurance processes. The Component/JTF Service preventive medicine personnel will submit requests for assistance to USCENTCOM Strategic Force Health Protection Integrator as necessary to complete assessments. The Component/JTF Service preventive medicine/FHPO conduct reviews of all completed OEHSA in their operational areas to provide feedback to supported units to improve compliance, data quality, and improve situational awareness.

3. Each active site will have an OEHSA conducted annually, and reassessments conducted every three months (90 Days) after the start date of the OEHSA and complete phase III pursuant Reference (pp) along with the USCENTCOM CEM and OEH sampling plan during reassessment, Appendix B.

4. Conduct air sampling (Particulate Matter 2.5, TO-15 Methods) for five days at all sites pursuant to Reference (pp) during each reassessment. Conduct soil and water sampling, pursuant to Reference (pp), during each reassessment as appropriate.

5. Locations with an active burn pit, conduct an OEHSA annually and conduct reassessments every three months (90 days) after the start date of the OEHSA. Complete Phase III pursuant to Reference (pp) during each reassessment. Use the USCENTCOM CEM and OEH Sampling Plan for Sites with Burn Pits Exposures, Appendix C, to complete environmental and occupational sampling requirements.

6. Conduct a Base Camp Assessment during the initial survey when completing the OEHSA and for each CEM and OEH sampling mission conducted thereafter.

7. OEHSAs identify actual or potential health threats, evaluate exposure pathways, document-sampling plans, and recommend courses of action and countermeasures to control or reduce the health threats and protect the health of all deployed DoD personnel. The commander exercising operational control (First O-6 Commander) of an assessed location will conduct health risk assessments for recommendation provided by Service Preventive Medicine Personnel after assessment pursuant to Reference (p). Commanders (First O-6 Commander) complete (with assistance from Service preventive medicine personnel) USCENTCOM Risk Acceptance Acknowledgement for Force Health Protection Corrective Action Recommendation Memorandum, Appendix D, in order to provide USCENTCOM Command Surgeon visibility on FHP issues that need Command emphasis to address and correct. Service preventive medicine personnel involved in providing recommendations to commanders for risk acceptance acknowledgment will forward completed memorandum, Appendix D, to the CCSG within 10 days of completion.

8. In addition to documenting OEHSA risks, communicate health risks to various stakeholders using good risk communication practices. Risk communication success hinges on an awareness of how others perceived and identify risks. It is important to develop appropriate messages and opportunities for two-way dialogue. Adopting proven risk communication tools and strategies will lead to successful interactions and effective communication of the overall risk to force.

9. Identification or observations of any open-air burn pit operation during assessments requires notification of the base/installation BOS-I for environmental management and reporting through the chain of command to the CCJ4, and the CCSG for determination if additional reporting/planning is required, Reference (j). Ensure all DoD or non-DoD open air burn pits are located at a distance of at least 4000 meters from U.S. personnel life support areas pursuant to current DoD guidance.

10. Forward OEHSA related documents through the Component/JTF preventive medicine/FHPO personnel for review and submitted directly to the DOEHRS module as the DoD system of record for OEHSAs. Forward a copy of the completed OEHSA and supporting documents to include the Commander Risk Acknowledgement, Appendix D, to the CCSG within 10 days of completion of CEM/OEH sampling mission. Submit classified portions of the OEHSA to the DCPH-A at: oehs.data.army@mail.smil.mil. Indicate within the OEHSA that there are additional documents available that are classified.

11. Conduct quarterly assessment pursuant to the sampling analysis plan. Consider current tactical situation at location to be assessed and conduct mission to the fullest extent possible using available equipment and supplies. Do not delay conducting sampling mission quarterly due to lack of supplies and sampling equipment. In a situation where all equipment is not available, conduct assessment with equipment and supplies on-hand to avoid gaps in assessment timeframes and data provided to Service Members ILER. Identify issues and shortages to the USCENTCOM Strategic Force Health Protection Integrator immediately for issue resolution.

APPENDIX B: U.S. CENTRAL COMMAND COMPREHENSIVE EXPOSURE MONITORING AND OCCUPATIONAL AND ENVIRONMENTAL HEALTH SAMPLING PLAN

Figure 1. Comprehensive Exposure Monitoring and Occupational and Environmental Health Site Assessment Sampling Plan

USCENTCOM Comprehensive Exposure Monitoring and Occupational and Environmental Health Sampling Plan

17 October 2022

1. Purpose. Use this Joint Service (JS) Comprehensive Exposure Monitoring (CEM) / Occupational and Environmental Health (OEH) sampling plan at each site within the USCENTCOM AOR **on a quarter basis, or every 90 days.** For sites with an active burn pit or occupational and environmental exposures from burning waste, or other extreme environmental exposure conditions, use the USCENTCOM Sampling Plan for Sites with Burn Pits. The results will identify and assess the exposure pathways for all sites where forces deploy or forces forward stationed to a location for greater than 30 days. Use this sampling plan and conduct sampling on a quarterly basis IAW CCR 40-2 (includes sites considered PCS locations by the Services). The results will assess the health risk to force and enable the completion of a Periodic Occupational and Environmental Monitoring Summary (POEMS) and provide data and information to the Individual Longitudinal Exposure Record (ILER) for the Joint Force. This plan meets the CEM and OEH sampling requirements outline in DoDI 6490.03 Deployment Health, DoDI 6055.05 Occupational and Environmental Health, DoDI 6055.01 DoD Safety and Occupational Health (SOH) Program, DoDD 6200.04 Force Health Protection, DoDD 6490.02E Comprehensive Health Surveillance, and NTRP 4-02.9/AFTTP 3-2.82_IP/ATP-01.82 Occupational and Environmental Health Site Assessment (OEHSA Tactics, Techniques and Procedures), DHAPI 6490.20 Deployment Health Procedures, as well as the recommendations from the Defense Centers for Public Health - Aberdeen's Risk Assessment Division and the Joint Public Health Enterprise.

2. Methodology:

a. Site interviews and reconnaissance. Site interviews and reconnaissance will allow service preventive medicine personnel to identify/validate CEM and OEH threats and identify potential exposure pathways. Consider current and future operational activities and potential exposures. The primary objective is to identify, verify and validate CEM and OEH threats and identify and visually verify the sites' existing occupational and environmental conditions that could negatively affect the health of personnel. As part of the site reconnaissance, systematically visit all buildings and industrial areas. Identify the boundaries of the site, recording the military grid reference system (MGRS) and latitude and longitude coordinates for the corners and for each sampling location. Identify industrial (manufacturing), agricultural, mining, and waste management (e.g., water treatment, burn pit) activities within five miles of the site. Identify all exposure pathways IAW the OEHSA TTP (noise, entomological hazards, non-ionizing radiation, etc.) to include source, environmental medium, health threat, route of exposure and population affected. Collect the necessary information to identify potential risks to force. A comprehensive description of the site is required. Provide as much detail as possible (including photographic documentation of the site when operational approved) about surrounding operations, populations, geographic and environmental overlay, and conditions. Develop a plan to mitigate potential health risks affecting the forces from occupational and environmental exposures and provide to the commander during out briefing before departing the site.

b. Complete the Joint Service OEHSA template and the base camp assessment form during each sampling mission. Record all information/data into the Defense Occupational and Environmental Health Readiness Systems (DOEHRS). Collect a copy of the comprehensive waste management plan and additional information as appropriate and appropriate (management plan, water and other media sampling /surveys if accomplished by engineering, facilities management, etc.) for inclusion into the JS OEHSA template and DOEHRS. Resources for DOEHRS can be download at: https://phc.amedd.army.mil/topics/envirohealth/hrasm/Pages/DOEHRS_Resources.aspx.
Note: Send copies of completed OEHSA template, base camp assessment form, and all other results (to include recommendations to the Commander) of each CEM and OEH mission within 10 days upon completion to the USCENTCOM/CCSG Strategic Force Health Protection Integrator, and the CCSG FHP Team.

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USCENTCOM CCSG / 17 October 2022 - Version 3.0
(Supersedes Ver 2.0 - 26 July 2019)

Figure 1. (Continued)

c. Soil sampling.

(1) Develop a soil-sampling plan IAW OEHSA TTP. Conduct soil sampling at the site and in surrounding areas in a systematic way as illustrated in Figure B-4, OEHSA TTP on a quarterly basis. Complete the soil sampling field data sheet for each individual sample collected.

(2) For existing sites, map and review sample results from all engineering and Service preventive medicine soil samples. The site soil-sampling plan will include areas with complete exposure pathways that need further characterization.

(3) For new sites or expansion of existing sites, Service preventive medicine personnel will coordinate with the Engineers and planners to ensure the land area is appropriately characterized and 'acceptable' for the desired future land usage. **Note:** Once a location has achieved characterization, routine soil sampling may not be required when approved by USCENTCOM Strategic Force Health Protection Integrator.

d. Water sampling.

(1) Identify the water systems used by the site and sample each system independently. Conduct sampling for the primary drinking water system and for water used for personal hygiene and food service operations. Use appropriate water sampling kits provided by United States Defense Centers for Public Health - Aberdeen (DCPH-A) to collect samples. Conduct standard field water testing as required and record all findings on the appropriate field data sheet.

(2) Conduct routine field water surveillance and sampling per TB MED 577 at representative points of use in the water distribution system(s) and record all results in DOEHRS. At sites where this is not feasible, record the rationale for a reduced sampling frequency in the OEHSA.

(3) Semi-annually sample each drinking water system at points of use in its distribution system. Sample points should be a representative subset of the routine field-testing points. Semi-annually sample each potable non-drinking water (food prep, personal hygiene, etc.) system at points of use in its distribution system. Sample points should be a representative subset of the routine field-testing points.

(4) Sample the raw source water (ground or surface water) annually. Collect samples to represent the variations in water quality for identified raw water sources.

(5) Semi-annually sample the bottled water supply. Submit samples of each brand in use (2 liters from a single lot from each brand; unopened bottles). Sample all brands from the primary distribution hubs (e.g., Bagram) and from 10% of the outlying sites supplied from that hub. Conduct routine field tests of the bottled water supply at each site and record the results in DOEHRS.

(6) Conduct water system surveillance at least semi-annually to ensure proper operation and maintenance of water treatment system. Evaluate the distribution system (piping, storage containers, trucks, etc.) and document all findings (positive or negative) in DOEHRS."

e. Air sampling.

(1) Conduct five 24-hour days of air sampling (PM2.5, PM2.5 metals, and volatile organic compounds (VOC: TO-15 Method - Summa Canister) for each evolution (each quarterly sampling event would be considered an evolution).

Figure 1. (Continued)

(2) Employ other sampling methodologies as needed based on potential exposures. In additional to this sampling plan, employ new technologies with the support from Service and Defense Health Agency (DHA), as appropriate (e.g., wearables).

(3) Complete the appropriate field data sheet for each sample and record atmospheric readings as required. Follow the methods listed below. Instruction for determining sample points, operating equipment, and handling and shipping of media and samples listed in the reference methods listed in this document. Understand and follow sample collection and handling sections of the reference methods when collecting and shipping ambient air samples.

OEH Threat	Sampling Equipment and Media	Analytical Method	Sampling Rate	Sample Duration	Sampling Frequency
PM 2.5	Deployable Particulate Sampler (DPS) with 47 mm Quartz Fiber Filters	Gravimetric	10 L/min	24 hours	Quarterly
Rationale: Sample each site in the USCENTCOM AOR on a quarterly basis (Every 90 days). For sites with burn pits, continue sampling for duration of burn pit existence to determine ambient air exposure concentrations associated with the normal ambient conditions and emissions from the burn pit. **Procedures:** Place DPS units at sites where exposure are most likely to occur. Sampling will be accomplished approximately 4 - 6 feet above ground level to account for breathing zone. Samplers will be placed at a distance of at least twice the height from any on-site/off-site obstruction (buildings, trees, etc.) to mitigate boundary layer effects. Change filters every 24 hrs.					
Heavy Metals	Deployable Particulate Sampler (DPS) with 47 mm Quartz Fiber Filters	IO-3.5	10 L/min	24 hours	Quarterly
Rationale: Sample each site in the USCENTCOM AOR on a semi-annual basis. For sites with burn pits, continue sampling for duration of burn pit existence to determine ambient air exposure concentrations associated with the normal ambient conditions and emissions from the burn pit. **Procedures:** Place DPS units at sites where exposure are most likely to occur. Sampling will be accomplished approximately 4 - 6 feet above ground level to account for breathing zone. Samplers will be placed at a distance of at least twice the height from any on-site/off-site obstruction (buildings, trees, etc.) to mitigate boundary layer effects. Change filters every 24 hrs.					
Violate Organic Compounds	Summa Canister	EPA TO-15	3.4 mL/min	24 hours	Quarterly
Rationale: Sample each site in the USCENTCOM AOR on a quarterly basis (Every 90 days). For sites with burn pits, continue sampling for duration of burn pit existence to determine ambient air exposure concentrations associated with the normal ambient conditions and emissions from the burn pit.					

Figure 1. (Continued)

Procedures: Place Summa Canister (Six liter in volume) with flow regulator attached at sites where exposures are most likely to occur. Sampling will be accomplished approximately 4 - 6 feet above the ground level to account for breathing zone. Canister will be placed at a distance of at least twice the height from any on-site/off-site obstruction (buildings, trees, etc.) to mitigate boundary layer effects. Samples are collected over time and stored in the summa canister. Use one summa canister for each 24-hour sampling period. Change-out summa canister every 24 hrs.

(4) Send environmental samples to APHC for processing. Contact DCPH-A USCENTCOM Liaison Officer at usarmy.apg.medcom-aphc.list.org-phcom-ppr@health.mil, or Defense Switched Network (DSN) 312-584-4936 for information on using FedEx account to ship samples.

(5) Use the following address to return samples to the USAPHC Laboratory:

United States Defense Centers for Public Health - Aberdeen
Environmental Sample Management Laboratory
8988 Willoughby Road, Bldg. 2100
Gunpowder, MD 21010

3. Method Descriptions:

a. Particulate Matter Less Than 2.5 Micrometers in Diameter (PM2.5): This method is used for the determination of PM2.5 using an amended approach to the methodology described in United States Environmental Protection Agency (USEPA), *Code of Federal Regulations*, Title 40, Part 50, Appendix L - *Reference Method for the Determination of Fine Particulate Matter as PM2.5 in the Atmosphere*. The amended method uses a SKC© Deployable Particulate Sampler (DPS) designed for use in remote areas for the field collection of particulate matter samples. The collection method is not a federal reference method or equivalent reference method. The method provides for the measurement of the mass concentration of ambient particulate matter having an aerodynamic diameter less than or equal to a nominal 2.5 micrometers (PM2.5) in ambient air over a 24-hour period. Airborne particulate matter concentrations calculated gravimetrically. Analytical procedures based on gravimetric analysis and Inductively Coupled Plasma Mass Spectrometry (ICP-MS) used for analysis of the sample.

b. EPA IO [Inorganic] Compendium Method IO-3.5: Determination of Metals in Ambient Particulate Matter Using Inductively Coupled Plasma/Mass Spectrometry (ICP-MS). This Method is a part of *Compendium of Methods for the Determination of Inorganic Compounds in Ambient Air* (EPA/625/R-96/010a). The method uses particulate matter samples collected using the amended method described in this document for the multi-element determination of trace metals associated with suspended particulate matter. Concentrations of ambient trace metals are determined using Inductively Coupled Plasma Mass Spectrometry (ICP-MS).

c. Compendium Method TO-15: Determination of Volatile Organic Compounds (VOCs) In Air Collected In Specially-Prepared Canisters And Analyzed By Gas Chromatography/ Mass Spectrometry (GC/MS). This Method prepared for publication in the *Compendium of Methods for the Determination of Toxic Organic Compounds in Ambient Air, Second Edition* (EPA/625/R-96/010b). This method documents sampling and analytical procedures for the measurement of subsets of the 97 volatile organic compounds (VOCs) that are included in the 189 hazardous air pollutants (HAPs) listed in Title III of the Clean Air Act Amendments of 1990. VOCs defined here as or organic compounds having a vapor pressure greater than 10^{-1} Torr at 25° C and 760 mm Hg. The atmosphere

Figure 1. (Continued)

sampled by introduction of air into a specially prepared stainless-steel canister. A sample of air drawn through a sampling train comprised of components that regulate the rate and duration of sampling into the pre-evacuated and passivated canister. The analytical strategy for Compendium Method TO-15 involves using a high-resolution gas chromatograph coupled to a mass spectrometer (GS-MS).

