

OCCUPATIONAL SAFETY AND HEALTH (OSH) PROGRAM PROCEDURES

1. REASON FOR ISSUE. This revised Veterans Health Administration (VHA) Handbook establishes procedures and standards for the Occupational Safety and Health (OSH) Program. It updates the VHA OSH Program to conform to Department of Veterans Affairs (VA) Directive 7700. The procedures and standards in this Handbook are mandatory.

2. SUMMARY OF CONTENTS. This VHA Handbook contains VHA OSH Program procedures for the prevention of injuries and illnesses, including requirements for:

- a. Reducing or eliminating work-related injuries and illnesses and for minimizing the severity of those injuries and illnesses that occur.
- b. Establishing a VHA Safety and Health Leadership Committee.
- c. Establishing training requirements.
- d. Record-keeping and reporting.
- e. Recognizing outstanding OSH achievements.

3. RELATED PUBLICATIONS. VHA Directive 7701.

4. RESPONSIBLE OFFICE. The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for the contents of this VHA Handbook. Questions may be addressed Director (10NS) to 202-461-4547.

5. RESCISSIONS. VHA Handbook 7701.1, dated March 26, 2003, is rescinded.

6. RECERTIFICATION. This VHA Handbook is scheduled for recertification on or before the last working day of August 2015.

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CONTENTS**OCCUPATIONAL SAFETY AND HEALTH (OSH) PROGRAM PROCEDURES**

PARAGRAPH	PAGE
1. Purpose	1
2. Authority	1
3. Scope	1
4. Objectives	1
5. Standards	2
6. Responsibilities of the Under Secretary For Health	2
7. Responsibilities of the Deputy Under Secretary for Health for Operations and Management	3
8. Responsibilities of the Director, Safety Health, Environmental and Emergency Management	4
9. Responsibilities of the Director Occupational Health, Safety, and Prevention Strategic Health Care Group	5
10. Responsibilities of the Chief of Health Care Engineering	6
11. VHA Safety and Health Leadership Committee	6
12. Responsibilities of the Veterans Integrated Service Network (VISN) Director	7
13. VISN Safety and Health Leadership Committee	10
14. Responsibilities of the Facility Director	11
15. Facility Safety and Health Leadership Committee	16
16. Accident Review Board (ARB)	16
17. Training	17
18. References	18

OCCUPATIONAL SAFETY AND HEALTH (OSH) PROGRAM PROCEDURES

1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes procedures and standards for the VHA Occupational Safety and Health (OSH) Program.

2. AUTHORITY

The authorities to implement the VHA OSH Program are found in:

- a. Public Law (Pub. L.) 91-596.
- b. Executive Order (E.O.) 12196, OSH Programs for Federal Employees and the Occupational Safety and Health Program.
- c. Title 29, Code of Federal Regulations (CFR), Part 1960, Basic Program Elements for Federal Employee OSH Programs and Related Matters.
- d. Department of Veterans Affairs (VA) Directive 7700.
- e. VHA Directive 7701.

3. SCOPE

This VHA Handbook applies to:

- a. All VHA-owned and leased properties and VA entities co-located at VHA facilities.
- b. All VA-compensated and non-compensated employees who work in VHA facilities.
- c. All VHA employees working at non-VHA facilities.

4. OBJECTIVES

The objectives of the VHA OSH Program are to:

- a. Provide a safe and healthful work environment for all VHA employees and volunteers.
- b. Ensure compliance with Federal regulations, E.Os., and VA and VHA policies.
- c. Identify a formal process for VHA Offices located within the Veterans Integrated Service Network (VISN), but outside of the authority of the VISN (e.g., Consolidated Mail Outpatient Pharmacies (CMOPs)), and VA Offices and Administrations located in the VISN, that request OSH services and technical support from VHA VISN staff.

- d. Establish VHA national, VISN, and facility-level Safety and Health Leadership Committees.
- e. Ensure that all VHA facilities implement comprehensive OSH programs to reduce or eliminate work-related injuries and illnesses.
- f. Minimize the severity of injuries and illnesses that do occur.
- g. Establish training requirements for the VHA OSH Program.
- h. Establish OSH record-keeping and reporting requirements.
- i. Establish VHA national, VISN, and facility-level OSH Awards Programs to acknowledge outstanding achievements.

