

## COMPREHENSIVE OCCUPATIONAL SAFETY AND HEALTH PROGRAM

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive establishes mandatory procedures and standards for the Occupational Safety and Health (OSH) Program.
- 2. SUMMARY OF MAJOR CHANGES:** Consolidates VHA Directive 7701 and VHA Handbook 7701.01 into a single guidance document. Significant revisions throughout to establish responsibilities and describe OSH program requirements at all levels of implementation.
- 3. RELATED ISSUES:** VA Directive 7700.
- 4. RESPONSIBLE OFFICE:** The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for the contents of this directive. Questions may be addressed to Director, Office of Occupational Safety, Health, and Green Environmental Management System Programs (10NA8) at 202-632-7889.
- 5. RESCISSIONS:** VHA Directive 7701, dated August 9, 2010, VHA Directive 2008-058, dated September 26, 2008, and VHA Handbook 7701.01, dated August 24, 2010, are rescinded.
- 6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of May 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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Acting Under Secretary for Health

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**CONTENTS**

**COMPREHENSIVE OCCUPATIONAL SAFETY AND HEALTH PROGRAM**

1. PURPOSE..... 1

2. BACKGROUND..... 1

3. POLICY ..... 2

4. RESPONSIBILITIES ..... 2

5. TRAINING ..... 18

6. REFERENCES..... 19

## COMPREHENSIVE OCCUPATIONAL SAFETY AND HEALTH PROGRAM

### 1. PURPOSE

This Veterans Health Administration (VHA) directive establishes procedures and standards for the VHA Occupational Safety and Health (OSH) Program to protect personnel providing support to VHA under the direct supervision and direction of VHA management. **AUTHORITY:** 5 U.S.C. 7902(d) & (e); 29 U.S.C. 668; 38 U.S.C. 501; 38 U.S.C. 7301(b).

### 2. BACKGROUND

a. **Scope.** This VHA directive applies to:

- (1) All VHA-owned and leased properties.
- (2) Department of Veterans Affairs (VA) entities co-located at VHA facilities.
- (3) All compensated and non-compensated VA employees, volunteers, and other persons performing work within a VHA facility who are under direct supervision by VHA staff.
- (4) All VHA employees working at non-VHA facilities.

b. **Comprehensive OSH Program Objectives.**

- (1) Provide a safe and healthful work environment for all VHA employees and volunteers.
- (2) Ensure compliance with Federal statutes and regulations, Executive Orders (E.O.), and VA and VHA policies.
- (3) Establish Safety and Health Leadership Committees at the national, VISN, and facility-level.
- (4) Ensure that all VHA facilities establish, implement and maintain Safety Management Systems (SMS) as an element of the comprehensive OSH program.
- (5) Consistently strive to eliminate work-related injuries and illnesses, and reduce or minimize the severity of injuries and illnesses that do occur.
- (6) Establish VHA national, VISN, and facility-level OSH Awards Programs to acknowledge outstanding achievements.
- (7) Identify a formal process for VHA Veterans Integrated Service Network (VISN) staff to provide OSH services and technical support to:
  - (a) VA Offices and Administrations located in the VISN, and

(b) VHA Offices physically located within the VISN, but outside the administrative authority of the VISN Director. These include, but are not limited to:

1. Consolidated Mail Outpatient Pharmacies (CMOPs),
2. Veterans Canteen Service (VCS),
3. Consolidated Patient Account Centers,
4. Service Area Officer (SAO),
5. Office of Community Care (OCC),
6. Health Resource Center (HRC), and
7. Health Eligibility Center.

### 3. POLICY

It is VHA policy to maintain a safe and healthful work environment for VHA employees, volunteers, and other persons performing work under direct supervision of VHA staff by satisfying all OSH requirements, including VA Directive 7700. VHA organizations will coordinate efforts to develop, implement and maintain a comprehensive OSH program. Each organization and facility OSH program will apply a combination of hazard assessments, safe work practices, engineering and administrative controls, employee training, and personal protective equipment (PPE) to prevent injury and illness.