4. Training:

a. Properly trained personnel (IAW with CCR 40-2 and USCENTCOM Sampling Plan Execution) will collect field samples every 90 days and operate and execute CEM and OEH protocols to standard IAW CCR 40-2. Training offered by USCENTCOM and DCPH-A training teams cover all aspects of field sampling collection to include: procuring equipment and sampling media, operating sampling equipment, preparing and storing media and samples in the field, and packing and shipping samples for analysis to meet individual method temperature and hold times. Additionally, personnel receive DOEHRS training to successfully execute and document OEHSAs, exposure pathways, and associated samples in DOEHRS (DoD system of record).

b. Training for the equipment operation and sample collection/handling required for the field method sections of TO-9A and TO-13A is specialized training. Personnel planning to operate the high-volume air samplers required to collect samples for these methods coordinate with the DCPH-A to schedule training or identify the USCENTCOM CEM Summit Training dates that match mission requirements.

5. References:

a. DoDI 6490.03, Deployment Health, 19 June 2019.

b. DoDI 6055.05, Occupational and Environmental Health (OEH), 11 November 2008 (Incorporating Change 2, 31 August 2018).

c. DoDI 6055.01, DoD Safety and Occupational Health Protection, 14 October 2014 (Incorporating Change 1, 31 August 2018).

d. DoDD 6200.04, Force Health Protection, certified current 23 April 2007.

e. DoDD 6490.02E, Comprehensive Health Surveillance, 08 February 2012 (Incorporating Change 2, 28 August 2017).

f. DHAPI 6490.20 Deployment Health Procedures, 17 December 2019

g. U.S. Navy NTRP 4-02.9; U.S. Air Force AFTTP 3-.82-IP: U.S. Army ATP 4-02.82; Occupational and Environmental Health Site Assessment (OEHSA Tactics, Techniques and Procedures), 01 April 2012.

h. Code of Federal Regulations. 1997. National Primary and Secondary Ambient Air Quality Standards. Appendix L to Part 50 - *Reference Method for the Determination of Fine Particulate Matter as PM2.5 in the Atmosphere*. Section 40. Federal Register Vol. 62 (138).

i. U.S. Environmental Protection Agency. (1999). *Compendium Method IO-3.5, Determination of Metals in Ambient Particulate using Inductively Coupled Plasma/Mass Spectrometry (ICP/MS)*. Cinncinati: Center for Environmental Research Information, Office of Research and Development.

Figure 1. (Continued)

j. U.S. Environmental Protection Agency. (1999). *Compendium Method TO-9A, Determination Of Polychlorinated, Polybrominated And Brominated/Chlorinated Dibenzo-p-Dioxins And Dibenzofurans In Ambient Air.* Cinncinati: Center for Environmental Research Information, Office of Research and Development. https://www3.epa.gov/ttn/amtic/files/ambient/airtox/to-9arr.pdf

k. U.S. Environmental Protection Agency. (1999). *Compendium Method TO-13A, Determination of Polycyclic Aromatic Hydrocarbons (PAHs) in Ambient Air Using Gas Chromatography/Mass Spectrometry (GC/MS).* Cinncinati: Center for Environmental Research Information, Office of Research and Development. https://www3.epa.gov/ttnamti1/files/ambient/airtox/to-13arr.pdf

l. U.S. Environmental Protection Agency. (1999). *Compendium Method TO-15, Determination of Volatile Organic Compounds (VOCs) In Air Collected In Specially-Prepared Canisters And Analyzed By Gas Chromatography/ Mass Spectrometry (GC/MS).* Cinncinati: Center for Environmental Research Information, Office of Research and Development. https://www3.epa.gov/ttnamti1/files/ambient/airtox/to-15r.pdf

APPENDIX C: U.S. CENTRAL COMMAND COMPREHENSIVE EXPOSURE MONITORING AND OCCUPATIONAL AND ENVIRONMENTAL HEALTH SAMPLING PLAN FOR SITES WITH BURN PIT EXPOSURES

Figure 2. Comprehensive Exposure Monitoring and Occupational and Environmental Health Sampling Plan for Sites with Burn Pits

USCENTCOM Comprehensive Exposure Monitoring and Occupational and Environmental Health Sampling Plan for Sites with Burn Pit Exposures

17 November 2022

1. Purpose. Use this Comprehensive Exposure Monitoring (CEM) and Occupational and Environmental Health (OEH) sampling and analysis plan **on a quarter basis (Every 90 days)** at sites in the USCENTCOM AOR using burn pits to dispose of waste, or at locations with occupational and environmental exposures from burning waste, or at sites where other extreme environmental exposure conditions exist (Such as hazardous air quality). The results will assess the health risk to force and enable the completion of a Periodic Occupational and Environmental Monitoring Summary (POEMS) and provide data and information to the Individual Longitudinal Exposure Record (ILER) for the Joint Force. **Execute this sampling plan on a quarterly basis (Every 90 days).** This plan meets the CEM and OEH sampling requirements outlined in DoDI 4715.19 Use of Open-Air Burn Pits in Contingency Operations, DoDI 6490.03 Deployment Health, DoDI 6055.05 Occupational and Environmental Health, DoDI 6055.01 DoD Safety and Occupational Health (SOH) Program, DoDD 6200.04 Force Health Protection, DoDD 6490.02E Comprehensive Health Surveillance, and NTRP 4-02.9/AFTTP 3-2.82_IP/ATP-01.82 Occupational and Environmental Health Site Assessment (OEHSA Tactics, Techniques and Procedures), DHAPI 6490.20 Deployment Health Procedures, as well as the recommendations from the Defense Centers for Public Health - Aberdeen's (DCPH-A) Risk Assessment Division and the Joint Public Health Enterprise.

2. Methodology:

a. Site interviews and reconnaissance. Site interviews and reconnaissance allow service preventive medicine personnel to identify/validate occupational and environmental health (OEH) threats and identify potential exposure pathways. Consider current and future operational activities and potential exposures. The primary objective is to identify, verify and validate occupational and environmental health (OEH) threats and identify and visually verify the sites' existing occupational and environmental conditions that could negatively affect the health of personnel. As part of the site reconnaissance, systematically visit all buildings and industrial areas. Identify the boundaries of the site, recording the military grid reference system (MGRS) and latitude and longitude coordinates for the corners and for each sampling location. Identify industrial (manufacturing), agricultural, mining, and waste management (e.g. water treatment, burn pit) activities within five miles of the site. Identify all exposure pathways IAW the OEHSA TTP (noise, entomological hazards, non-ionizing radiation, etc.) to include source, environmental medium, health threat, route of exposure and population affected. Collect the necessary information to identify potential risks to force. A comprehensive description of the site is required to include the MGRS. Provide as much detail as possible about surrounding operations, populations, geographic and environmental overlay, and conditions. Develop a plan to mitigate potential health risks affecting the forces from occupational and environmental exposures and provide to the commander during their out briefing before departure of the site.

b. Collect the information necessary to identify potential human health risks for the affected area (Distance from site/troops, frequency of operations, type of waste disposed of, and fuel used in the burning operations, etc.). Develop a plan to mitigate potential human health risks and possible water quality issues through removal or capping of burn ash-containing materials. A comprehensive description of the area of the site is required. Collect a copy of the comprehensive waste management plan for inclusion into Defense Occupational and Environmental Health Readiness Systems (DOEHRS).

c. Complete the Joint Service OEHSA template and the base camp assessment form for each CEM and OEH mission. Record all information/data related to the assessment into the Defense Occupational and Environmental Health Readiness Systems (DOEHRS). Collect a copy of the comprehensive waste management plan and additional information as appropriate and appropriate (management plan, water and other media sampling /surveys if accomplished by engineering, facilities management, etc.) for inclusion into the JS OEHSA template and

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USCENTCOM CCSG / 17 November 2022 - Version 5.0
(Supersedes Ver 4.0 - 17 September 2019)

Figure 2. (Continued)

DOEHRS. Resources for DOEHRS can be download at:
https://phc.amedd.army.mil/topics/envirohealth/hrasm/Pages/DOEHRS_Resources.aspx.
Note: Send copies of completed OEHSA template, base camp assessment form, and all other results (to include recommendations to the Commander) of each CEM and OEH mission within 10 days upon completion to the USCENTCOM/CCSG Strategic Force Health Protection Integrator, and the CCSG FHP Team.

d. Soil sampling.

(1) Identify the extent of burn ash-containing materials at the site both laterally and vertically. Ensure to document 360 view with photographic evidence. Develop a soil-sampling plan IAW OEHSA TTP. Conduct soil sampling at the site and in surrounding areas in a systematic way as illustrated in Figure B-4, OEHSA TTP on a quarterly basis. Complete the soil sampling field data sheet for each individual sample collected.

(2) For existing sites, map and review sample results from all engineering and Service preventive medicine soil samples. The site soil-sampling plan will include areas with complete exposure pathways that need further characterization.

(3) For new sites or expansion of existing sites, Service preventive medicine personnel will coordinate with the Engineers and planners to ensure the land area is appropriately characterized and 'acceptable' for the desired future land usage. Note: Once a location has achieved characterization, routine soil sampling may not be required when approved by USCENTCOM Strategic Force Health Protection Integrator.

e. Water sampling.

(1) Identify the water systems used by the site and sample each system independently. Conduct sampling for the primary drinking water system and for water used for personal hygiene and food service operations. Use appropriate water sampling kits provided by DCPH-A to collect samples. Conduct standard field water testing as required and record all findings on the appropriate field data sheet.

(2) Conduct routine field water surveillance and sampling per TB MED 577 at representative points of use in the water distribution system(s) and record all results in DOEHRS. At sites where this is not feasible, record the rationale for a reduced sampling frequency in the OEHSA.

(3) Semi-annually sample each drinking water system at points of use in its distribution system. Sample points should be a representative subset of the routine field-testing points. Semi-annually sample each potable non-drinking water (food prep, personal hygiene, etc.) system at points of use in its distribution system. Sample points should be a representative subset of the routine field-testing points.

(4) Sample the raw source water (ground or surface water) annually. Collect samples to represent the variations in water quality for identified raw water sources.

(5) Semi-annually sample the bottled water supply. Submit samples of each brand in use (2 liters from a single lot from each brand; unopened bottles). Sample all brands from the primary distribution hubs (e.g., Bagram) and from 10% of the outlying sites supplied from that hub. Conduct routine field tests of the bottled water supply at each site and record the results in DOEHRS.

(6) Conduct water system surveillance at least semi-annually to ensure proper operation and maintenance of water treatment system. Evaluate the distribution system (piping, storage containers, trucks, etc.) and document all findings (positive or negative) in DOEHRS."

Figure 2. (Continued)

f. Ash sampling. Characterize the composition of the burn ash materials by collecting waste ash (4 x 1000 ml containers - glass jars) for Toxicity Characteristic Leaching Procedure (TCLP), dioxins, furans, total recoverable petroleum hydrocarbons (TRPH), Polychlorinated Biphenyls (PCB), semi-volatile organic compounds (SVOCs), analysis for Total Metals and Synthetic Precipitate Leachate Procedure (SPLP). **Note: Contact DCPH-A at usarmy.apg.medcom-aphc.list.org-phcom-ppr@health.mil to ensure contract is in place to execute this type of environmental compliance monitoring sampling procedure.**

g. Air sampling.

(1) Conduct seven 24-hour days of air sampling (PM2.5, PM2.5 metals, volatile organic compounds (VOC: TO-15 Methods - Summa Canister), dioxins/furans, and semi volatile organic compounds (SVOCs) which include Polycyclic Aromatic Hydrocarbons (PAHs)). Follow the methods listed below.

(2) Employ other sampling methodologies as needed based on potential exposures. In additional to this sampling plan, employ new technologies with the support from the Services and Defense Health Agency (DHA), as appropriate (e.g., wearables).

(3) Complete the appropriate field data sheet for each sample and record atmospheric readings as required. Follow the methods listed below. Instruction for determining sample points, operating equipment, and handling and shipping of media and samples listed in the reference methods listed in this document. Understand and follow sample collection and handling sections of the reference methods when collecting and shipping ambient air samples.

OEH Threat	Sampling Equipment and Media	Analytical Method	Sampling Rate	Sample Duration	Sampling Frequency
PM 2.5	Deployable Particulate Sampler (DPS) with 47 mm Quartz Fiber Filters	Gravimetric	10 L/min	24 hours	Quarterly
Rationale: Continue sampling for duration of burn pit existence to determine ambient air exposure concentrations associated with the normal ambient conditions to include possible exposure to burn pit emissions. **Procedures:** Conduct sampling at location where exposures are most likely to occur. Place DPS units at locations where exposure is most likely to occur. Conduct sampling at approximately 4 - 6 feet above ground level to account for breathing zone. Position samplers at a distance of at least twice the height from any on-site/off-site obstruction (buildings, trees, etc.) to mitigate boundary layer effects. Change filters every 24 hrs.					
Heavy Metals	Deployable Particulate Sampler (DPS) with 47 mm Quartz Fiber Filters	IO-3.5	10 L/min	24 hours	Quarterly
Rationale: Continue sampling for duration of burn pit existence to determine ambient air exposure concentrations associated with the normal ambient conditions to include possible exposure to burn pit emissions. **Procedures:** Conduct sampling at location where exposures are most likely to occur. Place DPS units at locations where exposure is most likely to occur. Conduct sampling at approximately 4 - 6 feet above ground level to account for breathing zone. Position samplers at a distance of at least twice the					

Figure 2. (Continued)

height from any on-site/off-site obstruction (buildings, trees, etc.) to mitigate boundary layer effects. Change filters every 24 hrs.					
Poly Aromatic Hydrocarbons (PAHs)	Deployable Cartridge Sampler (DCS) with XAD Cartridge	EPA TO-13A	0.225 std m^3/min	24 hours	Quarterly
Rationale: Continue sampling for duration of burn pit existence to determine ambient air exposure concentrations associated with the normal ambient conditions to include possible exposure to burn pit emissions. **Procedures:** Place high volume samplers (PS-1) at locations where exposures are most likely to occur. Sampling intake for high volume sample set at proper height (approximately 4 - 6 feet above the ground level to account for breathing zone). Position sampler at a distance of at least twice the height from any on-site/off-site obstruction (buildings, trees, etc.) to mitigate boundary layer effects. Samples collected via pre-conditioned XAD cartridges obtained from DCPH-A laboratory. Change out cartridges every 24 hrs. Return cartridges after sampling to the laboratory within seven days of collection.					
Dioxins and Furans	Quartz Fiber Filter and Polyurethane Foam (PUF)	EPA TO-9A	0.225 std m^3/min	24 hours	Quarterly
Rationale: Continue sampling for duration of burn pit existence to determine ambient air exposure concentrations associated with the normal ambient conditions to include possible exposure to burn pit emissions. **Procedures:** Place high volume samplers (PS-1) with quartz filters and PUF inserts at locations where exposures are most likely to occur. Sampling intake for high volume sample set at proper height (approximately 4 - 6 feet above the ground level to account for breathing zone). Position sampler at a distance of at least twice the height from any on-site/off-site obstruction (buildings, trees, etc.) to mitigate boundary layer effects. Samples collected via pre-conditioned quartz fiber filters and PUF inserts obtained from DCPH-A laboratory. Change out cartridges every 24 hrs. Return cartridges after sampling to the laboratory within seven days of collection.					
Violate Organic Compounds	Summa Canister	EPA TO-15	3.4 mL/min	24 hours	Quarterly
Rationale: Continue sampling for duration of burn pit existence to determine ambient air exposure concentrations associated with the normal ambient conditions to include possible exposure to burn pit emissions. **Procedures:** Place Summa Canister (Six liter in volume) with flow regulator attached at locations where exposures are most likely to occur. Position summa canister at approximately 4 - 6 feet above ground level to account for breathing zone. Position samplers at a distance of at least twice the height from any on-site/off-site obstruction (buildings, trees, etc.) to mitigate boundary layer effects. Change-out summa canister every 24 hrs.					