5. STANDARDS

Federal regulations and generally accepted industry standards applicable to worker protection define the scope and direction of the VHA OSH Program. These include:

- a. Occupational Safety and Health Administration (OSHA) 29 CFR.
- b. Environmental Protection Agency (EPA) 40 CFR.
- c. Department of Transportation (DOT) 49 CFR.
- d. Nuclear Regulatory Commission (NRC) 10 CFR.
- e. E.Os.
- f. The Joint Commission (TJC) Standards.
- g. National Fire Protection Association (NFPA) Standards.
- h. Applicable state and local standards.
- i. Applicable VA and VHA Directives and Handbooks.

6. RESPONSIBILITIES OF THE UNDER SECRETARY FOR HEALTH

The Under Secretary for Health, or designee, is responsible for:

- a. Ensuring a safe and healthful working environment for VHA employees and volunteers.
- b. Implementing OSH requirements contained in Federal laws and regulations, E.Os., VA and VHA Directives and Handbooks, and OSH articles of collective bargaining agreements.

c. Promoting and ensuring the implementation of VA Directive 7700, VHA Directive 7701, and VHA Handbook 7701.01.

d. Establishing OSH performance standards for management officials in program offices under the Under Secretary for Health's supervision.

e. Developing VHA policy and programs to address safety and health issues.

f. Ensuring OSH technical support and services to VHA offices located in the VISN, but outside of the authority of VISNs (e.g., CMOPs) by establishing both national and VISN Memoranda of Understanding (MOUs).

g. Ensuring OSH technical support and services to VA Offices and Administrations (e.g., Veteran Benefits Administration (VBA) Offices and National Cemetery Administration (NCA)) located within the VISN by establishing both national and VISN MOUs.

h. Issuing policy regarding the OSH elements for non-VHA agency employees (Office of Information Technology, Consolidated Contracting Activity, VBA, Veterans Canteen Service (VCS)) working in VHA workplaces or on VHA property.

i. Ensuring VHA programs and construction designs and specifications comply with OSH requirements.

j. Ensuring adequate staffing and funding to implement and maintain the VHA OSH Program.

k. Recognizing significant contributions to the VHA OSH Program through special awards.

l. Ensuring that the VHA Directive 7701 and VHA Handbook 7701.01 are reviewed and updated every 3 years, in accordance with the VA Safety Strategic Plan (SSP).

m. Establishing and supporting a VHA Safety and Health Leadership Committee. **NOTE:** *The facility Safety and Health Leadership Committee is not intended to meet the requirements of 29 CFR 1960.36(b).*

7. RESPONSIBILITIES OF THE DEPUTY UNDER SECRETARY FOR HEALTH FOR OPERATIONS AND MANAGEMENT

The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for:

a. Ensuring that VISNs provide OSH support to assigned VHA facilities;

b. Establishing the Office of Safety, Health, Environmental and Emergency Management (10NS) as the program office for the VHA OSH Program.

c. Conducting an annual review of the VHA OSH Program. This review is the basis of the annual report submitted to the VA Director, OSH. The report must be submitted by the date specified by the Designated Agency Safety and Health Official (DASHO).

d. Establishing the VHA Safety and Health Leadership Committee (see par. 11).

8. RESPONSIBILITIES OF THE DIRECTOR, SAFETY HEALTH, ENVIRONMENTAL AND EMERGENCY MANAGEMENT

The Director, Safety Health, Environmental and Emergency Management is responsible for:

a. Serving as the VHA DASHO.

b. Representing VHA on the VA's Safety Steering Committee and appointing an alternate representative to attend the Committee meetings, as needed.

c. Developing and implementing VHA OSH Programs in coordination with the Deputy Under Secretary for Health for Operations and Management; VISN officials; VHA facility directors; the Chief Consultant Occupational Health, Safety, and Prevention Strategic Healthcare Group; and Union representatives.

d. Overseeing and directing the operations of the Center for Engineering and Occupational Safety and Health (CEOSH).

e. Establishing goals and objectives for OSH programs and initiatives.

f. Serving as the Deputy Under Secretary for Health for Operations and Management's liaison to the DASHO, through the VA OSH Office, and to Administration Managers, Assistant Secretaries, and other government officials.

g. Serving as the Chairperson of the VHA Safety and Health Leadership Committee.

h. Analyzing VHA injury, illness, and incident data.

i. Developing periodic reports to the VHA Service Support Center (VSSC) and the VHA annual report.