### 4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health, or designee, is responsible for:

- (1) Ensuring a safe and healthful working environment for VHA employees and volunteers.
- (2) Implementing OSH requirements contained in Federal laws and regulations, E.O., VA and VHA directives and handbooks, and OSH articles of collective bargaining agreements.
- (3) Establishing OSH performance standards for management officials in program offices under the Under Secretary for Health's supervision.
- (4) Developing VHA policy and programs to address safety and health issues.
- (5) Ensuring VHA programs and construction designs and specifications comply with OSH requirements.

(6) Ensuring adequate staffing and funding to implement and maintain the VHA OSH Program.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Ensuring that VISNs provide OSH support to assigned VHA facilities.

(2) Assigning the Office of Occupational Safety, Health and Green Environmental Management System (GEMS) Programs as the lead program office for the VHA OSH Program.

(3) Ensuring adequate staffing, funding, training, support, and resources for the lead program office for the VHA OSH program.

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

(5) Informing the DASHO of any event involving an employee death or inpatient hospitalization of one or more employees as soon as possible after the notification is received from the VISN.

c. **Director, Occupational Safety, Health and Green Environmental Management Systems (GEMS) Programs.** The Director, Occupational Safety, Health, and GEMS Programs is responsible for:

(1) Developing a formal Safety Management System policy to implement a comprehensive OSH Program, in coordination with the Deputy Under Secretary for Health for Operations and Management, VISN officials, VA Medical Facility Directors, and the Chief Consultant for Occupational Health. **NOTE:** *SMS policy is described in VHA Directive 7703, VHA Safety Management System (SMS) and Governing Safety Policy Statement, and VHA Directive 7702, Industrial Hygiene Exposure Assessment Program.*

(2) Serving as the Deputy Under Secretary for Health for Operations and Managements' liaison to the VA DASHO, through the VA OSH Office, and to Administration Managers, Assistant Secretaries, and other government officials.

(3) Establishing initiatives to support the goals and objectives of the VHA OSH program.

(4) Reviewing, updating, and approving a VHA Safety and Health Strategic Plan.

(5) Representing VHA on the VA's Safety Steering Committee and appointing an alternate representative to attend VHA Safety and Health Leadership Council meetings, as needed.

(6) Analyzing and communicating VHA injury, illness, and incident data.

(7) Developing the annual VHA Occupational Safety & Health Summary Report for Facilities and periodic reports to the VHA Service Support Center.

(8) 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 selection criteria, award categories and levels, and the program's nomination process is developed by the VHA Safety and Health Leadership Council.*

(9) Serving as Chairperson of the VHA Safety and Health Leadership Council (see paragraph 4.f. below).

(10) Establish national-level training initiatives to address enterprise-wide programmatic trends based on:

- (a) Recommendations from the VHA Safety and Health Leadership Council,
- (b) Analysis of national accident, injury and illness trends,
- (c) Interpretation of National, Federal and state regulatory actions, and
- (d) Recognized best practices.

d. **Chief Consultant, Occupational Health, Office of Patient Care Services.** The Chief Consultant, Occupational Health, Office of Patient Care Services (10P4Z) is responsible for:

(1) Providing clinical Occupational Health and Medicine consultation to VHA leadership, Program Offices (primarily 10NA8 Occupational Safety and Health and GEMS) and Medical Centers and Health systems.

(2) Developing and coordinating clinical occupational health policy and guidance regarding safety, industrial hygiene, infection control, worker compensation, and patient care and nursing services.

(3) Coordinating and providing resources for occupational and environmental health educational programs.

(4) Conducting legislative reviews and submitting comments to Federal and state agencies and to the Director of Office of Occupational Safety, Health, and GEMS Programs.

(5) Providing updates on the occupational health program to the VHA Safety and Health Leadership Council, as needed.

(6) Implementing and managing the VHA Medical Surveillance Program including defining the standards for and managing a recordkeeping system for the VHA Medical Surveillance Program.