(4) Send environmental samples to DCPH-A for processing. Contact DCPH-A USCENTCOM Liaison Officer at email: usarmy.apg.medcom-aphc.list.org-phcom-ppr@health.mil or Defense Switched Network (DSN) 312-584-4936 for information on using FedEx account to ship samples.

Figure 2. (Continued)

(5) Use the following address to return samples to the DCPH-A Laboratory:

United States Defense Centers for Public Health - Aberdeen
Environmental Sample Management Laboratory
8988 Willoughby Road, Bldg. 2100
Gunpowder, MD 21010

3. Method Descriptions:

a. Particulate Matter Less Than 2.5 Micrometers in Diameter (PM2.5): This method is used for the determination of PM2.5 using an amended approach to the methodology described in United States Environmental Protection Agency (USEPA), *Code of Federal Regulations*, Title 40, Part 50, Appendix L - *Reference Method for the Determination of Fine Particulate Matter as PM2.5 in the Atmosphere*. The amended method uses a SKC© Deployable Particulate Sampler (DPS) designed for use in remote areas for the field collection of particulate matter samples. The collection method is not a federal reference method or equivalent reference method. The method provides for the measurement of the mass concentration of ambient particulate matter having an aerodynamic diameter less than or equal to a nominal 2.5 micrometers (PM2.5) in ambient air over a 24-hour period. Airborne particulate matter concentrations calculated gravimetrically. Analytical procedures based on gravimetric analysis and Inductively Coupled Plasma Mass Spectrometry (ICP-MS) used for analysis of the sample.

b. EPA IO [Inorganic] Compendium Method IO-3.5: Determination of Metals in Ambient Particulate Matter Using Inductively Coupled Plasma/Mass Spectrometry (ICP-MS). This Method is a part of *Compendium of Methods for the Determination of Inorganic Compounds in Ambient Air* (EPA/625/R-96/010a). The method uses particulate matter samples collected using the amended method described in this document for the multi-element determination of trace metals associated with suspended particulate matter. Concentrations of ambient trace metals are determined using Inductively Coupled Plasma Mass Spectrometry (ICP-MS).

c. Compendium Method TO-9A: Determination of Polychlorinated, Polybrominated and Brominated/Chlorinated Dibenzo-p-Dioxins and Dibenzofurans In Ambient Air. This Method prepared for publication in the *Compendium of Methods for the Determination of Toxic Organic Compounds in Ambient Air, Second Edition* (EPA/625/R-96/010b). The method is a sampling and analysis method for the quantitative determination of polyhalogenated dibenzo-p-dioxins and dibenzofurans (PHDDs/PHDFs) in ambient air, which include the polychlorinated dibenzo-p-dioxins and dibenzofurans (PCDDs/PCDFs), polybrominated dibenzo-p-dioxins and dibenzofurans (PBDDs/PBDFs), and bromo/chloro dibenzo-p-dioxins and dibenzofurans (BCDDs/BCDFs). The method uses a high-volume air sampler equipped with a quartz-fiber filter and polyurethane foam (PUF) adsorbent for sampling 325 to 400 m3 ambient air in a 24-hour sampling period. Analytical procedures based on high-resolution gas chromatography-high resolution mass spectrometry (HRGC-HRMS) used for analysis of the sample. Specially prepared sample cartridges considered clean for up to 30 days from date of certification when stored in their sealed containers. Ship and store samples under ice (<4° C) until receipt at the analytical laboratory, after which it should be refrigerated at less than or equal to 4° C. Extraction should be performed within seven days of sampling and analysis within 40 days after extraction.

d. Compendium Method TO-13A: Determination of Polycyclic Aromatic Hydrocarbons (PAHs) in Ambient Air Using Gas Chromatography/Mass Spectrometry (GC/MS). This Method prepared for publication in the *Compendium of Methods for the Determination of Toxic Organic Compounds in Ambient Air, Second Edition* (EPA/625/R-96/010b). Method 13A is a sampling and analysis procedure for common polycyclic aromatic hydrocarbons (PAHs) involving the use of a combination of quartz filter and sorbent cartridge for sampling 325 to 400 m3 ambient air in a 24-hour sampling period. Analytical procedure based on gas chromatography with mass spectrometry (GC/MS) detection used for analysis of the sample. Specially prepared sample cartridges considered

Figure 2. (Continued)

clean for up to 30 days from date of certification when stored in their sealed containers. Ship and store samples under ice (<4° C) until receipt at the analytical laboratory, after which it should be refrigerated at less than or equal to 4 ° C. Extraction should be performed within seven days of sampling and analysis within 40 days after extraction.

e. Compendium Method TO-15: Determination of Volatile Organic Compounds (VOCs) In Air Collected In Specially-Prepared Canisters And Analyzed By Gas Chromatography/ Mass Spectrometry (GC/MS). This Method prepared for publication in the *Compendium of Methods for the Determination of Toxic Organic Compounds in Ambient Air, Second Edition* (EPA/625/R-96/010b). This method documents sampling and analytical procedures for the measurement of subsets of the 97 volatile organic compounds (VOCs) that are included in the 189 hazardous air pollutants (HAPs) listed in Title III of the Clean Air Act Amendments of 1990. VOCs defined here as or organic compounds having a vapor pressure greater than 10^{-1} Torr at 25° C and 760 mm Hg. The atmosphere sampled by introduction of air into a specially prepared stainless-steel canister. A sample of air drawn through a sampling train comprised of components that regulate the rate and duration of sampling into the pre-evacuated and passivated canister. The analytical strategy for Compendium Method TO-15 involves using a high-resolution gas chromatograph coupled to a mass spectrometer (GS-MS).

4. Training:

a. Properly trained personnel (IAW with CCR 40-2 and USCENTCOM Sampling Plan Execution) will collect field samples every 90 days and operate and execute CEM and OEH protocols to standard IAW CCR 40-2. Training offered by USCENTCOM and DCPH-A training teams cover all aspects of field sampling collection to include procuring equipment and sampling media, operating sampling equipment, preparing and storing media and samples in the field, and packing and shipping samples for analysis to meet individual method temperature and hold times. Additionally, personnel receive DOEHRS training to successfully execute and document OEHSAs, exposure pathways, and associated samples in DOEHRS (DoD system of record).

b. Training for the equipment operation and sample collection/handling required for the field method sections of TO-9A and TO-13A is specialized training. Personnel planning to operate the high-volume air samplers required to collect samples for these methods coordinate with the DCPH-A to schedule training or identify the USCENTCOM CEM and OEH Summit Training dates that match mission requirements.

5. References:

a. DoDI 4715.19, Use of Open-Air Burn Pits in Contingency Operations, 13 November 2018.

b. DoDI 6490.03, Deployment Health, 19 June 2019.

c. DoDI 6055.05, Occupational and Environmental Health (OEH), 11 November 2008 (Incorporating Change 2, 31 August 2018).

d. DoDI 6055.01, DOD Safety and Occupational Health Protection, 14 October 2014 (Incorporating Change 1, 31 August 2018).

e. DoDD 6200.04, Force Health Protection, certified current as of 23 April 2007.

f. DoDD 6490.02E, Comprehensive Health Surveillance, 08 February 2012 (Incorporating Change 2, 28 August 2017).

g. DHAPI 6490.02 Deployment Health Procedures, 17 December 2019.

Figure 2. (Continued)

h. U.S. Navy NTRP 4-02.9; U.S. Air Force AFTTP 3-.82-IP: U.S. Army ATP 4-02.82; Occupational and Environmental Health Site Assessment (OEHSA Tactics, Techniques and Procedures), 01 April 2012.

i. Code of Federal Regulations. 1997. National Primary and Secondary Ambient Air Quality Standards. Appendix L to Part 50 - *Reference Method for the Determination of Fine Particulate Matter as PM2.5 in the Atmosphere*. Section 40. Federal Register Vol. 62 (138).

j. U.S. Environmental Protection Agency. (1999). *Compendium Method IO-3.5, Determination of Metals in Ambient Particulate using Inductively Coupled Plasma/Mass Spectrometry (ICP/MS).* Cinncinati: Center for Environmental Research Information, Office of Research and Development.

k. U.S. Environmental Protection Agency. (1999). *Compendium Method TO-9A, Determination Of Polychlorinated, Polybrominated And Brominated/Chlorinated Dibenzo-p-Dioxins And Dibenzofurans In Ambient Air*. Cinncinati: Center for Environmental Research Information, Office of Research and Development. https://www3.epa.gov/ttn/amtic/files/ambient/airtox/to-9arr.pdf

l. U.S. Environmental Protection Agency. (1999). *Compendium Method TO-13A, Determination of Polycyclic Aromatic Hydrocarbons (PAHs) in Ambient Air Using Gas Chromatography/Mass Spectrometry (GC/MS).* Cinncinati: Center for Environmental Research Information, Office of Research and Development. https://www3.epa.gov/ttnamti1/files/ambient/airtox/to-13arr.pdf

m. U.S. Environmental Protection Agency. (1999). *Compendium Method TO-15, Determination of Volatile Organic Compounds (VOCs) In Air Collected In Specially-Prepared Canisters And Analyzed By Gas Chromatography/ Mass Spectrometry (GC/MS).* Cinncinati: Center for Environmental Research Information, Office of Research and Development. https://www3.epa.gov/ttnamti1/files/ambient/airtox/to-15r.pdf

APPENDIX D: RISK ACCEPTANCE ACKNOWLEDGE MEMORANDUM SAMPLE

Figure 3 is an Unclassified sample. The Risk Acceptance Acknowledge Memorandum may be classified as Unclassified//CUI or higher after it has been completed.

Figure 3. Risk Acceptance Acknowledgement for Force Health Protection Corrective Action Recommendations

UNCLASSIFIED
UNITED STATES CENTRAL COMMAND
7115 SOUTH BOUNDARY BOULEVARD
MACDILL AIR FORCE BASE, FLORIDA 33621-5101

17 November 2022

MEMORANDUM FOR COMMAND SURGEON, UNITED STATES CENTRAL COMMAND

THROUGH: TYPE THE THROUGH OFFICE IN ALL CAPS (IF REQUIRED)

SUBJECT: Risk Acceptance Acknowledgement for Force Health Protection (FHP) Corrective Action Recommendations for (Insert Location of Assessment)

Ref: (a) Central Command Regulation 40-2, Deployment Force Health Protection
(b) DoDI 6055.01 Safety and Occupational Health Program
(c) DoDI 6055.05 Occupational and Environmental Health
(d) DoDI 6490.03, Deployment Health
(e) GAO-15-487, DoD Needs to Clarify Policies Related to Occupational and Environmental Health Surveillance and Monitor Risk Mitigation Activities

1. The purpose of this memorandum is to outline the Commanders acceptance of risk as outlined in Force Health Protection recommendations and the acceptance of the overall risk to force. This memorandum will also outline corrective actions taken or future actions planned and any non-concurrence to recommendations for the USCENTCOM Commander. Submit this memorandum into the Defense Occupational and Environmental Health Readiness System (DOEHRS) by the Service preventive medicine organization conducing the assessment.

2. From DDMMYYYY to DDMMYYYY, "FHP Elements from the 61st Medical Detachment (PM) conducted an Occupational and Environmental Health Site Assessment (OEHSA) of Installation/Base X. The OEHSA identified the following findings during their assessment:

a. Finding #1. (Example) Burn pit located inside compound.

b. Finding #2. (Example) Food procured from unapproved source

c. Finding #3. (Example) Organization not disposing of Hazardous Material properly.

d. Finding #4. (Example) Command does not enforce GO-1C.

3. I acknowledge the aforementioned reported findings and the vulnerabilities and risk to force and have or will take the following actions to resolve:

a. Finding #1. (Example) Burn pit located inside compound.

(1) Summary of finding.

(2) Assessor Recommendation.

UNCLASSIFIED

Figure 3. (Continued)

UNCLASSIFIED

SUBJECT: Risk Acceptance Acknowledgement for Force Health Protection (FHP) Corrective Action Recommendations for (Insert name of site)

(3) Corrective action.

b. Finding #2. (Example) Food procured from unapproved source.

(1) Summary of finding.

(2) Assessor Recommendation.

(3) Corrective action.

4. The findings listed below identified however; I have determined to accept the operational risk and risk to force as the recommended mitigation measures exceed the capabilities of my unit and those of my higher headquarters.

a. Finding #3. (Example) Organization not disposing of Hazardous Material properly.

(1) Summary of finding.

(2) Assessor Recommendation.

(3) Reason for Risk Acceptance.

b. Finding #4. (Example) Command does not enforce GO-1C.

(1) Summary of finding.

(2) Assessor Recommendation.

(3) Reason for Risk Acceptance.

5. Please contact Rank FName LName, at (813) 529-XXXX or by electronic mail at john.a.doe.mil/civ/ctra@mail.mil with questions.

NOTE: Must be endorsed by the first O6 Commander in the Chain of Command

JACK T.W. REACHER
CAPTAIN, USN
Commander

Attachment:
TAB A: Copy of OEHSA and/or BCA

USCENTCOM Commanders FHP Risk Acceptance Memorandum Template
CCR 40-2, As of: 17 November 2022

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APPENDIX E: BASE CAMP ASSESSMENT FORM

The Base Camp Assessment Form is used to follow up on environmental and occupational health sampling events.

Figure 4. Base Camp Assessment Form

Base Camp Assessment						Page 1 of 8
Section 1: General Survey Information						
1.1 Location - Country			1.2 Location - Site			
1.3 Survey Start Date (yyyy/mm/dd)			1.4 Survey End Date (yyyy/mm/dd)			
1.5 Surveyor's Name			1.6 Email Address			
1.7 Phone Number			1.8 Surveyor's Unit			
1.9 Brigade/Group Name		1.10 Task Force		1.11 Section/ Region		
1.12 Location Mayor's Name		1.13 Phone Number		1.14 Email Address		
1.15 Location PM Representative Name (if different than 1.5 above)		1.16 Phone Number		1.17 Email Address		
Assessment Rating						
Overall Rating of Location	46 Total Score	◉ Green	○ Amber	○ Red		
Comments and / or Recommendations / Remarks Defining Factors of Overall Location Rating. Please describe in detail						

Green = max pt. Amber = (50% x Green pt.) Red = 0 pt. N/A = max pt.			ASSESSMENT AREAS			Green: > 42 pts. (>84%) Amber: < 32 to <= 42 pts. (84-65%) Red: <= 32 pts. (<=64%)		
			4.7 Other Insects of health concern	1	pts			
2.5 Chemical Hazards/Spills	1.5	pts	4.8 Rodent/Rodent Habitat	1.5	pts	7.5 Food Service Sanitation	8	pts
2.6 Spill Kits/Secondary Containment	0	pts	4.9 Stray Animals	1.5	pts	8.1.1 Barber/Beauty Shop	1	pts
2.7 PPE/MSDS	1	pts	4.10 DoD Repellant System	1	pts	8.1.2 Laundry	1	pts
3.1 Solid Waste Management	2	pts	5.3 Noise Control	1.5	pts	8.1.3 Gym	1	pts
3.2 Regulated Medical Waste	2	pts	5.4 Industrial Operations	1	pts	8.1.4 MWR	1	pts
3.3 Wastewater	3	pts	5.5 Falling/Tripping Hazards	1	pts	8.2.1 Latrine Management	1.5	pts
4.3 Standing Water/Mosquito Control	1.5	pts	6.7 Bottled Water	1.5	pts	8.2.2 Hand-Washing Station	1.5	pts
4.4 Fly Control	0.5	pts	6.8 Water Point/Supply	0	pts	8.3 Troop Living/Sleeping Area	1	pts
4.5 Vegetation	1	pts	6.9 Water Storage	2.5	pts	9.1 Field Sanitation Teams/PAX	1.5	pts
4.6 Tick Control	1	pts	6.10 Water Security	1.5	pts	9.2 Field Sanitation Teams/Equipment	1	pts
						Total	46	pts

Figure 4. (Continued)