j. Ensuring the employee's right to report unsafe and unhealthful working conditions without reprisal.

k. Administering the VHA OSH Awards Program. Awards are to be presented annually to those VHA organizations or individuals that have made outstanding contributions in the development or implementation of the OSH Program. **NOTE:** *The National Safety and Health Leadership Committee coordinates and develops the selection criteria, award categories and levels, and the program's nomination process.*

l. Appointing a group to develop a charter and a Strategic Plan for the VHA Safety and Health Leadership Committee (see par. 11).

m. Developing OSH training initiatives for all VHA employees based on:

(1) Recommendations from the VHA Safety and Health Leadership Committee,

(2) An analysis of accident and injury trends,

(3) Federal and state regulatory actions, and

(4) Recognized best practices and recommendations.

9. RESPONSIBILITIES OF THE DIRECTOR OF OCCUPATIONAL HEALTH, SAFETY, AND PREVENTION STRATEGIC HEALTH CARE GROUP (13D)

The Director Occupational Health, Safety, and Prevention Strategic Health Care Group is responsible for:

a. Assisting and advising the Deputy Under Secretary for Health for Operations and Management and Director, Safety, Health, Environmental and Emergency Management, on VHA occupational and environmental health policies and programs.

b. Communicating regularly with the Director, Safety, Health, Environmental and Emergency Management on occupational health issues and initiatives.

c. Providing quarterly updates on the occupational health program to the Safety and Health Leadership Committee.

d. Providing program planning and coordination with Federal and private sector agencies and institutions relating to occupational health issues.

e. Implementing and managing the VHA Medical Surveillance Program.

f. Developing and coordinating clinical occupational health policy and issues regarding safety, industrial hygiene, infection control, worker compensation, and clinical services.

g. Coordinating and providing resources for occupational and environmental health educational programs, conducting legislation review, and submitting comments to Federal and state agencies, and to the Director of Safety, Health, Environmental and Emergency Management.

h. Implementing and managing a recordkeeping system for the VHA Medical Surveillance Program.

10. RESPONSIBILITIES OF THE CHIEF OF HEALTH CARE ENGINEERING

The Chief of Health Care Engineering (10NE) is responsible for:

- a. Providing design and specifications for VHA projects to appropriate VISN personnel for review and comment.
- b. Ensuring the Resident Engineer maintains contract submittals related to OSH programs, including contractor safety programs, product inventories, performance tests and certifications, and Material Safety Data Sheets for hazardous chemicals.
- c. Ensuring the Resident Engineer informs contractors of existing potential hazards they may encounter in the VHA work environment.
- d. Notifying OSH personnel when newly constructed and remodeled space is ready for a pre-occupancy inspection.
- e. Including safety and health personnel on the distribution list of directives and information letters related to safety.

11. VHA SAFETY AND HEALTH LEADERSHIP COMMITTEE

- a. The VHA Safety and Health Leadership Committee provides:

- (1) Advice and recommendations to VHA's Director of Safety, Health, Environmental and Emergency Management on methods and procedures leading to effective occupational safety and health management.

- (2) A forum to request assistance for program development and implementation, data collection, and technical assistance.

- (3) Recommendations for OSH training.

- (4) A forum to review and recommend nominations for VHA national safety and health awards.

- b. It includes, at a minimum:

- (1) A Chairperson, who is the Director of Safety, Health, Environmental and Emergency Management;

- (2) A Safety Manager, Occupational Safety and Health Specialist, or an Industrial Hygienist from the Office of the Director of Safety, Health, Environmental and Emergency Management;

- (3) The Safety, Environmental, Emergency Advisory Board (SEEAB) Chairperson;

(4) The Director of Occupational Health, Safety, and Prevention Strategic Health Care Group;

(5) A CEOSH Representative;

(6) A VISN Occupational Safety Manager;

(7) A VISN Industrial Hygienist;

(8) A facility Occupational Safety Manager;

(9) A facility Industrial Hygienist; and

(10) One representative from each National Union.

c. The committee membership must include one representative from each of the National Unions, to be designated by the Unions. **NOTE:** *The facility Safety and Health Leadership Committee is not intended to meet the requirements of 29 CFR 1960.36(b).*

12. RESPONSIBILITIES OF THE VISN DIRECTOR

The VISN Director is responsible for:

a. Submitting a written OSH Program to the Deputy Under Secretary for Health for Operations and Management. This written program must define the following elements and responsibilities: **NOTE:** *Changes in program scope and staffing must obtain the Deputy Under Secretary for Health for Operations and Management approval prior to implementation.*

(1) The VISN Director's role in the OSH Program.