(7) Coordinating with the Director, 10NA8 when elements of clinical occupational health policy overlap with the VHA OSH Program. **NOTE:** *Examples include but are not limited to safety training, exposure documentation, injury reporting, infection control and PPE.*

e. **Director, Office of Capital Asset Management, Engineering, and Support.**

The Director, Office of Capital Asset Management, Engineering, and Support (OCAMES, 10NA5) is responsible for:

(1) Ensuring that facility project engineers provide design and specifications for VHA projects to appropriate VISN personnel for review and comment.

(2) Ensuring the Project Engineer maintains contract submittals related to OSH programs, including contractor safety programs, product inventories, performance tests and certifications, and Safety Data Sheets for hazardous chemicals.

(3) Ensuring the Project Engineer informs contractors of existing potential hazards they may encounter in the VHA work environment.

(4) Ensuring that facility project engineers notify OSH personnel when newly constructed and remodeled space is ready for a pre-occupancy inspection.

(5) Including safety and health personnel on the distribution list of directives and information letters related to safety.

f. **VHA Safety and Health Leadership Council.**

(1) The VHA Safety and Health Leadership Council is responsible for:

(a) Providing advice and recommendations to the Director, Occupational Safety, Health and GEMS Programs on methods and procedures leading to effective occupational safety and health management. **NOTE:** *The VHA Safety and Health Leadership Council is not intended to meet the requirements of 29 CFR 1960.36(b).*

(b) Recommending OSH training, program development, implementation, data collection, and technical support.

(c) Submitting nominations for VHA national safety and health awards.

(2) The VHA Safety and Health Leadership Council membership will include, at a minimum:

(a) A Chairperson, who is the Director, Occupational Safety, Health and GEMS Programs,

- (b) A Safety Manager, Occupational Safety and Health Specialist, or Industrial Hygienist from the Occupational Safety, Health and GEMS Program office,
- (c) The Occupational Safety and Health Advisory Group (OSHAG) Chairperson,
- (d) The Chief Consultant, Occupational Health, Office of Patient Care Services,
- (e) A representative from Center for Engineering and Occupational Safety and Health (CEOSH),
- (f) A representative from Office of Capital Asset Management, Engineering, and Support,
- (g) At least one representative from each of the National Unions, to be designated by the Unions,
- (h) At least one VISN-level Occupational Safety Manager,
- (i) At least one VISN-level Industrial Hygienist,
- (j) At least one facility-level Occupational Safety Manager, and
- (k) At least one facility-level Industrial Hygienist.

g. **VISN Director.** Each VISN Director is responsible for:

(1) Ensuring a safe and healthful work environment for all VHA employees, volunteers, and others performing work under direct supervision of VHA management within the VISN.

(2) Ensuring VHA facilities under their jurisdiction are provided adequate staffing, funding, training, support, and resources for implementing the OSH Program.

(3) Ensuring VISN construction and maintenance programs, designs, and specifications comply with VHA OSH requirements.

(4) Establishing OSH performance standards for facility Directors.

(5) Developing a written VISN OSH Program.

(a) The VISN OSH Program will include a description of the following elements and responsibilities:

1. The VISN Director's role in the VISN OSH Program.
2. Scope of OSH support to assigned VHA facilities, including Annual Workplace Evaluation (AWE) surveys.



3. VISN OSH Program Staffing. VISN OSH staff will include, at a minimum, one VISN Occupational Safety Professional and one VISN Lead Industrial Hygienist.

**NOTE:** *VISN Lead Industrial Hygienist refers to assigning someone from the VISN or from a facility to take the lead role for the VISN industrial hygiene program. Collateral duties assigned to VISN Safety and Health staff should be limited and not interfere with their primary responsibilities to the VISN OSH Program.*

4. Training needs of assigned VHA facility safety and health staff.

(b) The VISN OSH Program will be reviewed at least annually and a report submitted to the Deputy Under Secretary for Health for Operations and Management for approval.

