



# Safety Sense

## Close Calls reports are vital for unit success and safety

After a drill or training scenario each unit should conduct the After Action Review. The AAR is an integral training aid to help the unit grow and provide better training, understanding and preparedness. But if you are not using that AAR to identify risks, then the unit is failing the Soldier.

The AAR needs to incorporate safety just as much as any other aspect of the training. Your review has to include what was supposed to happen, what did happen and as leaders of the best, what happened that wasn't planned, and was there an accident as a result? The United States Army defines an accident as "an unplanned event that results in injury or damage to property as a result of Army activity". It does not delineate military, state or civilian personnel or property. It merely says injury or damage to property as a result of Army activity.

If there was an accident in your training or mission, then it needs to be identified in your AAR pro-

cess. As a group, it must be identified why it happened and what can WE do to prevent it from happening again. There are several reports that command MUST complete for each injury or property damage, the first of which is the [SDNG Form 3](#). But what if something went wrong, but there was no injury or damage? What should you do if the accident was avoided?

It is then one must complete a [Close Call survey](#). The survey identifies that something went wrong, there could have been damage or personnel hurt, but for some reason, "we got lucky" or we were able to stop the injurious act. The [close call survey](#) will only ever be used to prevent accidents.

Whenever the survey is completed it is reviewed at the state level and information is extracted so that hazards can be mitigated. The specific details are kept confidential, like an accident report, but cause, prevention and corrective measures are used to stop further occurrences thus pre-

venting injuries and damage.

Anyone can access the Close Call survey at <https://ngsdhome.ng.ds.ar-my.mil/sites/C/Lists/CloseCalls/overview.aspx> or from the Intranet home page, click on the AGO and Safety and Occupational Health. Close Call survey is locate at the top left.

If there are any questions or you want to discuss a situation, contact MR Hofer or SGT Gibbs about the close call Survey or any other safety related subjects.

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We wouldn't ignore this close call. Don't you ignore the one in your work area.

## Sight saving information (CDC sight saving actions)

Each day about 2000 U.S. workers have a job-related eye injury that requires medical treatment. About one third of the injuries are treated in hospital emergency departments and more than 100 of these injuries result in one or more days of lost work. The majority of these injuries result from small particles or objects striking or abrading the eye. Examples include metal slivers, wood chips, dust, and cement chips that are ejected by tools, wind blown, or fall from above a worker. Some of these objects, such as nails, staples, or slivers of wood or metal penetrate the eyeball and result in a permanent loss of vision. Large objects may also strike the eye/face, or a worker may run into an object causing blunt force trauma to the eyeball or eye socket. Chemical burns to one or both eyes from splashes of industrial chemicals or cleaning products are common. Thermal burns to the eye occur as well. Among welders, their assistants, and nearby workers, UV radiation burns (welder's flash) routinely damage workers' eyes and surrounding tissue.

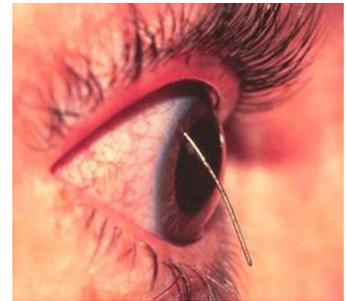
In addition to common eye injuries, health care workers, laboratory staff, janitorial workers, animal handlers, and other workers may be at risk of acquiring infectious diseases via ocular exposure. Infectious diseases can be transmitted through the mucous membranes of the eye as a result of direct

exposure (e.g., blood splashes, respiratory droplets generated during coughing or suctioning) or from touching the eyes with contaminated fingers or other objects. The infections may result in relatively minor conjunctivitis or reddening/soreness of the eye or in a life threatening disease such as HIV, B virus, or possibly even avian influenza.

Engineering controls should be used to reduce eye injuries and to protect against ocular infection exposures. Personal protective eyewear, such as goggles, face shields, safety glasses, or full face respirators must also be used when an eye hazard exists. The eye protection chosen for specific work situations depends upon the nature and extent of the hazard, the circumstances of exposure, other protective equipment used, and personal vision needs. Eye protection should be fit to an individual or adjustable to provide appropriate coverage. It should be comfortable and allow for sufficient peripheral vision. Selection of protective eyewear appropriate for a given task should be made based on a hazard assessment of each activity, including regulatory requirements when applicable.

If you aren't sure, discuss the issue with coworkers, supervisors or contact the State Safety Office. If you observe a coworker with inadequate or no protective eyewear, or other protec-

tive equipment, it is up to you to immediately stop the action and aid in correcting the hazard. Together we can all work to Stop the Loss.



Penetrating eye injuries are common, and usually avoidable.



While still an injury, sight was saved, but could have been devastating by a fraction of an inch.



Eye infections can range from minor irritation to a true medical emergency. The best cure is prevention. Eye pro, clean hands and avoiding contagious personnel.

**WHICH OF THESE OCCURENCES DO YOU THINK SHOULD BE REPORTED IMMEDIATELY?**



<p><b>A</b></p>	<p><b>B</b></p>	<p><b>C</b></p>	<p><b>D</b></p>
<p><b>THE UNSAFE CONDITION</b></p>	<p><b>THE UNSAFE ACT</b></p>	<p><b>THE NEAR MISS/ CLOSE CALL</b></p>	<p><b>THE ACCIDENT: INJURY OR DAMAGED PROPERTY</b></p>

The right answer is ALL THE ABOVE. The objective to reporting A, B and C is to prevent D