Base Camp Assessment				Page 2 of 8
Section 2: Hazardous Materials				
2.1 How does the location handle or accumulate hazardous materials?	☐ Sheltered Storage Area ☐ Uncovered Accumulation Point ☐ Other: (Specify)			
2.2 Who manages hazardous waste storage?	☐ DoD Contractor ☐ Military ☐ Local National Contractor ☐ Other: (Specify)			
2.3 Are hazardous waste shipments properly tracked?	◉ Yes ○ No* (explain)	*If no, explain		
2.4 Are hazardous waste storage areas inspected and/ or on schedule?	◉ Yes ○ No* (explain)	*If no, explain		
2.5 Soldiers should not be unnecessarily exposed to chemical hazards or spills. Hazardous waste and materials should be segregated, labeled and stored correctly. There should be no environmental contamination due to spills and leaks. (HAZMAT, POL, Fuel points, etc.) Question is not applicable. ☐ N/A	All hazardous materials properly stored, labeled and up to standard.		◉ Green (1.5)	
	Some hazardous materials are not properly stored/labeled or spills occur, but are remediated.		○ Amber (.75)	
	Most or all hazardous materials are not properly stored/labeled or pose a potential medical threat on a daily basis since chemical spills are observed or not remediated.		○ Red (0)	
2.6 Spill kits and secondary containment are on hand and utilized. Question is not applicable. ☐ N/A	Spill kits and secondary containment sources available and used.		○ Green (1)	
	Spill kits and secondary containment sources available, but not used.		○ Amber (.5)	
	Spill kits and secondary containment sources are not available.		◉ Red (0)	
2.7 PPE and hazardous chemical MSDS's are on hand and utilized. Question is not applicable. ☐ N/A	PPE and hazardous chemical MSDS's are available and used.		◉ Green (1)	
	PPE and hazardous chemical MSDS's are available, but not used.		○ Amber (.5)	
	PPE and hazardous chemical MSDS's are not available.		○ Red (0)	
2.8 Hazardous Materials Notes (i.e. are SOP's available?)				
2.9 Associated Samples (Affix any sampling documentation related to this assessment survey to the back of this form. Ensure documents are scanned and loaded into DOEHRS when the survey is entered)				
2.10 Attachments (Affix any attachments related to this assessment survey to the back of this form. Ensure documents are scanned and loaded into DOEHRS when the survey is entered)				
Section 3: Waste Management				
3.1 All garbage should be placed in covered receptacles until disposed. Receptacles should be emptied regularly and not overfilled. Solid waste should be disposed of properly. Burn pit(s)/incinerator(s) should be properly used. Question is not applicable. ☐ N/A	All garbage is in plastic bags, in serviceable dumpster(s) with lids not filled to capacity and no garbage deposits are within 200 meters of troop living/working areas.		◉ Green (2)	
	Some dumpsters are over filled or uncovered/have bags on the ground or trash is not being disposed of daily. No vectors are present/sighted.		○ Amber (1)	
	Most or all dumpsters are overfilled,waste accumulating/disposed of improperly on the ground, vectors/flies are sighted, or burn pit(s)/incinerator(s) are not used properly.		○ Red (0)	
3.1.1. Does the location recycle?	○ Yes, Separated On-Site ○ Yes, Separated Off-Site (i.e. at a facility) ◉ No			
3.1.2.How does the location handle solid waste (trash)?	☐ Burn Pit ☐ Incinerators (See 3.1.3) ☒ Hauled off-site ☐ Other: (Specify)			
3.1.3.Does the location have solid waste incinerators?	◉ No ○ Yes. If yes, provide the number that are: Operating Not Operable Never Operated			
3.1.4 Who is responsible for solid waste management?	☒ DoD Contractor ☐ Military ☐ Local National Contractor ☐ Other: (Specify)			
3.1.5. Solid Waste Notes (e.g. incinerator serial #s)				
3.2. Location should comply with MEDCOM Regulation 40-35 for Regulated Medical Waste. Question is not applicable. ☐ N/A	RMW is incinerated and disposed of according to standards and SOPs are available.		◉ Green (2)	
	RMW is stored correctly, but is not segregated and disposed of properly, no SOPs available.		○ Amber (1)	
	RMW is not stored correctly, or segregated, or disposed of properly, no SOPs available.		○ Red (0)	

Figure 4. (Continued)

Base Camp Assessment			Page 3 of 8
3.2.1. Does the location have Regulated Medical Waste (RMW) incinerators?	(•) No	( ) Yes. If yes, provide the number that are: Operating	Not Operable / Never Operated
3.2.2. Regulated Medical Waste Notes			
3.3.Wastewater should be properly disposed. All water containing waste should be collected in holding tanks prior to final disposal. Wastewater accumulation points should not be close to food storage/prep locations/troop housing, etc. Leach fields/soakage pits should be used as necessary. Wastewater from showers should be discharged to soakage pits or at least outside camp perimeter. Question is not applicable. [ ] N/A	All wastewater is disposed of according to standards.	(•) Green (3)	
	Gray water is discharged on ground inside camp.	( ) Amber (1.5)	
	Black water/sewage is discharged on the ground less than 100 meters from perimeter and without use of soakage pits.	( ) Red (0)	
3.3.1 How is wastewater disposed?	[ ] Municipal [ ] Onsite treatment system [ ] Septic [ ] DoD Contractor [ ] Other (Specify)		
3.3.2.Wastewater Notes			
3.4 Associated Samples (Affix any sampling documentation related to this assessment survey to the back of this form. Ensure documents are scanned and loaded into DOEHRS when the survey is entered)			
3.5 (Affix any attachments related to this assessment survey to the back of this form. Ensure documents are scanned and loaded into DOEHRS when the survey is entered)			
Section 4: Entomology			
4.1 Who manages vector control/surveillance at this location?	[ ] Military [ ] DoD Contractor Specify: [ ] Other (Explain)		
4.2 Is vector surveillance conducted to identify potential diseases?	(•) Yes ( ) No* (explain)	*If no, explain	
4.3. No standing water should be present in close proximity to troop living and work areas. (Mosquito population should be under control). Question is not applicable. [ ] N/A	No mosquito concerns due to standing water. No untreated water within 400m of troop living/ work areas.	(•) Green (1.5)	
	Standing water is present, but no mosquito larvae are present. Some mosquitoes are observed.	( ) Amber (.75)	
	Standing water is present or positive identification of mosquito larvae detected or Anopheles mosquitoes positive for malaria.	( ) Red (0)	
4.4. Flies of any type should be controlled in the dining/living areas. Question is not applicable. [ ] N/A	No flies are present in dining/living areas.	( ) Green (1)	
	Flies are present in dining/living areas, but not considered a nuisance.	(•) Amber (.5)	
	Flies are constantly observed due to uncovered waste/refuse and are a constant nuisance and potential medical threat.	( ) Red (0)	
4.5. Vegetation should be trimmed and chemically treated in troop living/working areas. Question is not applicable. [ ] N/A	No untreated vegetation is taller than 6" w/in 3 meters of living/working areas.	(•) Green (1)	
	Vegetation is untreated and taller than 6" near population and there are reported concerns.	( ) Amber (.5)	
	Vegetation is untreated and taller than 6" near population, a significant portion of the population have reported concerns and/or there are supporting vector concerns.	( ) Red (0)	
4.6. Ticks and mites should be controlled and not present a potential medical threat. Question is not applicable. [ ] N/A	No ticks/mites present.	(•) Green (1)	
	Some ticks/mites present and remediation is occurring.	( ) Amber (.5)	
	Large number of ticks/mites present or no remediation is occurring.	( ) Red (0)	

Figure 4. (Continued)

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4.7 Other insects (wasps, scorpions, etc) should be controlled. Question is not applicable. ☐ N/A	Other insects are not present or are present and controlled to meet standards.		◉ Green (1)
	Other insects are present and mitigation is not occurring.		○ Amber (.5)
	Vector surveillance surveys show large populations of other insects and there is a potential for a medical threat.		○ Red (0)
4.8. Rodent population should be controlled. (i.e. optimal distance of 200 meters from troop living/working area) Question is not applicable. ☐ N/A	No open garbage piles or harborage areas are within troop living/working areas, garbage is kept covered/sealed, refuse disposed of in covered containers and rodent traps/bait stations available.		◉ Green (1.5)
	Trash/refuse is within troop living/working areas, but no rodents observed or trapped.		○ Amber (.75)
	Trash/refuse is within troop living/working areas, rodent and rodent harborage observed/ trapped and complaints have been cited.		○ Red (0)
4.9. Stray animals should not be kept as mascots per General Order 1B. Question is not applicable. ☐ N/A	No stray animals are reported or kept as pets/mascots and animals are chased from area or eliminated. Personnel do not provide food, water or shelter for strays.		◉ Green (1.5)
	Stray animals are present at location on an occasional basis, but no concerns have been raised and strays are not feed/kept as mascots.		○ Amber (.75)
	Stray animals and/or mascots are kept/fed at location and General Order 1B is not enforced.		○ Red (0)
4.10. DoD Repellent System should be used when necessary and Command policy communicated. Question is not applicable. ☐ N/A	DEET insect repellent is on-hand and available,uniforms are treated with permethrin and worn properly (sleeves rolled down, pant legs tucked into boots) and all personnel take prescribed anti-malarial medications.		◉ Green (1)
	Vast majority of soldiers wear their uniform correctly. Some supplies (e.g. bed netting) are on hand and some personnel are taking anti-malarial medications.		○ Amber (.5)
	A significant percentage of personnel do not comply with uniform rules. There are no supplies on hand and leaders are not enforcing use of anti-malarial medications.		○ Red (0)
4.11. Entomology Notes			
4.12 Associated Samples (Affix any sampling documentation related to this assessment survey to the back of this form. Ensure documents are scanned and loaded into DOEHRS when the survey is entered)			
4.13 (Affix any attachments related to this assessment survey to the back of this form. Ensure documents are scanned and loaded into DOEHRS when the survey is entered)			
Section 5: Physical Hazards			
5.1. Is temperature monitored and heat/cold stress conditions reported to the Command?	◉ Yes ○ No*(explain)	*If no, explain:	
5.2. Are environmental noise sources present at this location.	○ Yes*(explain) ◉ No	*If yes, explain:	
5.3. Soldiers should not be exposed to noise levels that may result in acute or chronic hearing impairment. Question is not applicable. ☐ N/A	All soldiers are issued medically-fitted hearing protection, Unit has additional stock of hearing protection on-hand, Soldiers are not routinely exposed to noise levels in excess of 85 dBa in work/living areas on daily basis and hearing protection available for soldiers routinely exposed to excessive noise.		◉ Green (1.5)
	Soldiers are exposed to >85 dBa but use hearing protection, though protection may be unfitted or there may or may not be warning signs or noise damping devices, but there is not a continuous exposure >85 dBa.		○ Amber (.75)
	Soldiers are exposed to >85 dBa, there is no hearing protection on hand, there is no enforcement of medically fitted hearing protection and no hearing protection efforts are present.		○ Red (0)
5.4. Occupational Health Compliance efforts and adequate control methods involving industrial operations (i.e. vehicle maintenance, welding, battery shop) should be in place. Question is not applicable. ☐ N/A	All occupational operations are in compliance with respiratory protection program, occupational vision program, and radiation protection program.		◉ Green (1)
	Some occupational operations are not in compliance with the respiratory protection program, occupational vision program, or radiation protection program, but no concerns have been reported.		○ Amber (.5)
	Most or all occupational operations are not in compliance with the corresponding programs and reports of adverse medical effects have been reported in these areas.		○ Red (0)

Figure 4. (Continued)

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5.5. Falling/Tripping Hazards should be controlled.	Dug holes are covered, filled in and/or clearly marked. Tripping hazards are removed and/or clearly marked.		◉ Green (1)
	Tripping hazards are not properly marked, but holes are covered.		○ Amber (.5)
Question is not applicable. ☐ N/A	Dug holes are not properly covered or marked and tripping hazards are present and not marked.		○ Red (0)
5.6. Physical Hazards Notes			
5.7 Associated Samples (Affix any sampling documentation related to this assessment survey to the back of this form. Ensure documents are scanned and loaded into DOEHRS when the survey is entered)			
5.8 (Affix any attachments related to this assessment survey to the back of this form. Ensure documents are scanned and loaded into DOEHRS when the survey is entered)			
Section 6: Water			
6.1. What is the source of the nonpotable/bulk water at this location?	☐ Natural (water source) ☒ Municipal ☐ Other Specify:		
6.2. What is the source of potable/treated water at this location?	☐ Onsite treatment system (e.g. RO) ☐ Disinfection system (e.g. no RO) ☒ Bottled ☐ Other (Specify)		
6.3. How is the water stored?	☐ Water Trailer ☐ Bilvets (Fabric Tank/Bladder) ☒ Fixed Tank ☐ Water Tank Truck ☐ Other (Specify)		
6.4. Describe the overall water system component types and how the water is distributed(e.g. pipe material) at this location.			
6.5 Are water vulnerabilities present at this location?	○ Yes* (explain) ◉ No	*If yes, explain	
6.6 A risk assessment for this location's water sources/ supplies has been completed?	◉ Yes ○ No* (explain)	*If no, explain	
6.7. Drinking/Bottled water should only be from approved sources and stored properly.	Drinking water meets TB MED 577 Short and Long term military field water standards, or if bottled, is from an Approved Source.		◉ Green (1.5)
	Drinking Water does not meet Long term potable water standards and/or is not from an approved source, but does meet the Short term potable standards and has under gone a health risk assessment.		○ Amber (.75)
Question is not applicable. ☐ N/A	Drinking water does not meet short or long term potable water standards, is not from an approved source, and a health risk assessment has shown there to be a direct impact on personnel health.		○ Red (0)
6.8. Water Supplies should meet applicable TB MED 577 standards for all use.	Treated/potable water is chlorinated to 2.0 ppm and is coliform negative. Bulk/nonpotable water is coliform free. FAC >= 0.2 ppm in unit level distribution water container.		○ Green (2.5)
	There is 0 ppm FAC detected and total coliform results are positive (but E. coli negative) in at least one water supply used for personnel use.		○ Amber (1.25)
Question is not applicable. ☐ N/A	E. coli/ fecal coliforms are present in at least one water supply used for personnel use.		◉ Red (0)
6.9. Water storage containers should be regularly inspected and found to be within TB MED 577 standards. Water container surveys are performed on a routine basis.	At least >50% of the water storage containers are approved and 100% are maintained and tested/regulated. FSTs test for FAC, pH, and regulate FAC as needed. Storage containers are labeled appropriately as Potable or Non-potable where applicable.		◉ Green (2.5)
	>50% of the water storage containers are not approved, but 100% are all are maintained and tested/regulated.		○ Amber (1.25)
Question is not applicable. ☐ N/A	At least 1 water storage container is not approved, regulated, or maintained on a routine basis.		○ Red (0)

Figure 4. (Continued)