(c) Changes to scope or staffing of the VISN OSH Program must be approved by the Deputy Under Secretary for Health for Operations and Management prior to implementation.

(d) The VISN OSH Program will ensure the rights of employees to file reports of unsafe or unhealthful working conditions at the VISN level. In addition to elements required by [29 CFR 1960.28](#), policy elements must include:

1. Protecting the right of employees to file anonymous reports.

2. Prohibiting reprisal actions.

3. Investigating employee reports of unsafe or unhealthful working conditions.

a. A member of VISN OSH staff will investigate reports of unsafe or unhealthful working conditions that cannot be resolved at the facility level.

b. The VISN OSH Office will maintain a list of reports investigated and action taken to resolve the employee concern.

(6) Developing a charter for the VISN Safety and Health Leadership Committee, and appointing committee members (see paragraph 4.h. below for required participants). The Safety and Health Leadership Committee will meet at least quarterly.

(7) Initiating the Board of Inquiry.

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

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

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

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

(e) If more than 30 calendar days is needed, an extension must be requested from the Director, Office of Occupational Safety, Health and GEMS Programs.

(f) The investigative report must be made available to the DASHO no later than 15 calendar days after receipt of the report by the Deputy Under Secretary for Health for Operations and Management.

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

(9) Administering the Annual Workplace Evaluation (AWE) Program.

(a) Ensuring a qualified VISN team, consisting of at least one VISN Lead 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.

(b) 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 and track completions of annual evaluations of ancillary facilities and pre-occupancy inspections conducted by VHA facility staff. NOTE: Ancillary facilities include VHA facilities that are assigned to a medical center or a VISN and are not located within the VA Medical Center campus. Examples include but are not limited to CBOCs and Health Care Centers.

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

(d) The AWE evaluation report must be reviewed and signed by the VISN Director.

(e) The VA medical facility Director must receive the AWE report with the VA Form 2165, Safety, Occupational Health and Fire Protection Evaluation, within 15 business days after the closing conference for safety violations and 30 business days after the closing conference for occupational health violations.

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

(g) The VA medical facility Director will receive, review, and sign the Facility Abatement Plan and send a response within 30 calendar days of AWE Report receipt to the VISN Director. An updated abatement plan will be updated in the SAFE database and sent quarterly thereafter until all deficiencies are abated. A copy will be sent to the employee representatives.

(h) The VISN Director reviews, approves and monitors AWE corrective actions and abatement plans.

(10) Establishing the VISN OSH Awards Program. **NOTE:** *The VISN OSH Awards Program may be a subpart of another awards program, but must be able to demonstrate that worthy employees are recognized and awarded for their contributions.*

h. **Network Employee Safety and Health Leadership Committee.** The Network Employee Safety and Health Leadership Committee serves as an advisory group for VISN management and assists in the evaluation of the VISN OSH Program. The VISN Safety and Health Leadership Committee is responsible for:

(1) Meeting at regularly scheduled intervals, at least quarterly. **NOTE:** *The VISN Safety and Health Leadership Committee is not intended to meet the 'Agency's certified committee' requirements of 29 CFR 1960.36(b).*

(2) Appointing Committee membership, to include at a minimum:

(a) A Medical Center Director, Deputy Network Director or Associate Director as Chairperson. Individual selected must have the authority to act on behalf of the VISN.

(b) A VISN Industrial Hygienist,

(c) A VISN Occupational Safety representative,

(d) A facility Occupational Safety Manager,

(e) A facility Research Safety Officer,

(f) A facility Health Physicist (if appropriate),

(g) A facility Occupational Health representative, and

(h) Representatives from the National Unions represented within the VISN, to be appointed by the Unions.

(i) Other personnel invited on an "ad hoc" basis as required by the Committee.

(3) Ensuring the Chairperson and VISN Safety Manager develop a report to the Executive Leadership Council or Board no less than annually.