(2) Ensuring that VISN Safety and Health professionals evaluate the training needs of facility safety and health staff during the Annual Workplace Evaluation (AWE).

(3) VISN OSH Program staffing. The VISN OSH Program consists, at a minimum, of:

(a) One VISN Occupational Safety Professional, and

(b) One VISN Industrial Hygienist.

NOTE: *The intent of this policy is to establish an OSH Program. Collateral duties assigned to Safety and Industrial Hygiene staff need to be kept to a minimum and need to be limited so it does not interfere with their primary responsibility.*

(4) Developing a charter for the Safety and Health Leadership Committee, scheduling meetings, at least quarterly, and appointing committee members. (see par. 13).

(5) Designating the members of the Board of Inquiry and directing the work of the Board.
NOTE: *Facilities may conduct Boards of Inquiry for serious occupational safety and health events which do not meet the VISN notification requirements.*

(6) Ensuring a Board of Inquiry investigates any work-related fatality; in-patient hospitalization of three or more employees; overexposure of facility personnel to radiation; and fires resulting in serious injury, death, or damages exceeding \$10,000.

(a) Upon notification of such an event, the VISN Director is responsible for appointing a Chairperson to oversee a Board of Inquiry.

(b) The Board must submit a descriptive report, including all elements required in 29 CFR 1960.29, to the VISN Director, the Facility Director, the facility Union representative, and the Deputy Under Secretary for Health for Operations and Management within 30 days of the event.

(c) If more than 30 days is needed, an extension must be requested from the Director of Safety, Health, Environmental and Emergency Management.

(d) The investigative report must be made available to the DASHO within 15 days after receipt of the report by the Deputy Under Secretary for Health for Operations and Management.

(e) The report must be provided to the Assistant Secretary of Labor, or authorized representative, upon request. **NOTE:** *The Office of the Assistant Secretary of Labor had oversight of all Government OSHA activities.*

(f) VHA facility officials must verify and notify the VISN Director, Union representative, and appropriate regulatory agency of any event which may warrant a VISN Board of Inquiry within 8 hours of discovery (as soon as possible is best). Events which must be reported to the VISN include:

1. Work-related fatalities.
2. Incidents resulting in the in-patient hospitalization of three or more persons.
3. Fires resulting in serious injury, death, or exceeding \$10,000 in damages.
4. An overexposure to radiation event.

(7) Notifying the Deputy Under Secretary for Health for Operations and Management immediately upon confirmation of any event that requires a Board of Inquiry. The Deputy Under Secretary for Health for Operations and Management must inform the DASHO of any event involving an employee death or inpatient hospitalization of three or more employees as soon as possible after the notification is received from the VISN by the Deputy Under Secretary for Health for Operations and Management office.

(8) Coordinating the collection of facility information for the Annual Safety and Health Report, as required by 29 CFR 1960.78(b).

(a) The report must include a performance summary and initiatives of the VISN OSH Program.

(b) Information to be included in the report is specified by the Director of Safety, Health, Environmental and Emergency Management.

(c) Reports must be submitted to the Deputy Under Secretary for Health for Operations and Management upon request by the Director of Safety, Health, Environmental and Emergency Management.

(9) Ensuring a qualified VISN-level team, consisting of at least one Industrial Hygienist and one Safety Manager conducts an annual OSH compliance inspection and program evaluation for all assigned VHA medical centers. Industrial Hygiene and Safety evaluations may be conducted concurrently or separately.

(a) Ancillary facilities may be evaluated by one qualified VISN-level Industrial Hygienist or Safety Manager, or may be assigned to qualified medical center safety staff. VISN OSH personnel must review annual evaluations of ancillary facilities and pre-occupancy inspections conducted by VHA facility staff.

(b) The emphasis of the AWE is occupational safety and health. If the facility requires a survey of programs in addition to safety and health, it cannot interfere with the conduct and purpose of the occupational safety and health evaluation.

(c) The AWE evaluation report must be reviewed and signed.