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6.10. Untreated/raw water points/sources at a location should be secured and identified. Question is not applicable. ☐ N/A	100% of the water points/sources are secured/regulated and are named/identified.		◉ Green (1.5)
	>75% of the water points/sources are secured/regulated and/or are named/identified.		○ Amber (.75)
	>50% of the water points/sources are secured/regulated and/or are named/identified.		○ Red (0)
6.11 Water Notes			
6.12 Associated Samples (Affix any sampling documentation related to this assessment survey to the back of this form. Ensure documents are scanned and loaded into DOEHRS when the survey is entered)			
6.13 (Affix any attachments related to this assessment survey to the back of this form. Ensure documents are scanned and loaded into DOEHRS when the survey is entered)			
Section 7: Food Sanitation			
7.1 Who manages the food services at this location?	☒ Military ☐ DoD Contractor Name ☐ Other (Specify)		
7.2.How often does a food inspection occur?	☐ Weekly ☐ Monthly ☒ Quarterly ☐ Other (Explain)		
7.3 Are food vulnerabilities present at this location?	○ Yes* (explain) ◉ No	*If yes, explain	
7.4 A risk assessment for this location's food supplies/ facilities has been completed?	◉ Yes ○ No* (explain)	*If no, explain	
7.5. Food service facilities should meet public health standards. Food service operations comply with provisions of TB MED 530 as determined by PM. Question is not applicable. ☐ N/A	All food establishments received a Fully Compliant rating (SAT).		◉ Green (8)
	At least 1 food establishment received either a Substantially or Partially Complaint rating (MARG).		○ Amber (4)
	At least 1 food establishment received a Non-Complaint rating (UNSAT).		○ Red (0)
7.6 Details on unsatisfactory rated facilities			
7.7 Food Sanitation Notes			
7.8 Associated Samples (Affix any sampling documentation related to this assessment survey to the back of this form. Ensure documents are scanned and loaded into DOEHRS when the survey is entered)			
7.9 (Affix any attachments related to this assessment survey to the back of this form. Ensure documents are scanned and loaded into DOEHRS when the survey is entered)			
Section 8: General Sanitation			
8.1. Who manages general services such as the barber/ beauty shop, gym, laundry and MWR facilities at this location?	☒ Military ☐ DoD Contractor Specify: ☐ Other (Explain)		
8.1.1. Barber shop/beauty salon facilities should meet sanitary health standards and comply with provision of DA PAM 40-11. Question is not applicable. ☒ N/A	Camp meets standard and no hygiene deficiencies present.		◉ Green (1)
	Marginal sanitation rating or < 2 hygiene deficiencies present.		○ Amber (.5)
	Unsatisfactory sanitation rating or >3 hygiene deficiencies.		○ Red (0)
8.1.2. Laundry facilities should meet sanitary health standards and comply with provision of DA PAM 40-11. Question is not applicable. ☒ N/A	Camp meets standard and no hygiene deficiencies present.		◉ Green (1)
	Marginal sanitation rating or <2 hygiene deficiencies present.		○ Amber (.5)
	Unsatisfactory sanitation rating or >3 hygiene deficiencies.		○ Red (0)
8.1.3. Gym facilities should meet sanitary health standards and comply with provision of DA PAM 40-11. Question is not applicable. ☐ N/A	Camp meets standard and no hygiene deficiencies present.		◉ Green (1)
	Marginal sanitation rating or <2 hygiene deficiencies present.		○ Amber (.5)
	Unsatisfactory sanitation rating or >3 hygiene deficiencies present.		○ Red (0)

Figure 4. (Continued)

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8.1.4. MWR facilities should meet sanitary health standards and comply with provision of DA PAM 40-11. Question is not applicable. ☐ N/A	Camp meets standard and no hygiene deficiencies present.	◉ Green (1)
	Marginal sanitation rating or <2 hygiene deficiencies present.	○ Amber (.5)
	Unsatisfactory sanitation rating or >3 hygiene deficiencies.	○ Red (0)
8.2. Who manages overall latrine services at this location?	☒ Military ☐ DoD Contractor Specify: ☐ Other (Explain)	
8.2.1 There should be an adequate number of latrines for locations population per FM 4-25.12. Latrines should be managed and stocked properly. There should be at least one commode per 25 males and one commode per 17 females. Question is not applicable. ☐ N/A	There are sufficient numbers of latrines and showers available (>70%) per population size, chemical latrines are pumped, cleaned and stocked regularly with toilet paper, soap and paper towels. Showers/latrines are cleaned daily or as necessary. Leaders enforce good personal hygiene.	◉ Green (1.5)
	There are sufficient numbers of latrines and showers available (>70%) per population size, but not all are not maintained in a sanitary manner/stocked with adequate supplies, but are pumped/cleaned out regularly.	○ Amber (.75)
	There are insufficient numbers of latrines and showers available (<70%) per population size, and most or none of them are maintained in a sanitary manner regularly.	○ Red (0)
8.2.2 Hand washing stations should be present near latrines and dining areas and are stocked and working. Question is not applicable. ☐ N/A	Hand washing stations are present in all latrines and in DFAC. They are stocked with water, soap, paper towels and hand sanitizer is provided when soap and water cleaning methods are not available.	◉ Green (1.5)
	Hand washing stations are available but neither properly stocked with supplies nor available at some locations, but hand sanitizer is available.	○ Amber (.75)
	Hand washing stations are neither present nor stocked with supplies and no hand sanitizer available.	○ Red (0)
8.3. Troop living area/billeting should provide adequate living space per solder as the situation allows. Question is not applicable. ☐ N/A	During periods of surges and mobilization there should be 72 sq/ft/soldier. If, during unexpected and unplanned surges and mobilizations, 72 sq/ft/soldier is not available the standard may be temporarily reduced to a minimum of 55 sq/ft/soldier. During emergencies and very short-term (less than 72 hours), temporary peak billeting loads, 40sq/ft/soldier may be used to allocate billeting space, but the commander must accept the greater risk of respiratory disease in such situations. Living areas are kept clean and free of trash.	◉ Green (1)
	Soldiers have adequate space of at least 55sq/ft/soldier but do not sleep in a head-to-toe arrangement. Trash present, but no pests observed.	○ Amber (.5)
	< 40 sq/ft/soldier. They do not sleep in a head-to-toe arrangement, frequent outbreaks of respiratory illnesses. Pest observed in living areas due to trash.	○ Red (0)
8.4. General Sanitation Notes		
8.5 Associated Samples (Affix any sampling documentation related to this assessment survey to the back of this form. Ensure documents are scanned and loaded into DOEHRS when the survey is entered)		
8.6 (Affix any attachments related to this assessment survey to the back of this form. Ensure documents are scanned and loaded into DOEHRS when the survey is entered)		
Section 9: Field Sanitation Teams		
9.1. Location should have functioning and trained Field Sanitation Team (FST) or contractor personnel on site. Question is not applicable. ☐ N/A	Adequate contractor support or two (2) soldiers per company trained and on orders as FST members. At least one team member is an NCO or local medic.	◉ Green (1.5)
	Limited contractor support or one (1) soldier per company trained and on orders as Field Sanitation Team (FST) member.	○ Amber (.75)
	Neither contractor support nor trained FST personnel designated or on site.	○ Red (0)
9.2 Location should have all appropriate FST equipment on-hand and accessible. Question is not applicable. ☒ N/A	Location has all FST equipment on-hand and accessible.	◉ Green (1)
	Some FST equipment on-hand and/or missing equipment is on order.	○ Amber (.5)
	Minimal or no equipment on hand and none on order.	○ Red (0)

Figure 4. (Continued)

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9.3. Field Sanitation Team Notes						
9.4 Associated Samples (Affix any sampling documentation related to this assessment survey to the back of this form. Ensure documents are scanned and loaded into DOEHRS when the survey is entered)						
9.5 (Affix any attachments related to this assessment survey to the back of this form. Ensure documents are scanned and loaded into DOEHRS when the survey is entered)						
Section 10: Interviews or comments from Camp Clinic and/or Personnel						
Section 11: Communicated to Command						
11.1. To: (individual's name(s) and contact information)			11.2. Position: (e.g., Commander, Camp Mayor, Operations Chief, etc.)			
11.3. Unit		11.4. Email Address		11.5. Phone Number		
11.6. Date		11.7. By: (rank/name and contact information)		11.8. Via: (briefing, email, telephonically, etc.)		
11.9. Remarks						

APPENDIX F: DEFENSE OCCUPATIONAL AND ENVIRONMENTAL HEALTH READINESS SYSTEM

1. The DOEHRS is an informatics system that provides the capability to manage and report occupational and environmental health surveillance information collected in both garrison and the deployment operational environment. DOEHRS is a common access card (CAC)-enabled unclassified web-based system with multiple business areas, including the following used for deployment CEM and OEH surveillance, Industrial Hygiene (IH), Environmental Health (EH), Food Protection (FP), Radiation (R), IR, Registries (Reg), Document Library (previously the unclassified Military Exposure Surveillance Library [MESL]) and Business Objects Reporting.

2. DOEHRS business areas designed to manage all CEM and OEH surveillance data associated with preventive medicine activities and provide a record for future data use. A summary of each business areas is IH, EH, R, IR, and DL. Base camp assessments and food protection assessments are important force protection benchmarks in the completion of CEM and OEH surveillance.

a. IH: Manages potential occupational exposure in workplaces through the IH exposure assessment model. The model consists of the following eight process steps:

(1) Define Scope and Support of Resources.

(2) Basic Characterization.

(3) Similar Exposure Group.

(4) Develop Worksite Monitoring Plan.

(5) Characterize Exposures.

(6) Assess Exposures and Provide Control Plan.

(7) Reporting and Recording.

(8) Re-Evaluation.

b. EH: During deployments, the environmental health business area in DOEHRS manages environmental hazard characterization and management through the OEHSA, associated exposure pathways, surveillance plans, and surveillance activities. The OEHSA serves as the foundation document for identification of potential hazards and development of future sampling and surveillance plans. The EH business area includes samples for air, water, soil and thermal stress. It includes surveys for entomology, food sanitation, general sanitation, waste management and water. In garrison operations, food, general sanitation, and drinking water surveillance are the most prominent areas of data collection and management of waste management and entomological data. In addition, personnel potentially exposed can be associated to locations. Personnel can also be associated to exposure pathways upon cohort identification. Location specific POEMS are also managed in the EH business area of DOEHRS.

c. Base Camp Assessment: This comprehensive occupational and EH and general sanitation assessment, which is a primary survey tool, used to assess public health and FHP issues. The goal of a base camp assessment is to conduct a comprehensive review of a base camp and provide recommendations to commanders and stakeholders on how to better protect the force, reduce disease and non-battle injuries, to identify and reduce the effects of occupational and environmental exposures, and to evaluate the effectiveness of health hazard mitigation practices that have been employed. Base Camp Assessments are conducted in the USCENTCOM in concert with an annual OEHSA and during reassessments conducted every three months (90 days) after the initial OEHSA start date. Areas with active burn pits will have base camp assessments conducted during the annual OEHSA and during reassessments conducted every three months (90 days) after the start date of the OEHSA. Record Base Camp Assessments on the base camp assessment form located in Appendix E and attach a copy to the location page in DOEHRS.

d. FP: Globally manages operations associated with food protection inspections and evaluations (e.g., DD Form 2973, *Food Operation Inspection Report*). Service food inspectors and foodservice inspection personnel also use DOEHRS to track data related to Prime Vendor Audits, Installation Food Vulnerability Assessments, and non-approved food sources.

e. R: Manages data associated with potential radiation hazards. The radiation business area includes air, bioassay, occupational dose of record, soil, swipe, tactical dosimetry and water sampling, various radiation surveys and an ability to document x-ray, laser and radio frequency emitting equipment.

f. IR: Manages data associated with exposure incidents outlined in Appendix J. The IR, module includes initial field account and IR surveys, potentially exposed populations and associated hazards.

g. Registries: Manages data associated with environment health surveillance registries. The Registry module includes an ability to link all registry related data from any of the business areas in DOEHRS and an ability to manage the communication with personnel contained in a registry. Service Public Health Centers exclusively use this business area.

h. Business Objects Reporting: Provides the user an ability to query and report on data in DOEHRS. There are other various reporting functionalities in DOEHRS that enable the user to view current and historical data either discretely or collectively, including access to laboratory results for samples collected in theater, that have been sent to rear-area support organizations, such as one of the Defense Centers for Public Health.

i. DL: Manages and provides documentation associated with OEH sampling not available in the other Business Areas. CEM and OEH sampling documented prior to the use of DOEHRS and legacy NIPRNet MESL contents are included in the library. Examples include After Action Reports, Situational Reports, Base Camp Assessments, Analytical Summaries, etc.

3. Use of DOEHRS.

a. Enter all unclassified CEM and OEH surveillance data in DOEHRS whenever a CAC-enabled computer with internet connectivity is available. When connectivity is not possible,

collect data on DOEHRS forms and add the information to DOEHRS later. These forms are available at: https://phc.amedd.army.mil/topics/envirohealth/hrasm/Pages/DOEHRS_Resources.aspx. At the time connectivity is reestablished, enter collected data in DOEHRS.

b. Update CEM and OEH surveillance activities as the deployment proceeds based on further health risk assessments, routine and incident-driven monitoring and sampling, medical surveillance, and other health surveillance activities. Submit record DOEHRS OEHSAs in DOEHRS and submit classified portions to the SIPRNet MESL.

c. Commanders ensure their personnel receive training on DOEHRS and use DOEHRS during their unit's mission.

d. Training and Resources

(1) All Service Preventive Medicine personnel establish a DOEHRS account.

(2) Defense Centers for Public Health (DCPH-A, Defense Centers for Public Health - Dayton, and Defense Centers for Public Health - Portsmouth) provide required training for familiarization with navigating, data entry, and retrieving information from DOEHRS. Training offered through the following means:

(3) The DOEHRS web site (https://doehrs-ih-demo.csd.disa.mil/Doehrs/) contains training material under the DOEHRS documentation tile. An account is required to access this material.

(4) Individual or group training offered through webinars or through personalized training by the DCPH-A.

e. Additional resources provided at: https://phc.amedd.army.mil/topics/envirohealth/hrasm/Pages/DOEHRS_Resources.aspx. These resources include training materials and all the EH, R, and IR samplings and survey forms.

APPENDIX G: PERIODIC OCCUPATIONAL AND ENVIRONMENTAL MONITORING SUMMARY

1. While OEHSAs document the assessment at a specific point in time, the POEMS is the official DoD approved documents that summarize population-based health risks and associated medical implications resulting from OEH exposures identified at major contingency bases (e.g., base camps) over a period of time. Specifically, POEMS describe the types of exposure hazards (e.g., airborne pollutants, water pollutants, infectious disease, noise, heat/cold, food safety, general sanitation), summarize site data/information collected, and provide an assessment of the significance of any known or potential short-term (during deployment) and long-term (post deployment) health risks to the personnel population deployed to the site.

2. POEMS address requirements of References (m), (p), and (u). The POEMS replaces the DoDI requirement to prepare "periodic occupational and environmental monitoring summaries on a SF 600 for each permanent or semi-permanent basing location." Where appropriate, POEMS may cover multiple contingency locations within a given geographic area. The goal is to complete the initial POEMS for a contingency location within 12 months of completing the initial OEHSA. Update POEMS annually to reflect data and information collected from the previous year or more of occupancy at a site."

3. In USCENTCOM, the Component identified as the BOS-I for medical management must prepare the POEMS or submit a request for assistance to their Service to author the summary. The POEMS author will submit the draft POEMS to CCSG for staffing within USCENTCOM. The CCSG will consolidate USCENTCOM comments and provide feedback to the author. The author will incorporate comments and submit the final POEMS to the Joint Staff for further staffing pursuant to Reference (t). By the authority of this regulation and USCENTCOM Chief of Staff Appointment Memorandum, 9 November 2015, CCSG is the USCENTCOM signature authority on the DD Form 1910 for the recommended public release of POEMS. USCENTCOM completes staffing of each POEMS through all directorates with equities. The USCENTCOM directorates with equities in the POEMS process include CCSG, CCJ2, CCJ4, CCCI, and CCJA.

4. Pursuant to Reference (t), USCENTCOM Surgeon's Office staffs POEMS and forwards completed documents to the DCPH-A for entry into the POEMS webpage at: https://phc.amedd.army.mil/topics/envirohealth/hrasm/Pages/POEMS.aspx?sorts[country]=-1. Components identified as the BOS-I for medical management will annually review the POEMS for their locations to determine if there are new occupational or environmental exposure hazards or changes in the population-based risks. For locations with minor or no changes in exposure hazards or risks, the Component can submit a memo through CCSG to DCPH-A to certify the existing POEMS as still current.

5. POEMS that have completed the staffing process, Reference (t), are available to medical providers, Service members, veterans, civilian employees, their families; Department of Veterans Affairs claims adjudicators, and the public. While useful to inform providers and others of potential health effects and associated medical implications, it does not represent an individual exposure profile. Address actual individual exposures and specific resulting health effects depend on many variables in individual medical records by providers at the time of an evaluation of a unique exposure. The intent of POEMS is to satisfy the need for such population-level

health surveillance information to be available, should service personnel have OEH exposure-related concerns. For additional assessment of potential individual exposures, Service members are also required to complete pre- and post-deployment questionnaires regarding their individual health status and any occupational or environmental exposures that they believe that they experienced while deployed.

6. The template for the POEMS is located at: http://phc.amedd.army.mil/topics/envirohealth/hrasm/Pages/POEMS.aspx.

7. Completed approved POEMS are available via NIPRNet on the DCPH-A website at: https://phc.amedd.army.mil/topics/envirohealth/hrasm/Pages/POEMS.aspx.