(4) Providing recommendations for VISN Safety and Health Plans that implement the VHA OSH Program goals and policies.

- (a) Analyzing Safety and Health trends occurring within the VISN.
- (b) Annually establishing three program goals for the VISN, based upon trend analysis, which align with the VHA Safety and Health Plan.
- (5) Monitoring progress toward elements assigned to the VISN and facilities for implementing the VHA Safety and Health Strategic Plan.
- (6) Monitoring progress towards attaining the three VISN goals.
- (7) Reviewing and recommends OSH training needs.
- (8) Discussing local issues that have VISN-wide impact.
- (9) Analyzing OSH Program information and data.
- i. **Facility Director.** Each facility Director is responsible for:
  - (1) Ensuring a safe and healthful work environment for all VHA for employees, volunteers, and others who perform work under direct supervision of VHA management.
  - (2) Developing and implementing a written OSH Program conforming to the Safety Management System approach, including responsibilities of the VA medical facility Director and plan to achieve OSH policies and goals established by the VISN Director. **NOTE:** see VHA Directive 7703, *Safety Management System (SMS) and Governing Safety Policy Statement*.
  - (3) Ensuring adequate Occupational Safety and Health staff, training, resources and funding to implement effective OSH programs in accordance with VA, VHA, OSHA, and The Joint Commission requirements. OSH staff will provide support and advice for carrying out the Facility Director's responsibilities to provide a safe work environment.
  - (4) Establishing a facility Safety and Health Leadership Committee. **NOTE:** refer to section I below for committee functions.
  - (5) Establishing OSH performance standards for the annual evaluation of Service Chiefs, Managers, Supervisors and employees.
  - (6) Ensuring facility construction and maintenance projects, designs, and specifications comply with OSHA, VA, VHA, and VISN OSH requirements.
  - (7) Developing plans to achieve the OSH policies and goals established by the VISN Director.
  - (8) Ensuring effective investigation of injuries and illnesses and submittal of employee Incident Reports by supervisory personnel within 5 calendar days of notification of the incident.

(9) Notifying the VISN Director of any work-related employee fatality, or amputation, loss of an eye, or inpatient hospitalization of one or more VHA staff or contract employees, prior to official notification to OSHA (must be reported within 8 hours following a catastrophic incident).

(10) Notifying VISN Director and Deputy Under Secretary for Health for Operations and Management through the Issue Brief process when OSHA or other regulatory agencies initiates an inspection. The report will include a copy of the OSHA Notices of Unsafe and Unhealthful Working Conditions or other violation notice that was issued by other regulatory agencies.

(11) Following discovery of an event which may warrant a VISN Board of Inquiry, the VHA Director must notify the Deputy Under Secretary for Health for Operations and Management, the VISN Director, Union representatives, and appropriate regulatory agencies. Events which must be reported to the VISN include but are not limited to:

(a) Work-related fatalities,

(b) Incidents resulting in amputation, loss of an eye or in-patient hospitalization of one or more persons,

(c) Fires resulting in death or injury to VHA staff or contract employees, or costs exceeding \$10,000 in damages, or

(d) Known or suspected overexposure to ionizing or nonionizing radiation.

(12) Ensuring that VHA employees working at non-VHA facilities are afforded protection that is equivalent to that provided by the VHA OSH Program.

(13) Facilitating employee representatives in OSH Program administration by providing designated local facility safety and health Union representatives with timely notification of, and official time granted to attend or participate in, the following activities:

(a) Scheduled workplace OSH inspections,

(b) Unscheduled safety and health inspections conducted by VISN or regulatory agencies,

(c) Union safety conference calls, and Safety Committee meetings.

(14) Providing resources and encouraging the participation of staff and Union representatives in local Federal Safety and Health Councils.

(15) Coordinating facility OSH personnel and Contracting Officer's Representatives (CORs) to ensure safe contractor work practices and OSHA project compliance.

(16) Ensuring preoccupancy inspections of any newly-constructed, renovated, (including change of occupancy classification, change of use, or modification) or leased spaces prior to occupancy by VHA employees or patients.