(d) The VHA Facility Director must receive VA Form 2165, Safety, Occupational Health and Fire Protection Evaluation, within 15 working days after the closing conference for safety violations and 30 working days after the closing conference for occupational health violations.

(e) The Safety Automated Facility Evaluation (SAFE) Technical Deficiencies List must be used to report all other deficiencies.

(10) Developing and implementing a policy to ensure the rights of employees to file reports of unsafe or unhealthful working conditions including the right to file anonymous reports and the prohibition of reprisal, must include all elements required by 29 CFR 1960.28.

(11) Ensuring there is an investigation of employee reports of unsafe or unhealthful working conditions.

(a) VISN OSH staff is responsible for investigating all reports of unsafe or unhealthful working conditions that cannot be resolved at the facility level.

(b) The VISN OSH Office maintains a documented list of reports investigated, including action taken to resolve the report.

(12) Participating in the VISN OSH Awards Program

(13) Providing OSH technical support and services to VHA Offices located within the VISN, but not under the control of the VISN (e.g. CMOP), VA Offices and Administrations (e.g. Veterans Benefits Administration (VBA), NCA) located within the VISN, in accordance with established MOUs.

(a) A MOU must be established between the VISN and VHA Offices not under the control of the VISN, including VA Offices and Administrations requesting OSH support. The MOU must specify:

1. The services required by the Office or Administration.
2. Remuneration to the VISN required for OSH services. The compensation for services prevents negative financial and staffing impacts on the VHA safety and health program.

(b) No services are provided to VHA Offices outside of the authority of the VISN, including VA Offices or Administrations outside of VHA, without a current VISN MOU.

13. VISN SAFETY AND HEALTH LEADERSHIP COMMITTEE

The VISN Safety and Health Leadership Committee serves as an advisory group for VISN management and assists in the evaluation of the VISN OSH Program; it:

- a. Ensures the Committee meets at regularly scheduled intervals, at least quarterly.
- b. Ensures Committee members are appointed, to include, at a minimum:
 - (1) A Medical Center Director or Associate Director as Chairperson,
 - (2) VISN Occupational Safety and Industrial Hygiene personnel,
 - (3) Facility OSH personnel, and
 - (4) Representatives from the National Unions represented within the VISN (to be appointed by the Union). **NOTE:** *Other personnel can be invited on an "ad hoc" basis.*
- c. Reports to the Executive Leadership Council or Board.
- d. Recommends implementation plans for the OSH Program goals and policies.
- e. Monitors progress toward implementing the VHA Strategic Safety Plan.
- f. Reviews and recommends OSH training needs.
- g. Discusses local issues that have VISN-wide impact.

- h. Administers the VISN OSH awards programs, to include the selection of award criteria determining the award categories and levels, and the program's nomination process.
- i. Analyzes OSH Program information and data.

NOTE: *The VISN Safety and Health Leadership Committee is not intended to meet the requirements of 29 CFR 1960.36(b).*

14. RESPONSIBILITIES OF THE FACILITY DIRECTOR

Each facility Director is responsible for:

- a. Ensuring compliance with OSH requirements contained in Federal laws and regulations, E.O.s, VA and VHA Directives and Handbooks, and OSH articles of collective bargaining agreements.
- b. Developing plans to achieve OSH policies and goals established by the VISN Director.
- c. Ensuring adequate staffing, training, resources and funding to implement effective programs in accordance with VA, VHA, OSHA, and TJC requirements.
- d. Ensuring facility construction and maintenance projects, designs, and specifications comply with OSHA, VA, VHA, and VISN OSH requirements.
- e. Ensuring effective investigation of injuries and illnesses and submittal of employee Incident Reports by supervisory personnel within 72 hours of notification of the incident.
- f. Affording employees working at non-VHA facilities protection that is equal to the VHA OSH Program.
- g. Adequately funding the OSH Program.
- h. Including employee representatives in the OSH Program administration by ensuring that official time is granted to the designated local facility safety and health Union representative to attend:
 - (1) Scheduled workplace OSH inspections,
 - (2) Unscheduled safety and health inspections conducted by VISN or regulatory agencies,
 - (3) Union safety conference calls, and
 - (4) Safety Committee meetings.
- i. Providing resources and encouraging the participation of staff and Union representatives in local Federal Safety and Health Councils.

j. Coordinating facility OSH personnel and Resident Engineer operations to ensure safe contractor work practices and OSHA project compliance.