APPENDIX H: U.S. CENTRAL COMMAND REPORTABLE MEDICAL EVENT DATA PROCEDURES

1. RME are those diseases and conditions, defined by Reference (aaa), that represent a special concern to the military leadership and public health authorities because they carry with them the potential for infectious disease outbreaks, or they may constitute sentinel events that indicate the failure of FHP measures. Many are consistent with conditions that are reportable under U.S. federal or individual state laws.

2. Central reporting of RMEs ensures that commanders have timely visibility of medical situations that threaten the health of the force. Centralized reporting retains historical data, supports disease mapping, and enhances public awareness, treatment options and vector mitigation. Locations/units providing medical care must:

a. Ensure all providers are familiar with the list of RMEs.

b. Establish internal procedures for electronically documenting the RME in the Service specific DRSI and MedCOP. Reporting requirement achieved upon submission of electronic documentation.

c. Follow up suspected cases with laboratory confirmation when feasible and update the electronic report as necessary.

d. Medical personnel will maintain a regional approach for monitoring RMEs and to ensure that all geographic and command AORs are covered. The deployment site's BOS-I for medical management must lead the effort to standardize the process for RME reporting. For locations without a Component specified at the BOS-I for medical management where multiple Services are performing health care operations, the MTF/unit providing the highest role of care will lead the efforts to standardize RME reporting and DNBI surveillance as defined by Reference (dd).

e. Certain conditions may represent a significant threat to public health and may require further investigation as determined by the local command surgeons. Limit the delay of reporting of cases due to a lack of confirmatory (definitive) laboratory testing or uncertain clinical criteria. In the deployed environment, rapid assessment and containment of communicable disease outbreaks is essential to maintaining force strength.

f. Units lacking direct access to one of the electronic RME data systems, or in unusual circumstances where the determination indicates that initial details of a RME documented via SIPRNet; record the necessary information on the available RME form in this Appendix and e-mail or fax the report through the component surgeon to CCSG.

g. All locations/Units providing medical care in USCENTCOM are required to develop internal procedures for electronically documenting the RME in DRSI or MedCOP.

h. The U.S. Air Force, U.S. Army, and U.S. Navy have all mandated the use of DRSI as the system of record for electronically documenting RMEs at all fixed facility and deployed, locations/Units providing medical care. Reporting requirement complete once RME upload into DRSI completed. MTFs must coordinate directly with DRSI to ensure unit belongs to a

USCENTCOM reporting unit. Components can request DRSI accounts through their respective Defense Centers for Public Health:

(1) U.S. Air Force, episervices@wpafb.af.mil, https://data.nmcphc.med.navy.mil/afdrsi/Login.aspx

(2) U.S. Army, usarmy.apg.medcom-phc.list.org-eds-13@mail.mil, https://data.nmcphc.med.navy.mil/adrsi/Login.aspx

(3) U.S. Navy, NDRS@nmcphc.med.navy.mil, https://data.nmcphc.med.navy.mil/adrsi/Login.aspx

i. Medical organizations assigned on orders to the USCENTCOM AOR can electronically document RMEs in MedCOP if they complete and verify all of the MedCOP connectivity requirements. MTFs must validate that their RME inputs captured in the USCENTCOM Reportable Conditions query, filter ID 1570.

j. Command Surgeons, FHPO, and Clinical Operations Officers will routinely monitor and review DRSI and MedCOP Reportable Conditions reports for their forces for patterns indicative of a public health problem.

Privacy Act Information

Authority: Section 522 Title 10, United States Code (10 U.S.C.) 522

Purpose: The purpose of this form is to compile relevant patient information concerning communicable diseases and injuries occurring among DoD personnel and family members stationed or operating in USCENTCOM AOR.

Routine Uses: Used to monitor for the emergence of specific communicable diseases or outbreaks, which pose a public health threat, and to prepare data for inclusion in the U.S. Army Medical Surveillance System.

Disclosure: The requested information is mandatory for compliance with U.S., Host Nation and Army disease reporting laws and regulations. Immediate reporting to the CCSG with information about an active outbreak is mandatory. Failure to provide the requested information or report immediately information about an active disease outbreak may prevent effective public health action and contribute to higher disease and non-battle injury rates.

SUBMIT COMPLETED FORMS TO THE COMPONENT CJTF SURGEON FORCE HEALTH PROTECTION OFFICER. DO NOT DELAY REPORTING LABORATORY CONFIRMATION.

APPENDIX I: DISEASE AND NON-BATTLE INJURY SURVEILLANCE

1. Purpose and Processes for DNBI surveillance:

a. Reference (u) can reveal abnormal patterns and trends that may signal a serious, widespread health problem that could negatively impact the mission. The causes of these types of health problems include environmental health threats, inadequate sanitation, hygiene, and monitoring programs, inadequate use of preventive and/or protective measures, and unhealthy behaviors and practices.

b. The purpose of DNBI surveillance is to promote and maintain the health and fitness of deployed forces and maximize FHP through monitoring illness and injury rates, and instituting interventions as required. Surveillance is not a report card tool to capture workload trends. Surveillance focuses on initial encounters and diagnosis. Specific objectives include:

(1) Infectious disease outbreak detection.

(2) Sentinel event detection, primarily related to reportable medical events, Appendix H.

(3) Evaluating the effectiveness of systems to provide healthy food, clean water, safe sanitation and adequate shelter in the deployed environment.

(4) Evaluate effectiveness of injury prevention efforts and exposure monitoring of environmental and occupational sources.

c. Information from healthcare visits at every level of the combat healthcare system is the main source of DNBI surveillance. Once locations providing medical care complete the appropriate joining report, information will flow from the NIPRNet-based health care information system to the MedCOP. MedCOP is a SIPRNet-based application https://hgsaid01.ds.centcom.smil.mil/fms/#viewDir/base64L3B1YmxpYy9NRURDT1AgRG9jdW 1lbnRzL1VzZXlgTWFudWFscw%3D%3D, that facilitates the monitoring of DNBI trends throughout the AOR. Deployed forces ashore will use MedCOP as the primary data entry point for DNBI reporting.

(1) Surveillance will focus on diagnosis of initial cases in the following categories: mental disorders, dermatological, respiratory, recreational injury, ophthalmologic, gastrointestinal infectious, work-related injury, dental, gynecological, unexplained fever, motor vehicle injuries, neurological, combat/operational stress reaction, sexually transmitted diseases, other injuries, all other medical/surgical, miscellaneous/administrative/follow-up and heat/cold injuries.

(2) Sites operating without NIPRNet in their healthcare areas must maintain a spreadsheet containing the counts of their local healthcare visits, Reference (u). Input all data into MedCOP as soon as possible.

(3) Sites without SIPRNet must transmit their weekly reports to the next higher medical activity or surgeon in their chain of command for entry into MedCOP. Every physically distinct medical activity (Roles I-III), including those conducting split-base operations, must provide a report.

d. The weekly DNBI report through MedCOP indicates the number of cases of disease or injury, Reference (u), along with the size of the population at that location. Command Surgeons should assist the BOS-I for medical management at each deployment site to comply with establish standardized naming conventions, Reference (ff), to consolidate surveillance for the data appropriate geographical location. Populations in the battlespace often overlap. Medical activities should report, to the best of their abilities, the number of personnel directly eligible for primary healthcare at their location. At locations where there is a significant overlap in the population under care, the installation/base BOS-I for medical management must coordinate to reduce the amount of "double-counting" of individuals.

e. Using MedCOP, Command Surgeons at all levels can aggregate weekly reports by their Unit Identification Code (UIC) (or a similar location-specific code) in order to survey deployed forces ashore within their specific AOR. It is the responsibility of each MTF using MedCOP to establish, maintain and hand over DNBI baseline rates for their location. This may entail maintaining legacy files (spreadsheets) with DNBI data for the last one to two years. MedCOP does not currently support the archiving and reporting of baseline data. It is not necessary to maintain DNBI data beyond 24 months. Preventive medicine personnel should develop methods for reporting DNBI information to their surgeons and commanders. At a minimum, preventive medicine personnel responsible for DNBI surveillance must review and analyze DNBI data on a weekly basis and be prepared to summarize the results of their latest analysis as needed.

f. It is the responsibility of the Command Surgeons to determine when command notification will occur. Indicators of potential emergencies include (but are not limited to) communicability, severity of disease, a fatality or a condition that suggests a failure in the established public health system.

g. Commanders should use the results of DNBI surveillance for composite risk management, when evaluating the health and fitness of the force, and in determining the needs for (and allocation of) preventive medicine and FHP resources.

h. Specific procedures. Reference (u) contains the latest requirements for conducting DNBI surveillance. Additional procedures designed to enhance DNBI surveillance in USCENTCOM provided.

(1) Properly configure the MedCOP "Joining Report." The Joining Report establishes the data linkage between the NIPRNet health information system Armed Forces Health Longitudinal Technology Application-Theater (AHLTA-T) and the SIPRNet MedCOP. Every unique medical activity ashore, including those conducting split-base operations, must have a unique identifier, such as a version of their UIC. The medical activity identifier for AHLTA-T must exactly match the UIC in the MedCOP joining report. Medical activities that are assuming responsibilities at a location where the health information system (computers, servers, etc.) not redeployed should not attempt to submit a new Joining Report but may change the description of their facility in the appropriate data field.

(2) Medical activities must report their unique identifier (or changes) to their next higher surgeon and their local FHP personnel.

(3) Ensure that reports conform to the established methods for counting cases. It is critical that DNBI surveillance at all levels follows the established case definitions. FHP personnel and surgeons are responsible for distributing copies of the Chairman's memorandum, Reference (u), throughout their AORs and conducting local training, as needed.

Example DNBI rate calculation:
DNBI (%) = ((# Patients)/(Population at Risk)) * 100
DNBIdermatological (%) = (20/500) * 100
DNBIdermatological (%) = (0.04) * 100
DNBIdermatological (%) = 4%

APPENDIX J: OCCUPATIONAL AND ENVIRONMENTAL HEALTH EXPOSURE AND CHEMICAL, BIOLOGICAL, RADIOLOGICAL, AND NUCLEAR INCIDENT REPORTING

1. This appendix provides responsibilities and guidance related to OEH IR, see Reference (p). DoD and Joint Staff policies require documentation of exposure incidents from OEH contaminants resulting from a significant exposure to any deployed individual(s), to include exposures from CBRN agents and acutely toxic industrial chemicals.

2. The determination of whether an OEH exposure is sufficient to warrant reporting as an exposure incident is somewhat subjective, but there are certain criteria to support a determination (e.g., it would be considered a CCSG medical friendly forces information requirement). Use Table 1 checklist of considerations to determine whether an OEH incident warrants documentation. The most obvious scenarios are those resulting in real-time health impacts that require medical countermeasures or treatment. If significant concerns or senior leadership interest trigger a specific investigation related to the potential presence of a OEH hazard, actions and circumstances surrounding the incident should be documented even when a determination is made of no notable exposure or significant impact to human health or mission. The resources required for such an investigation can also support justification for the IR process to document the event. Documentation provides a record of the assessment and maximizes documentation for a Service member's longitudinal exposure record.

3. Information documentation requirements.

a. Specific data required to be documented include:

(1) Location, date, and time of incident.

(2) Summary of events or description of what transpired.

(3) Unit rosters of all personnel involved (affected or possibly exposed), and indicate those persons medically treated and their disposition. Any RME reports should be included.

(4) Acute or known/anticipated latent health outcomes and any medical follow-up required, as well as the overall types and severity of acute and chronic health effects and the risk levels.

(5) Documentation of personal protective equipment or countermeasures used effectiveness of, and compliance with, countermeasures, and any other exposure incident response.

(6) Results of environmental monitoring including hazard and exposure information (duration, frequency, field measurements and laboratory results).

(7) Health risk communication materials provided to health care providers, patients, or population at risk.

b. Most of the required elements to document in the IR are from supporting documents, referenced as attachments. However, additional interpretation of the data may be required in the form of a summary. For example, preventive medicine personnel completing the IR should

summarize the incident information and provide a qualitative risk estimate of the level of the acute health effects presented during the incident as well as an estimate of the risk for long-term health consequences, using the risk definitions in appropriate technical guidance. Preventive medicine personnel may contact their supporting Defense Center for Public Health for medical advisement, and may consult appropriate references regarding OEH risk estimation, such as Reference (hhh).

c. Input completed OEH Exposure IR into DOEHRS for all OEH or CBRN exposure incidents that result in an acute illness or that have the potential to cause latent illness.

d. If portions of the IR are classified, record any unclassified portions in DOEHRS and annotate DOEHRS IR module. The IR, with reference to the relevant security classification guidance (and/or original classification authority), are submitted to the SIPRNet MESL to facilitate awareness of the authority and duration of classification.

e. Submit all exposure incident investigation records (including CBRN agents) via DoD or Service-specific systems (hard copy or electronic) for further disposition and archiving. Ensure unclassified monitoring data and reports entered in DOEHRS and classified monitoring data and reports submitted to the SIPRNet MESL at: oehs.data.army@mail.smil.mil.

4. Method of documentation of OEH exposure.

a. Initial Field Account (IFA) survey: When an incident occurs, personnel involved in the incident or witness the incident should complete an IFA survey. There may not be preventive medicine assets present, in which case, the affected unit(s) will complete the IFA. The purpose of the IFA survey is to document information about the incident closest to the time that it occurred, so follow on actions and the IR survey can be as accurate as possible.

b. IR Survey: Whether an IFA survey is completed or not, complete an IR survey for the incident.

c. The DOEHRS-IR module is the system of records for DoD exposure documentation and provides an electronic mechanism for users to directly complete data fields to document information surrounding exposure events. This process ensures an archived record of the incident and assessment, and details of specific personnel, procedures, and data, and documents recommendations regarding medical surveillance or follow-up. The IFA and IR surveys listed in DOEHRS or the following web site: https://phc.amedd.army.mil/topics/envirohealth/hrasm/Pages/DOEHRS_Resources.aspx. Enter all IFA and IR surveys in the DOEHRS IR module.

d. Designated preventive medicine personnel prepare the IR, completing it at the lowest classification possible to facilitate distribution, entering the relevant data into the DOEHRS-IR module or in the absence of access to it, by utilizing a hard copy version to collect the data and providing all necessary information to the appropriate Service public health center.

e. Submit initial reports into the DOEHRS-IR Module within seven days of the incident and update as more information is available.

f. The Component/JTF Public Health/FHPO conducts a quality assurance review of the report and approves the IR within DOEHRS.

Table 1. Occupational and Environmental Health Exposure Incident Documented through Incident Reporting Process

Y/N	Document any of these indicators during an OEH Exposure Incident. Report using the IR Process (e.g., pursuant to DOEHRS-IR module).
	Visual/sensory cues are present indicating potential presence of an OEH hazard (e.g., smoke/cloud, odors, strange liquid/powers, etc.).
	The presence of an acute OEH hazard indicated through positive detection using real-time field equipment (e.g., M8/M256/Improved Chemical Agent Monitor detectors for chemical warfare agents).
	Evaluation of data by an appropriate medical/health professional indicates that exposure could plausibly result in some significant adverse health outcome, either short or long-term.
	Incident results in a significant exposure to any deployed individual(s), including from CBRN agents and toxic industrial chemicals.
	The presence of an OEH hazard is plausibly associated with actual observed (acute) clinical health outcomes reported and/or treated (e.g., complaints of headaches, dizziness, skin/eye irritation/burning, coughing, nausea, etc.).
	Concern over a perceived or potential adverse health exposure, which leads to the involvement of preventive medicine assets and military leadership to conduct an investigation or assessment. Document these actions as an IR even when there is a determination that no adverse exposures or impacts to human health are expected.

APPENDIX K: FERAL ANIMAL RISK MITIGATION

1. Purpose. Provide technical guidance and recommendations that are scalable to different sized operational bases and provide options for base camp commanders to choose from that will help control feral animals. It is also important to note that any guidance or feral animal risk mitigation (FARM) plan must consider host country regulations or final governing standards.