(17) Establishing an internal audit and inspection process that is separate from the AWE process to ensure compliance with applicable Federal standards, Executive Orders, and VA and VHA policies. This may be accomplished by facility level staff or a third party review. SMS internal audits meet this requirement.

(18) Participating in the facility AWE by attending the opening and closing conferences; reviewing the AWE report; approving and certifying initial and follow-up abatement reports; and ensuring correction of deficiencies cited as a result of the AWE. This includes at a minimum:

(a) Ensuring Union participation is requested. 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.

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

2. The Director must provide copies of the AWE report, the abatement plan, and all follow-up reports to Union representatives.

(b) Ensuring that a Notice citing the OSHA deficiencies identified during the AWE is posted at, or near, each place where an unsafe or unhealthful working condition exists or existed (reference 1960.26(c)(4)).

1. 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.

2. The Notice must remain posted until the condition is abated or for 3 calendar days, whichever is longer.

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

(d) Ensuring the VISN Director receives an abatement plan signed by the facility director within 30 calendar days following the evaluation report. **NOTE:** *Follow-up inspection is at the VISN Director's discretion.*

(19) Completing the facilities' Safety and Health Management training program.

(20) Establishing a formal safety management system to ensure effective management of programs including, but not limited to: compliance training, medical

surveillance, PPE, engineering controls, and the maintenance and retention of OSHA required records.

(21) Posting and updating the VA Occupational Safety and Health OSHA Poster (VA Form 2180), Occupational Safety and Health Protection for VA Employees. **NOTE:** *the most updated 2180 form can be found on the CEOSH website at [http://vawww.ceosh.med.va.gov/01SA/Pages/Program\\_Management.shtml](http://vawww.ceosh.med.va.gov/01SA/Pages/Program_Management.shtml). This is an internal VA Web site not available to the public.*

(22) Establishing the Accident Review Board (ARB) and ensuring the members are trained in the requirements of the Privacy Act (see paragraph 4.m.(3), below).

(23) Ensuring an OSH Hazard Surveillance Survey is conducted and documented every two years. The survey must be performed in all patient and non-patient care areas of the facility by personnel trained and qualified in the recognition of occupational safety and health hazards and unsafe work practices.

(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, regulatory requirements, 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.

(24) Ensuring that Comprehensive Hazard Assessments and Exposure Assessments are conducted for selection of Controls (Engineering, Administrative, and PPE )and signed by the assessor.

(25) Certifying the Annual Summary of Injuries and Illnesses (OSHA 300-A) and ensures this information is posted from February 1 to April 30 of the following year. This information must be retained for a minimum of 5 years.

(26) Promoting the participation of occupational safety and health staff and union representatives in local Federal Field Safety and Health Councils.

(27) Establishing a process for reporting unsafe or unhealthful working conditions. The process will include the following:

(a) Employee notification of unsafe or unhealthful working conditions. The notification should be directed to the lowest organization level capable of addressing the hazard.

1. Employees are encouraged to submit notifications in writing, but notification may be made verbally to their supervisor. Any request to remain anonymous must be clearly stated. Written requests may be submitted on VA Form 2169: Request for Inspection of Workplace or email.

2. An investigation of the unsafe or unhealthful working condition must be conducted at the lowest level of supervision possible depending on the complexity of the issue. More complex safety issues may require the assistance Occupational Safety and Health manager.

3. The investigator will notify the employee or his/her representative, in writing within 15 calendar days after the completion of the investigation and actions taken.

a. For employee reports of imminent danger conditions, an inspection must be conducted immediately upon notification;

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

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

4. If the employee is not satisfied with the timeliness or response of the facility management team, the employee may 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.