k. Requiring the coordination of facility OSH personnel and Engineering Contracting Officer's Technical Representatives (COTRs) to ensure safe contractor work practices and OSHA project compliance.

l. Requiring preoccupancy inspections of any newly-constructed, renovated, or leased spaces prior to occupancy by VHA employees.

m. Providing periodic review of the facility OSH Program to ensure compliance with applicable Federal standards, E.O.s, and VA and VHA policy.

n. Participating in the facility AWE by attending the opening and closing conferences, reviewing the AWE report, reviewing and approving initial and follow-up abatement reports, and ensuring correction of deficiencies cited as a result of the AWE; this includes:

(1) Ensuring Union participation. Upon management's receipt of the AWE notification, the Director must provide written or electronic notice to all facility local Union presidents of the date and ensure that the designated Union safety representatives are released from duty to attend all aspects of the evaluation.

(a) If no employee is selected to attend the AWE, the Union president must submit a written or electronic notice to the Director.

(b) The Director must provide copies of the AWE report, the abatement plan, and all follow-up reports to the Unions.

(2) Ensuring, that upon receipt of the AWE report, a Notice citing the OSHA deficiencies is posted at, or near, each place an unsafe or unhealthful working condition exists or existed. If it is not possible to post the Notice at or near each location, the Notice must be posted in a prominent place where it will be readily observable by all affected employees. This Notice must remain posted until the condition is abated or for 3 days, whichever is longer.

(3) Ensuring the SAFE software program is used to document medical facility evaluation findings.

(4) Ensuring the VISN Director receives an abatement plan from the VHA facility within 30 calendar days following the evaluation report. The VISN Director, or designee, must review and approve these corrective actions and abatement plans. **NOTE:** *Follow-up inspection is at the VISN Director's discretion.*

o. Completing Safety and Health Management training.

p. Establishing a system ensuring effective management of programs including, but not limited to: compliance training, medical surveillance, personal protective equipment, engineering controls, and the maintenance and retention of OSHA required records.

q. Establishing a facility-level self-evaluation process for annual program evaluations that is separate from the AWE process.

r. Posting the VA Occupational Safety and Health OSHA Poster (VA 2180), Occupational Safety and Health Protection for VA Employees.

s. Establishing the Accident Review Board (ARB) and ensuring the members are trained in the requirements of the Privacy Act.

t. Ensuring compliance with Federal and state regulations.

u. Ensuring VHA supervisors are accountable for program compliance by:

(1) Enforcing OSH policy and standards within their assigned work area.

(2) Completing required Supervisor Safety training and ensuring the completion of all required training for employees under their supervision.

(3) Evaluating the hazards of each job in their assigned work area.

(4) Identifying and reporting unsafe and unhealthful workplace conditions and initiating corrective action, as appropriate.

(5) Training employees to use safe work practices and to making suggestions for improving the OSH Program.

(6) Correcting employees demonstrating unsafe work practices and initiating re-training.

(7) Reporting and initiating an investigation of employee workplace injuries and illnesses and facilitating employees receiving prompt and appropriate medical attention.

(8) Completing Incident Reports using Automated Safety Incident and Surveillance Tracking System (ASISTS) within 3 days of notice of injury or illness.

(9) Ensuring employees receive OSH training in the recognition of workplace hazards, safe work practices, and the use of personal protective equipment.

(10) Providing material safety data sheets and approved personal protective equipment for hazardous work processes.

(11) Releasing employees for scheduled medical surveillance.

(12) Releasing employees to attend required safety and health training.

(13) Notifying facility management of any employee fatality, and any inpatient hospitalization of three or more employees, including contractors' employees. Notification must

be provided as soon as possible, but no later than 30 minutes after the discovery of the incident by any employee.

(14) Ensuring employees are aware they are to:

(a) Follow safe work practices and use engineering controls and personal protective equipment properly.

(b) Report unsafe or unhealthful workplace conditions to supervisors, the safety office, or a Union representative, and initiate corrective action where appropriate.

(c) Report work-related injuries and illnesses to supervisors.

(d) Complete assigned medical surveillance and training requirements.

(15) Developing and implementing a written OSH Program addressing the responsibilities of the VHA Facility Director and program implementation.

(16) Ensuring the facility Safety and Health Leadership Committee provides assistance and support to Union representatives, management, and employees (see par. 15).

(17) Establishing the ARB (see par. 16).