2. Background. Most USCENTCOM countries risk for rabies is higher than continental U.S., a fatal disease transmitted by infected animals. A U.S. Army Soldier deployed to Afghanistan from May 2010 to May 2011 died of rabies in New York on 31 August 2011. Laboratory results indicated the Soldier contracted rabies from contact with a dog while deployed, Reference (ddd). Feral and wild animals pose a significant FHP risk to DoD personnel in the operational environment and are reservoirs for a variety of other diseases transmissible to humans through direct and indirect contact such as through vectors and/or ectoparasites. Some of these diseases and their common hosts are hydatidosis (dogs/foxes), leishmaniosis (wild carnivores, rodents), plague (rodents, dogs, cats), and fatal Herpes B (Non-human primates). Effective feral animal risk mitigation is a complex and multifaceted problem, complicated by the fact that many of the "gold standard" approaches to rabies control and feral animal control outlined by the World Health Organization and World Organization for Animal Health are not practical in a contingency environment due to logistical constraints. During the last decade, animal control measures have primarily consisted of "trap/euthanize/dispose" efforts, which are inconsistent with current recommendations in the scientific literature. The "trap/euthanize/dispose" approach, in the absence of other efforts, is ineffective and may enhance the spread of rabies among feral animals in and around operating bases. Although various strategies have been employed during current and past conflicts, there are no standardized considerations or methods for feral animal risk mitigation established or endorsed by the DoD. Additionally, there is no doctrine assigning responsibility for feral animal control further compounding the problem. The failure of effective feral animal risk mitigation has contributed to increased risk of rabies exposure and traumatic injury, culminating in the death of a Soldier from rabies in August 2011.

3. Control Measures. There are several fundamental components to an effective feral animal control program. Neglect with respect to any of these key elements reduces the overall success of the program.

a. Education. Train and enforce USCENTCOM GO-1C, which prohibits adopting as pets or mascots of any kind, caring for, or feeding any type of domestic or wild animals on military installations. Commanders implement education as part of pre-deployment training, Reference (ee). Additional training required for personnel at high-risk locations such as entry control points, guard towers, dining facilities, and solid waste collection areas.

b. Sanitation. Feral animals rely on human food for survival. Intentional feeding and/or carelessness in control of discarded food materials leads to an increased feral animal population. Special attention needs to occur at food preparation sites in dining facilities to ensure prohibited entry of feral animals into the area. Likewise, food preparation personnel must also refrain from feeding feral/stray animals.

c. Exclusion. Emphasis on barrier control is crucial to the success of any FARM program. Repairing and maintaining physical barriers such as fences and walls reduces contact between feral animals and Service members, greatly curbs access to sources of food and harborage sites, and ultimately reduces the overall population.

d. Harborage. Preventing piles of boxes, crating, or other packing materials will ensure feral animals do not have a place to live and/or find refuge. It is equally important to prevent animals from harboring under buildings and containers.

e. Response. Immediately wash wounds/exposed areas with soap and clean running water for 15 minutes. Then as soon as practical, seek medical treatment for any bite, scratch, or situation in which saliva enters an open wound or comes into contact with the eye, mouth, or nose. Medical treatment personnel must ensure proper treatment (rabies vaccine and rabies immunoglobulin) and initiate a report of animal bite for all suspected cases of exposure.

4. Control Options. Control methods, below, are authorized for use. The final decision rests with the base/installation Commander. Veterinary service assets supporting the Commander may provide technical advice and recommendations when appropriate.

a. Trap-neuter-vaccinate-release (TNVR). On installation with adequate veterinary support, consider TNVR programs for feral dogs and cats. Both defend territory from other animals, facilitating the goal of maintaining a stable population of neutered animals on installations where elimination of dogs and cats is not possible. Use vector control personnel when conducting trapping operations for feral dogs and cats. Transport trapped animal for veterinary treatment. Veterinary personnel will spay/neuter and vaccinate them, and upon recovery from anesthesia, vector control personnel will return them to their location of capture. If deemed necessary and appropriate by U.S. Army Veterinarian, euthanize animals diagnosed with infectious disease and/or deemed unhealthy on physical exam. Integrate TNVR program with other control methods outlined in Paragraph 3 in this Appendix, when appropriate. TNVR animals receive at least one rabies vaccination in an effort to impart herd immunity to the population. Do not consider these animals immunity to rabies, they are not safe to pet, feed, or handle. Treat bites and scratches from TNVR animals as if they would from any stray animal. (Note: Currently the Army Veterinary Corps does not encourage TNVR programs. If commanders decide to conduct a TNVR approach in disease prevention and mitigation at their locations, commanders will have to fully fund and staff the TNVR program).

b. Trap and remove. Trap and remove indigenous wildlife humanely and release back into their natural environment at least 30 kilometers from any installation. Use of this method discouraged for disposition of feral or stray animals unless other options are unavailable due to host-nation laws or customs prohibiting the euthanasia of certain stray or feral species. In some locations, there may be a local animal shelter and/or Non-Governmental Organization such as the Kuwait Society for the Protection of Animals and Their Habitat that will accept stray dogs and cats. Placement of captured stray dogs and cats with a local shelter may provide an incentive for operational personnel to stop feeding strays if they know that euthanasia is not the only outcome of turning a “mascot” over to pest control or veterinary personnel. A local animal shelter is a preferable alternative to euthanasia if available; however, it only applies to stray dogs and cats (once owned by humans) or that show signs of domestication. Feral dogs and cats are wild

animals and there is no provision for sending them to a stray animal facility. Success using any of these methods relies on strict adherence to feeding and harborage restrictions.

c. Trap and remove sick, aggressive, or nuisance stray or feral domestic animals. Humanely euthanize them when possible. If host nation prohibits euthanasia of healthy animals, remove them from the area. Trained vector control personnel will capture animals and euthanized by U.S. Army veterinary officers. Where contracted vector control is not an option, the base commander may designate trained personnel to trap animals, receive training in humane euthanasia by U.S. Army veterinary officers, and either conduct euthanasia with proper remains disposal, or relocate the animal if necessary. Administer rabies vaccine to all personnel designated to assist in this program. If using euthanasia as part of a control program, integrate with other control methods, as indicated in Paragraph 3 in this Appendix, to achieve effective and sustainable results. If animals must be relocated, they should be released as far from their current location as possible to prevent them returning. Place healthy, non-aggressive animals with local civilian shelters where available or consider TNVR option. Use of these shelters should be limited to situation in which host nation law or public perception renders euthanasia undesirable.

5. Euthanasia Methods. Euthanize animals in a humane manner. Household chemicals, disinfectants, cleaning agents, pesticides, carbon monoxide from vehicle exhaust, exsanguination, strangulation, hypothermia, and drowning are examples of inhuman euthanasia.

a. Euthanasia Chemicals. Administration of chemical euthanasia (e.g., Fatal-Plus, Euthanasia solution) must be performed by veterinary personnel or specifically trained and designated individuals. Handle accordingly as this class of medication are a controlled substance.

b. Kinetic use will only be used pursuant to the guidelines and instructions provided in Reference (bbb). Only the base/installation commander shall designate personnel to use kinetic force to euthanize animals, unless kinetic means used are part of an approved Bird/Wildlife Airfield Strike Hazard plan. The need for kinetic euthanasia can occur when either chemical euthanasia or veterinary personnel are not available or deemed too hazardous to attempt to handle an animal (e.g., a wild animal or an animal suspected of having rabies). The preferred method when using kinetic force is gunshot to the head. However, in situations where diagnostic brain samples are required (e.g., for rabies testing, chemical euthanasia is necessary to ensure appropriate and humane euthanasia is accomplished). If possible, administer anesthetics or tranquilizers prior to kinetic euthanasia. If veterinary personnel and medications are unavailable, medical personnel if safe to do so may administer drugs for human use. Contact a veterinarian to obtain drug, route, and dosage recommendations.

c. Use the outline euthanasia methods provided by the American Veterinary Medical Association described in Reference (bbb). Use of methods deemed inhumane is a violation of Uniform Code of Military Justice. When methods outlined in Reference (bbb) are unavailable, the installation commander may authorize the most humane method available, after consultation with veterinary or medical personnel.

APPENDIX L: ANIMAL BITE REPORTING

1. Endemic animal rabies exists in many countries within the USCENTCOM AOR. Apply a higher index of suspicion when considering whether an animal may be rabid. A U.S. Army Soldier deployed to Afghanistan from May 2010 to May 2011 died of rabies in New York on 31 August 2011. Laboratory results indicated the Soldier contracted rabies while deployed, Reference (ddd). Locations/Units providing medical care will document and report through their Component and JTFs all animal bites, scratches or instances of possible rabies exposure resulting from contact with wild, stray, feral, or domestic animals.

a. High risk personnel (veterinary personnel, military working dog handlers, animal control personnel, certain security personnel, civil engineers occupationally at risk of exposure to rabid animals, and laboratory personnel who work with rabies suspect samples) should receive rabies pre-exposure vaccination, Reference (hh).

b. All U.S. personnel who are exposed to rabies or potentially exposed to rabies must report the animal exposure and seek medical treatment from a health care provider as soon as possible, preferably within 24 hours, for evaluation pursuant to Figure 5. Exposure events include a bite from an animal capable of spreading rabies, fluid contact with an open wound or mucous membranes, or possible contact with a bat.

c. Risk-based rabies Post-Exposure Prophylaxis (PEP) applies to all individuals after potential rabies exposure regardless of their pre-exposure immunization status. However, PEP schedules differ for unvaccinated versus previously vaccinated persons, and for individuals considered immunosuppressed Centers for Disease Control and Prevention Advisory Committee on Immunization Practices provide guidelines at: https://www.cdc.gov/rabies/prevention/pre-exposure_vaccinations.html.

2. Document a rabies risk assessment for all potential rabies exposures, Reference (gg).

a. Component/CJTF/JTF Rabies Advisory Boards will be pursuant to Service policy Rabies Advisory Boards comprised of a U.S. military veterinarian and two U.S. military health care providers trained in rabies risk assessment or in preventive medicine (Preventive Medicine Physician/FHPO). These teams provide a region-specific forum to evaluate bite reporting, PEP administration, documentation, and other rabies prevention initiatives. Rabies Advisory Boards, under the guidance of the USCENTCOM/USARCENT Veterinarian meet monthly to discuss active and past cases; keep an undated tracking log of all animal bites in their theater; and conduct case reviews to discuss best practices for improving the standard of care provided to patients. The Rabies Advisory Boards provide an updated tracker to the USCENTCOM Strategic Force Health Protection Officer and the USCENTCOM/USARCENT Veterinarian on a quarterly basis (Report due dates: 1 January, 1 April, 1 July, and 1 October).

b. The attending provider determines the use of post-exposure prophylaxis based on a case-specific risk assessment by the attending provider, in consultation with the Rabies Advisory Teams/Boards, and as documented on DD Form 2341, *Report of Animal Bite – Potential Rabies Exposure*. The attending provider will ensure positive notification of redeployment medical treatment facilities for any Service member undergoing PEP.

c. Completion of the DD Form 2341 ensures a multi-disciplinary review of the circumstances of each potential rabies exposure by the Component/CJTF/JTF Rabies Advisory Board, with a tailored response to each individual case. This review must occur as soon as possible following exposure. For each individual case, the DD Form 2341 serves to document the rabies infection risk assessment, management of the case, treatment recommendation, and case disposition.

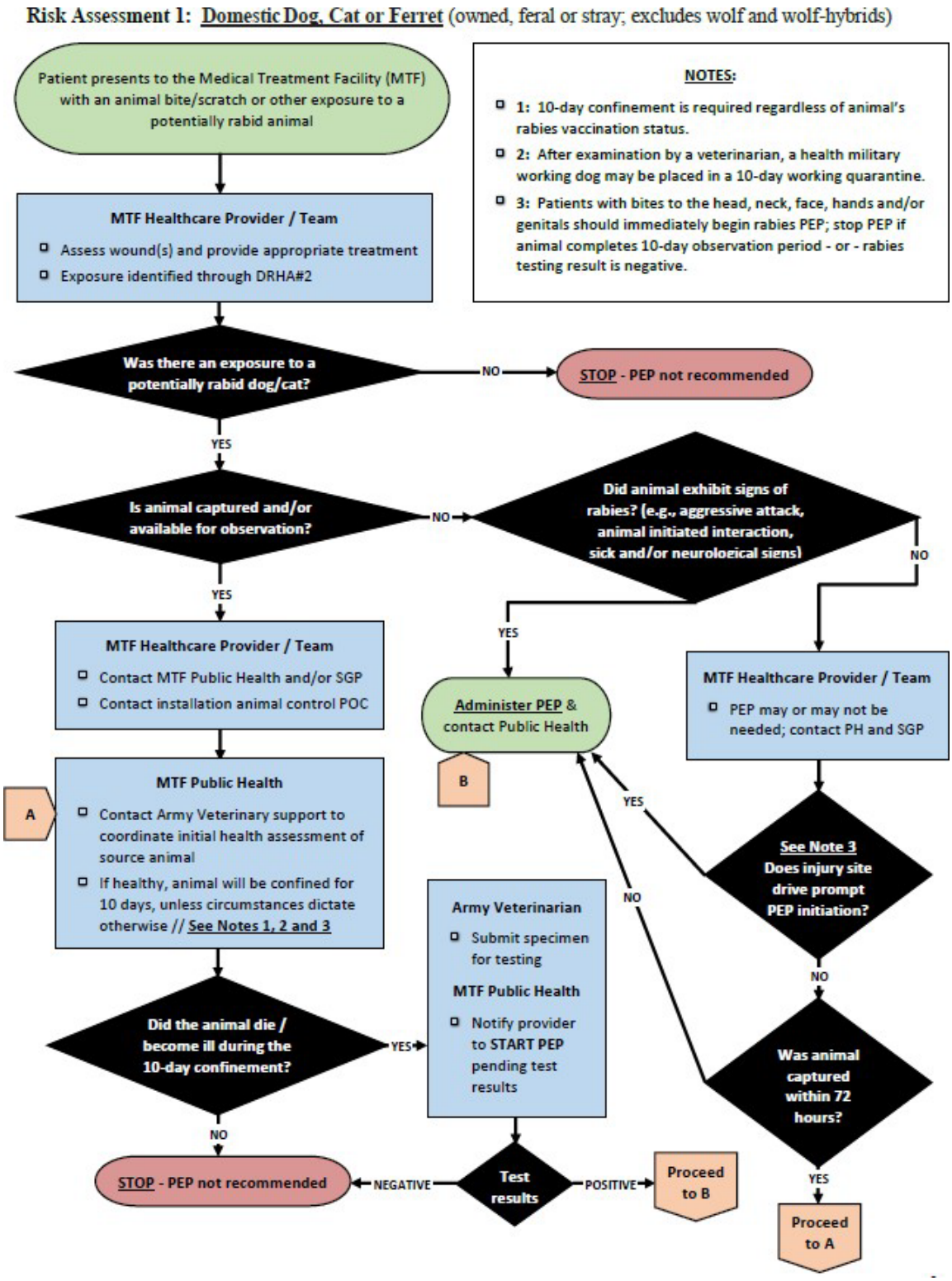
3. Adhere to risk-based post-exposure rabies prophylaxis protocols pursuant to the Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP) guidance at: https://www.cdc.gov/rabies/medical_care/index.html.

4. Treatment consists of appropriate wound care and as indicated by the rabies risk assessment, complete ACIP rabies PEP. Use the ACIP rabies post-exposure prophylaxis schedule depending on the rabies immunization status and immunosuppression status of the individual (Note: Malarone, Doxycycline and Mefloquine use not indicated to suppress immune response to rabies vaccine administration). Initiate rabies prophylaxis measures without deviations: www.cdc.gov/rabies/resources/index.html.

5. Review all DD Form 2341, *Report of Animal Bite – Potential Rabies Exposure*, within 30 days of the initiation of each report for final disposition of the case pursuant to service policy. To the maximum extent possible, execute all necessary measures to reduce any risk of rabies.

6. Ensure documentation of rabies pre and/or PEP (including lot numbers) in Service immunization databases, as well as the individual's electronic medical record. These records maintained by the Rabies Advisory Board covering each theater/JTF. Copies maintained and forwarded to USCENTCOM/USARCENT Veterinarian once completed.