5. Final investigative reports are to be made available to the employee within 15 calendar 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) The VA Form 2180 poster must be placed in a conspicuous location within the facility, such as bulletin boards and entrance ways.

j. **VHA Facility Manager/Chief Engineer.** The VHA Facility Manager/Chief Engineer is responsible for:

(1) Including Safety and Industrial Hygiene department into design/specification reviews and concurrence of new projects or workspace reconfigurations so that Safety, Industrial Hygiene and GEMS managers can anticipate any hazards or legal requirements affected by the new design or equipment.



(2) Notifying Safety and Industrial Hygiene department staff when work is being performed involving hazardous building materials.

(3) Establishing and maintaining a preventive maintenance program for engineering control systems that are established to protect employees from occupational hazards.

(4) Collaborating with the Safety and Industrial Hygiene department to prioritize corrective actions associated with Occupational Safety and Health.

k. **Service Line Managers and Supervisors.** Service line Managers and Supervisors are responsible for:

(1) Complying with VHA OSH program.

(2) Investigating all work-related injuries, illnesses, and accidents.

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

(4) Completing VHA Supervisor Safety training, and ensuring the completion of all required training for employees under their supervision. A portion of the training will address site-specific policies and procedures, in addition to overview of VHA program.

(5) Evaluating hazards of each job in their assigned work area through the completion of Job Hazard Analysis (JHA).

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

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

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

(9) Facilitating employees receiving prompt and appropriate medical attention.

(10) Completing Incident Reports using Automated Safety Incident and Surveillance Tracking System (ASISTS/ WC-OSH/MIS) within 5 business days of notice of injury or illness of an employee or other personnel performing work under the direct supervision of VHA management.

(11) Ensuring employees receive training in safe work practices, recognition of workplace hazards, and the proper selection, use and maintenance of PPE.

(12) Providing Safety Data Sheets (SDS) and approved PPE for hazardous work processes.

(13) Encouraging employees to use safe work practices and to make suggestions for improving the OSH Program.

(14) Releasing employees for scheduled medical surveillance, respirator fit testing, attend required safety and health training, and other safety-related activities within the medical center such as committee meetings.

(15) Notifying Executive Leadership of any employee fatality, and any inpatient hospitalization of one or more employees, amputation, or loss of an eye 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.

(16) Maintaining established hazard controls within their area of responsibility.

(17) Ensuring employees are aware of their responsibility to:

(a) Follow safe work practices and use engineering controls, administrative, and PPE 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.

I. **Facility Safety and Health Leadership Committee.** The Facility Safety and Health Leadership Committee is responsible for:

(1) Providing assistance and support to the VA medical facility Director, Union representatives, management, and employees.

(2) Ensuring that membership includes a chairperson, facility OSH personnel, Union representatives, supervisors, and other employees with input or oversight of employee health and safety concerns that are not official Union representatives. **NOTE:** *The Chairperson must be a management official with authority to make programmatic and resource decisions across the entire VA Medical Facility.*

(3) Serving as the focal point for facility-wide safety and health management issues.

(4) Providing a bi-annual report directly to the Executive Leadership Committee. The Facility Safety and Health Leadership Committee report shall not be provided indirectly through another committee or council. **NOTE:** *The only acceptable means by which another committee could be used to fulfill the Executive Leadership Committee reporting requirement, would be the case where said committee fulfills all of the duties required of the Safety and Health Leadership Committee. The facility Safety and Health Leadership Committee is not intended to meet the 'Agency's certified committee' requirements of 29 CFR 1960.36(b).*

(5) Ensuring OSH-related problems and deficiencies are tracked to resolution.

(6) Meeting on a monthly basis, monitoring the facility OSH Program and coordinating between services to ensure that OSH Program elements are implemented effectively and efficiently.

(7) Providing meeting minutes to committee members and service chiefs. **NOTE:** *Employees are provided copies upon request.*

(8) Recognizing safety and health accomplishments at the facility. Ensure 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.