(18) Ensuring OSH Hazard Surveillance Surveys are conducted and documented by qualified personnel trained in the recognition of occupational safety and health hazards and unsafe work practices in all patient and non-patient care areas of the facility bi-annually.

(a) Surveys must consist of an inspection and a written record of the inspection and abatement.

(b) Inspection sites and frequency of inspections are based on the potential hazard, Agency policy, and regulatory and accreditation standards.

(c) Union attendance must be in accordance with national and local collective bargaining unit agreements. Unions must receive copies of the inspection and abatement records, when requested.

(d) OSH personnel, who develop or review and approve the abatement plan, are to consider input from supervisors, employees, and Union representatives.

(19) Ensuring investigations are conducted for all work-related injuries, illnesses, and accidents by the supervisors responsible for the employee and work area.

(a) The ASISTS software program must be used to document and track all employee injuries and illnesses.

(b) The Annual Summary of Injuries and Illnesses (OSHA 300-A) must be certified by the facility Director and posted from February 1 to April 30 of the following year.

(20) Ensuring unsafe or unhealthful working conditions are reported immediately. **NOTE:** *Employees are encouraged to report unsafe or unhealthful working conditions to their supervisor.*

(a) If an employee is uncomfortable with discussing the unsafe or unhealthful working condition with the supervisor, or considers the corrective action or implementation schedule inadequate, the employee may notify facility OSH personnel or the Union representative.

1. Employees are encouraged to submit notifications in writing. Any request to remain anonymous must be clearly stated.

2. The employee must be notified in writing within 15 days if a hazard investigation is not warranted, otherwise, for:

a. Employee reports of imminent danger conditions, an inspection must be conducted immediately;

b. Potentially serious conditions, an inspection must be conducted as soon as possible, but within 3 working days; and

c. Other than serious safety and health conditions, an inspection must be conducted within 10 working days.

3. If the employee is not satisfied with the timeliness or response of the facility management team, the employee is encouraged to contact the official responsible for the OSH Program management at the next higher organizational level, as noted on VA Form 2180, VA Occupational Safety and Health Poster.

4. The employee may contact OSHA concerning unsafe or unhealthful working conditions at any time without reprisal. However, the employee is encouraged to work within VHA to resolve the condition.

5. Final investigative reports are to be made available to the employee within 15 days after the completion of the investigation.

(b) Reprisal against employees who exercise their rights under the OSH Program is prohibited.

(c) A record of all formal reports of unsafe and unhealthful working conditions must be reported on VA Form 2169, Request for Inspection of Workplace, and be maintained in the facility OSH Office..

(d) VA Form 2180, must be posted conspicuously in areas accessible to each employee.

NOTE: Facilities are encouraged to post electronic posters on the facility Web page.

(21) Ensuring awards are presented annually to those VHA organizations and individuals that actively participated in or have made outstanding contributions in the development or implementation of the OSH Program (see par. 15).

(22) Ensuring compliance with Federal and state regulations.

(23) Ensuring appropriate training for employees assigned responsibilities for development and implementation of the OSH Program (see par. 17).

15. FACILITY SAFETY AND HEALTH LEADERSHIP COMMITTEE

The facility Safety and Health Leadership Committee provides assistance and support to the facility Director, Union representatives, management, and employees. The Committee serves as the focal point for facility-wide safety and health management issues; it ensures OSH-related problems and deficiencies are tracked and resolved in a timely manner.

a. The Committee meets on a monthly basis, monitoring the facility OSH Program and coordinating between services to ensure that OSH Program elements are implemented effectively and efficiently.

b. Committee meeting minutes are provided to committee members and service chiefs.

NOTE: Employees are provided copies upon request.

c. A top management official with authority to make programmatic decisions serves as the Chairperson.

d. Committee membership includes a chairperson, facility OSH personnel, Union representatives, supervisors, and other employees that are not official Union representatives.

NOTE: If another committee is used to fulfill this requirement, it must fulfill all of the duties required of the Safety and Health Leadership Committee.

e. The Committee reports directly to the Executive Leadership Committee, not indirectly through another committee or council. **NOTE:** The facility Safety and Health Leadership Committee is not intended to meet the requirements of 29 CFR 1960.36(b).

f. The Committee is responsible for ensuring the development of the selection criteria for the annual award program, for determining the award categories and levels, and establishing the program's nomination process.