Figure 5. Risk Assessment Form



APPENDIX M: GLOSSARY

1. Abbreviations, Acronyms, and Initialisms. Pursuant to the *DoD Dictionary of Military and Associated Terms*, an abbreviation is a shortened form of a word or phrase pronounced as a word (e.g., SecDef). An acronym is a shortened form of a phrase of words, where the letters of the acronym stand for the terms of its meaning and is also read as a word (e.g., ASAP [as soon as possible]). An initialism is a shortened form of a word or phrase that is not spoken as a word; each letter is spoken separately (e.g., DoD).

AAR	After Action Report
ACIP	Advisory Committee on Immunization Practices
AFI	Air Force Instruction
AHLTA-T	Armed Forces Health Longitudinal Technology Application-Theater
AOR	Area of Responsibility
AR	Army Regulation
B2C2WG	Boards, Bureaus, Center, Cells and Working Groups
BOS-I	Base Operating Support-Integrator
CAC	Common Access Card
CBRN	Chemical, Biological, Radiological, and Nuclear
CCCI	United States Central Command Communication Integration
CCJ1	United States Central Command Director of Manpower and Personnel
CCJ2	United States Central Director of Intelligence
CCJ3	United States Central Command Director of Operations
CCJ4	United States Central Command Director of Logistics
CCJ5	United States Central Command Director of Strategic Planning and Policy
CCJA	United States Central Command Staff Judge Advocate
CCR	United States Central Command Regulation
CCSG	United States Central Command Surgeon's Office
CDC	Center for Disease Control
CEM	Comprehensive Exposure Monitoring
CJTF	Combined Joint Task Force
DCPH-A	Defense Centers for Public Health – Aberdeen
DHA	Defense Health Agency
DNBI	Disease and Non-battle Injury
DoDD	Department of Defense Directive
DoDI	Department of Defense Instruction
DOEHRS	Defense Occupational and Environmental Health Readiness System
DRSI	Disease Reporting System Internet
EH	Environmental Health
FARM	Feral Animal Risk Mitigation
FHP	Force Health Protection
FHPO	Force Health Protection Officer
FP	Food Protection

FWRA	Food and Water Risk Assessment
GENADMIN	General Administration
GO-1C	General Order 1C
HEPA	High efficiency Purified Air
IFA	Initial Field Account
IH	Industrial Hygiene
ILER	Individual Longitudinal Exposure Record
IR	Incident Report
JLLIS	Joint Lessons Learned Information System
JTF	Joint Task Force
MedCOP	Medical Common Operating Picture
MESL	Military Exposure Surveillance Library
MMWR	Morbidity and Mortality Weekly Report
MTF	Medical Treatment Facility/Unit
NIPRNet	Non-classified Internet Protocol Router Network
OEH	Occupational and Environmental Health
OEHSA	Occupational and Environmental Health Site Assessment
PEP	Post-Exposure Prophylaxis
POEMS	Periodic Occupational and Environmental Health Site Assessment
R	Radiation
Reg	Registries
RME	Reportable Medical Events
SF	Standard Form
SIPRNet	Secret Internet Protocol Router Network
TG	Technical Guide
TNVR	Trap Neuter Vaccinate Release
U.S.C.	United States Code
UIC	Unit Identification Code
USAPHC	United States Army Public Health Center
USARCENT	United States Army Central
USCENTCOM	United States Central Command

2. Terms/Definitions. Unless otherwise noted, these terms and their definition are for the purpose of this regulation.

B2C2WGs. B2C2WGs and other semi- permanent or temporary organizations (e.g., Councils, Elements and Planning Teams) facilitate cross-functional coordination, synchronization, planning and information sharing between principal staff directorates and enable the Commander's Decision Cycle, Reference (z).

BOS-I. For each deployment location, the base operating support matrix designates a component, sub-unified command, or JTF Headquarters with the responsibility to plan, coordinate, integrate, manage or provide necessary BOS-I Management, Airfield Management, and Communications Management functions for all tenant units. It further designates the role of BOS-I for its sub-functions, Reference (dd). The component, sub-unified command, or JTF Headquarters should clearly identify the BOS-I for medical management at each location.

casualty prevention. Supports military personnel by applying prevention and protection capabilities. Casualty prevention includes all measures taken by commanders, leaders, individual military personnel, and the health care system to promote, improve, or conserve the mental and physical well-being of military personnel.

combat and operational stress control. Includes programs and actions taken by military leadership to prevent, identify, and manage adverse combat and operational stress reactions in units.

command. The authority that a Commander in the armed forces lawfully exercises over subordinates by virtue of rank or assignment. It also includes responsibility for health, welfare, morale, and discipline of assigned personnel, Reference (kk).

comprehensive exposure monitoring. The totality of activities established to monitor occupational, environmental, and other exposures to hazards that support health surveillance, force health protection, treatment, and other health service support activities that maximize the health and readiness of Service Members and Civilians across the Joint Force.

contingency location. A non-enduring location outside of the United States that supports and sustains operations during named and unnamed contingencies or other operations as directed by appropriate authority and categorized by mission lifecycle requirements as initial, temporary, or semi-permanent, Reference (a).

contractors authorized to accompany the force (CAAF). Contingency contractor employees and all tiers of subcontractors who are specifically authorized through their contract (via Letter of Authorization they are required to carry with them) to accompany the force and have protected status pursuant to international conventions. Generally, all U.S. citizens and other country national's contingency contractor and subcontractor employees of U.S. forces who do not reside within the operational area and who routinely reside with U.S. forces (especially in uncertain and hostile environments) are considered CAAF. CAAF may also include some mission essential host nation and local national contractor employees (e.g., linguists) who reside with U.S. forces and receive Government-Furnished support, such as billeting and access to dining facilities, Reference (y).

covered waste. Hazardous waste, as defined in section 6903(5) of title 42 U.S.C.; medical waste, as defined in Section 6992a(a)(1)-(10) of title 42 U.S.C.; tires; treated wood; batteries; plastics, excluding insignificant amounts of plastics remaining following a good-faith effort to remove or recover plastic material from the solid waste stream; munitions and explosives, except when disposed of in compliance with guidance on the destruction of munitions and explosives contained in Volume 6 of DoDM 6055.09; compressed gas cylinders, unless empty with valves removes; fuel containers, unless completely evacuated of contents; aerosol cans, polychlorinated biphenyls; petroleum; oils; lubricants; asbestos; mercury; foam tent material; or any item containing any of these items, Reference (j).

defense occupational and environmental health readiness system (DOEHRS). DoD military health system's-maintained informatics system for entering standardized sample and survey collection forms and reporting associated sample laboratory results and survey data. The

DOEHRS system has multiple modules, which include IH; EH; R; IR; FP; and DL. DOEHRS also provides the ability to search and report across all data entered. DOEHRS is the foundation for the individual longitudinal exposure record.

deployment. For medical purposes, travel to or through the USCENTCOM AOR with expected or actual time in country for a period of greater than 30 days, excluding shipboard operations, to locations with no permanent U.S. medical treatment facilities (e.g., funded by the Defense Health Program), References (p) and (u).

DoD personnel. DoD civilian employees and DoD contractor personnel deploying with United States forces consistent with DoD and Service-specific guidance.

enduring location. A location is enduring when DoD intends to maintain access and use of that location for the near future. The following types of sites are enduring locations for U.S. Government purposes: Main operating base, forward operating site, and cooperative security location, Reference (i). Enduring locations are published in the OSD-approved Enduring Location Master List."

environmental baseline survey. An environmental baseline survey establishes a snapshot of existing conditions of a location at the time occupied, documents any health hazards and environmental hazards, and provides guidance on environmental abatement or risk management necessary to protect the health of U.S. personnel. Environmental baseline surveys are required if a site is occupied or expected to be occupied for 30 or more calendar days after initial occupation. Units will complete environmental baseline surveys either during training exercises before the exercise begins or during the exercise. Do not repeat the environmental baseline survey if the exercise is a recurring exercise in the same locations, see CCR 200-2, *United States Central Command Contingency Envrionmental Standards*, 11 March 2022. An Environmental Baseline Survey is different from a Base Camp Assessment, which completed by FHP personnel.

environmental laboratory services. Deployable environmental laboratory services include capabilities to identify and confirm endemic identification and field confirmation of endemic diseases, occupational and environmental health hazards, and CBRN agents. The focus of the laboratory is the total health environment of the joint operating area, not individual patient care.

FWRA. A program conducted under specific circumstances by veterinary or preventive medicine personnel to assess food operations to identify and mitigate risk from intentional and unintentional contamination. Conduct an assessment during short-term deployments, for deployed forces during initial entry deployment, and exercises and other short- term operations conducted outside the U.S. or its territories.

health risk communication plan. A document that that specifies the means of delivery and development of key messages on deployment health and safety threats and risks (including actual and potential exposures), associated countermeasures, and any necessary medical follow-up for deployed personnel. Identify in the plan how the risk communication approach shifts as new information about health risks becomes available, Reference (qqq).

health risk. Potential for an adverse health impact to an exposed population or individuals. It may include the consequences associated with military actions and resources. The risk will be due to acute health effects or chronic long-term health effects.

health surveillance. Includes identifying the population at risk; identifying and assessing their potentially hazardous exposures (such as medical, food/water, occupational and environmental, psychological, and CBRN); using health risk communications practices to communicate the risk; employing specific countermeasures to eliminate or mitigate exposures; and utilizing medical surveillance procedures to monitor and report DNBI/battle injury rates and other measures of health outcomes to higher authority in a timely manner.

health threat. A composite of ongoing or potential enemy actions; adverse environmental, occupational, and geographic and meteorological conditions; endemic diseases; and employment of nuclear, biological, and chemical weapons (to include weapons of mass destruction) that have the potential to affect the short or long-term health (including psychological impact) of personnel.

industrial hazard assessments. Reports developed by the intelligence community (e.g., National Center for Medical Intelligence) that identify potential local industrial operations and the hazards normally associated with those operations.

low level exposures. Low-level exposures are occupational and environmental health exposures that do not produce acute health effects of significant clinical or physiological impact and, thus, will not pose significant operational (mission) impact. This involves a range of exposures and points along a hazard's dose-response continuum to include: a) potential for mild non-impairing, minimally noticeable reversible acute effects and; b) for certain hazards, some limited possibility of latent (post-deployment onset) and/or non-clinical effects (reversible or non-reversible); and c) levels associated with no anticipated effects of any kind.

medical surveillance. The ongoing, systematic collection, analysis, and interpretation of data derived from instances of medical care and the reporting of population-based information for characterizing and countering threats to a population's health, well-being, and performance.

occupational and environmental health (OEH) exposure incident. In general, may be defined as an unexpected significant OEH (to include CBRN) exposure event that results in an acute illness, that has the potential to cause latent illness or was perceived as an unexpected significant exposure event though no actual exposure occurred. Several variables, including event perception and data confidence limitations, may factor into the determination of whether an event constitutes an "incident." See Appendix F for more details.

occupational and environmental health (OEH) significant exposure. Exposure to OEH hazard that will plausibly result in some clinically relevant adverse health outcome to exposed individuals as determined by an appropriate medical/health professional. These include situations where specific OEH hazards:

1. Present a moderate or higher level of operational risk based on quantified OEH data that indicate acute effects.

2. Plausibly and causally associated with actual observed (acute) clinical health outcomes that are reported and/or treated (e.g., complaints of headaches, dizziness, respiratory problems, ocular effects, nausea, seizures, etc.) even in the absence of quantitative exposure data and/or an actual OEH risk assessment being performed).

3. Present a low level of operational risk due to health outcomes which occur post-deployment, but where the confidence is high, that such a latent long-term (chronic) health impact has been strongly associated with exposures of similar magnitude and duration. For example:

a. The use of facilities with substantial friable asbestos as the official (one year) living/working quarters for deployed personnel may be a "Low risk" relative to the acute impacts to the mission. However, the asbestos exposure deemed significant if toxicological and or epidemiological scientific evidence supports high confidence exposures of similar magnitude and duration are strongly associated with the development of disease (e.g., asbestosis or mesothelioma).

b. Not considered significant, most low risk exposures associated with potential long-term chronic health effects because available scientific data does not support extrapolation of the dose response curve to low exposures with any degree of confidence in the predictive value.

occupational and environmental health risks. The likelihood of health effects associated with:

1. The accidental or deliberate release of non-weaponized toxic industrial chemicals/materials; hazardous physical agents; ionizing or nonionizing radiation; or residue from CBRN.

2. Environmental exposures, to include vector-and arthropod-borne threats, residues, or agents, naturally occurring or resulting from previous activities of U.S. forces or other concerns, such as non-U.S. military forces, local national governments, or local national agricultural, industrial, or commercial activities.

3. The toxic industrial chemicals/materials or hazardous physical agents currently being generated as a by-product of the activities of U.S. forces or other concerns, such as non-U.S. military forces, local national governments, or local national agricultural, industrial, or commercial activities.

4. Endemic infectious diseases, deployment related stressors, and climatic and/or environmental extremes.

5. Noise induced hearing injury because of hazardous noise exposure.

occupational and environmental health site assessment (OEHSA). Documents the OEH conditions found at a site (e.g., deployment site such as a base camp, bivouac site or outpost, main operating base or forward operating site, enduring location, or contingency location) beginning at or near the time it is first occupied by U.S. forces and updated as high-risk hazards are identified. The assessment, done by Service preventive medicine personnel, includes site history; environmental health survey results for air, water, soil, and noise; entomological surveys; occupational and industrial hygiene surveys; and ionizing and non-ionizing radiation hazard surveys, if indicated. Its purpose is to identify hazardous exposure agents with complete

or potentially complete exposure pathways that may affect the health of deployed personnel, Reference (p).

occupational and environmental health surveillance. The regular or repeated collection, analysis, archiving, interpretation, and dissemination of OEH-related data for monitoring the health of, or potential health hazard impact on, population and individual personnel, and for intervening in a timely manner to prevent, treat, or control the occurrence of disease or injury when determined necessary.

occupational and environmental health threat. Threats to the health of military personnel and to military readiness created by exposure to hazardous agents, environmental contamination, or toxic industrial materials.

open-air burn pit. An area, not containing a commercially manufacture incinerator or other equipment specifically designed and manufactured for burning of solid waste, designated for the purpose of disposing of solid waste by burning in the outdoor air.

periodic occupational and environmental monitoring summary (POEMS). A document that summarizes the DoD medical interpretation of existing OEH exposure information/data for deployment sites (e.g., base camps). Specifically, a POEMS describes the types of exposure hazards identified at a site (e.g., airborne pollutants, water pollutants, infectious disease, noise, heat/cold), summarizes data/information collected about those hazards, assesses mitigation measures that have been implemented to address the hazard. Provides an assessment of the significance of any known or anticipated potential acute (short term) and long-term (post-deployment) health effects to the personnel population deployed to the site. The POEMS concludes with a summary of the key acute and chronic hazards/risks. Include any recommendations for follow-up sampling to the health care provider before inclusion to the POEMS, see Appendix F.

preventive medicine. The anticipation and prevention control of communicable diseases, illnesses, and exposure to endemic, occupational, and environmental threats. Preventive Medicine includes FHP measures taken against infectious, endemic, environmental, occupational, industrial, and operational health risks.

reportable medical event (RME). May represent an inherent, significant threat to public health and military operation. These events have the potential to affect large numbers of people, to be widely transmitted within a population, to have severe/life threatening clinical manifestations, and to disrupt military training and deployment. Timely, accurate reporting of probable, suspected or confirmed cases ensures proper identification, treatment, control, and follow-up of cases.

risk communication. The timely process of adequately and accurately communicating the nature of actual, potential, and perceived OEH hazards, risks (probability and severity), countermeasures, health outcomes, and other health-related information associated with pre-deployment, during, and post-deployment operations to all personnel (especially commanders) and other individuals/groups directly affected by, or highly interested in, the health risks. Health risk communication must be understandable and foster trust. They may involve multiple

techniques and should allow for timely two-way communications between subject matter experts (medical personnel) and those individuals and groups who have concerns.

veterinary services. The United States Army is the DoD executive agent for veterinary support for the Services. USA veterinary units are task-organized and tailored in order to support government-owned animal health care, veterinary, preventive medicine, and food safety and security programs.

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