(9) Monitoring progress towards achieving VISN Safety and Health goals.

m. **Accident Review Board.** The Accident Review Board (ARB) will:

(1) Include a member of senior management empowered to act as the ARB Chairperson. The Chairperson must have the authority to make decisions pertaining to facility resources. **NOTE:** *Senior Management is defined as a management official with the authority to make programmatic and resource decisions across the entire VA Medical Facility.*

(2) Include a senior VHA facility manager, and representatives from occupational safety and health, employee occupational health, workers compensation and employee representatives.

(3) Be 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, including:

1. The Privacy Act of 1974. **NOTE:** *All personally identifiable information discussed in the ARB falls under the Privacy Act of 1974.*

2. Title 38 United States Code (U.S.C.) 5701, "Confidential Nature of Claims".

3. 38 U.S.C. 7332, "Confidentiality of certain Medical Records".

(b) Specific VHA facility policy, if any, covering Privacy Act issues. **NOTE:** *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, Technology Architecture (VistA) System of Records, or successor system.*

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

(4) The Accident Review Board will carry out the following:

(a) Reviewing records of occupational injury and illness incidents using OSH management information system data (i.e., ASISTS, WC OSH-MIS or equivalent data repository) to evaluate contributory events and potential causes. **NOTE:** *All personal identifiers must be redacted from records prior to submission to the ARB for review.*

(b) Reviewing, at a minimum, 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.

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

(d) 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).

n. **VHA Employees.** VHA employees are responsible for:

(a) Following safety and health rules and regulations established by their facility and VHA management.

(b) Addressing safety and health hazards at the most appropriate and lowest level in the organization.

(c) Reporting unsafe and unhealthful working conditions to their supervisors when they cannot address it at their level.

## 5. TRAINING

The VA Medical Facility Director, or designee, must ensure a facility safety training needs analysis is conducted and the appropriate training is developed for employees who have been assigned responsibilities for development and implementation of the OSH Program, to include:

a. **Management Officials.** Training must address the roles of management officials in the VHA OSH Program. Management officials must ensure that each level of management is oriented and trained in their responsibilities under 29 CFR Part 1960 in the OSH Program.

b. **Supervisors.** Training must include supervisory responsibilities in the VHA OSH Program. All supervisors must complete the Web based VHA Supervisor Safety Training program that described their responsibilities under 29 CFR Part 1960 offered in the Employee Education System (EES) Talent Management System (TMS) VA 32068. Training for supervisors will also include hazard recognition, Job Hazard Assessment, and any safety training specific to their job.

c. **Employees.** Appropriate employees must receive training and periodic updates in accordance with all OSH Program requirements, including specialized safety, occupational 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 jointly by 10NA8 and VHA EES. VISN Safety and Health Managers can hold this course in their network, using their own trained staff and utilizing the curriculum and training materials established by 10NA8.

(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 additional safety training (intermediate level or above) within 5 years 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.** 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. Training will be provided to Union Safety Representatives in accordance with the appropriate collective bargaining agreement(s).

## 6. REFERENCES

a. Public Law 91-596, the [Occupational Safety and Health Act of 1970, Section 19](#), Federal Agency Safety Programs and Responsibilities.

b. Title 29 CFR, Part 1960, [Basic Program Elements for Federal Employee OSH Programs and Related Matters](#).

c. Executive Order 12196, [Occupational Safety and Health Programs for Federal Employees](#).

d. OSHA Form 300, [Log of Work-Related Injuries and Illnesses](#)

e. OSHA Form 300A, [Summary of Work-Related Injuries and Illnesses](#)

- f. OSHA Form 301, [Injury and Illness Incident Report](#)
- g. VA Directive 7700, [Occupational Safety and Health Program](#).
- h. VHA Directive 7702, Industrial Hygiene Exposure Assessment Program
- i. VHA Directive 7703, VHA Safety Management System (SMS) and Governing Safety Policy Statement
- j. Negotiated Collective Bargaining Unit Agreements.
- k. OSHA Instruction CPL 02-00-124: [Multiemployer Citation Policy](#) Dec. 10, 1999
- l. OSHA Standard Interpretation: [Definition of Multi-Employer Worksites](#) July 7, 2012