16. ACCIDENT REVIEW BOARD (ARB)

a. The ARB, established by the facility Director, must include senior VHA facility management, employee representatives, and representatives from VHA facility programs. These individuals are responsible for occupational safety and health, occupational health, infection control, workers compensation, human resources, and representatives from the affected services.

b. The facility Director must ensure:

(1) A member of senior management is empowered to act as the ARB Chairperson.

(2) That members of the ARB are trained in the requirements of the Privacy Act, to include, at a minimum, the following topics:

(a) An overview of existing Federal privacy laws and regulations (e.g., Privacy Act of 1974, Title 38 United States Code (U.S.C.) 5701; 38 U.S.C. 7332).

(b) Specific VHA facility policy, if any, covering Privacy Act issues.

(c) Penalties for unlawful disclosure of records covered by the Privacy Act.

c. The ARB is responsible for:

(1) Using ASISTS data to support the review of occupational injury and illness incidents. All personal identifiers must be removed prior to review. Incident Reports are made available to the ARB for use in evaluating the causes of employee injuries and illnesses.

(2) At a minimum, reviewing incidents of occupational injury and illness that result in: medical expense, job transfers, restrictions, days away from work, or in lost time beyond the day of incident.

(3) Tracking and trending all illnesses and injuries to provide information for improving the safety and health program.

(4) Reviewing incidents on the basis of elevated frequencies by groupings (e.g., type or source of incident, type of injury, location of incident, job category; and severity of injuries, illnesses, and incidents) and costs (e.g., medical, continuation of pay, wages, and associated costs).

(5) Ensuring that information provided to an ARB member, in reviewing individual incidents of occupational injury and illness, is provided as a routine use under the provisions of the Veterans Health Information System and Technology Architecture (VistA) System of Records and the Privacy Act of 1974. All personally identifiable information discussed in the ARB falls under the Privacy Act of 1974.

17. TRAINING

The facility Director, or designee, must ensure training for the following employees who have been assigned responsibilities for development and implementation of the OSH Program:

a. **Administrators.** In this case, training must address the roles of management officials in the VHA OSH Program. Administrators must ensure that each level of management is oriented and trained in their responsibilities under the OSH Program.

b. **Supervisors.** In this case, training must include supervisory responsibilities in the VHA OSH Program. All supervisors must complete the Web based VHA Supervisor Safety Training program offered in the Employee Education System (EES) Learning Management System (LMS).

c. **Employees.** In this case, appropriate employees must receive training and periodic updates in accordance with all Program requirements, including specialized safety, health, and fire protection training appropriate to the work performed by the employee. **NOTE:** *VISN Safety and Health professionals evaluate the need for existing employees to attend Basic and Intermediate training and recommend necessary courses.*

(1) Career development programs must be implemented for all OSH Program professionals to enable them to meet program needs and maintain professional competencies. Basic and Intermediate Safety training is provided by VHA EES.

(2) All Safety and Health employees newly hired into the VHA system must complete the VHA Basic Safety training at the next available course and Intermediate Safety training within 1 year following completion of the Basic Safety course. **NOTE:** *Newly-assigned personnel may have more intensive training needs and may be required to complete additional training.*

(3) In the case of collateral duty personnel, training must be provided within 6 months of the appointment of an employee to a collateral duty position or to an OSH Program Committee, the training is to be commensurate with the scope of the employee's assigned responsibilities.

d. **Union Safety Representatives.** In this case, training must be provided to Union safety representatives to enable those representatives to assist in the implementation and administration of the OSH Program and advocate for safety and health in the workplace. Training must include VHA Basic Union Safety training and Intermediate Union Safety training, usually offered by EES. Official time and travel funding must be provided for this training. If the facility chooses to conduct training at the facility site, they must use qualified instructors and follow the agenda developed for the VHA courses.

18. REFERENCES

- a. E.O. 12196, Occupational Safety and Health Programs for Federal Employees.
- b. OSHA Publication 2014, Recordkeeping and Reporting Guidelines for Federal Agencies.
- c. Pub. L. 91-596, the Occupational Safety and Health Act of 1970, Section 19.
- d. Title 29 CFR, Part 1960, Basic Program Elements for Federal Employee OSH Programs and Related Matters.
- e. VA Directive 7700, Occupational Safety and Health Program.
- f. Negotiated Collective Bargaining Unit Agreements.