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DEPARTMENT OF VETERANS AFFAIRS  
DEPUTY ASSISTANT SECRETARY FOR PERSONNEL AND LABOR RELATIONS  
WASHINGTON DC 20420

**FEBRUARY 7, 1994**

**DESIGNATED AGENCY SAFETY AND HEALTH OFFICIAL'S LETTER 00S-94-2**

**FY 1993 Compliance With Occupational Safety and Health Standards**

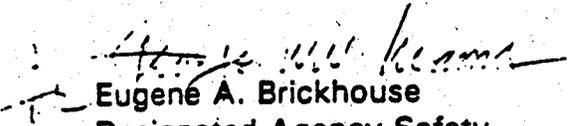
1. Attached for your information are three lists which identify the most common Occupational Safety and Health Administration (OSHA) standard violations cited during FY 1993. The lists have been developed from computer printouts provided by OSHA. These lists include violations at the following facilities:
  - a. VA medical centers - Attachment A.
  - b. Private hospitals - Attachment B.
  - c. Cemeteries (both private and VA) - Attachment C. (A separate list for VA cemeteries has not been included because of the limited number of OSHA inspections at VA cemeteries.)
2. Five of the standards listed in Attachment A were also among the most frequently cited standards for FY 1992. In addition, many of the VA deficiencies were cited in OSHA's 1991 and 1992 evaluations of VA's Occupational Safety and Health (OSH) program. These citations were used by OSHA to support conclusions concerning VA's OSH program. The continued violation of standards identified by OSHA indicates the need to improve facility management of the VA OSH program.
3. The following information is provided as additional background concerning OSHA inspections of VA facilities in FY 1993:
  - a. VA medical centers were inspected 81 times and had 587 total violations; 423 violations were classified as serious. These figures are increases from those of FY 1992 (523 total violations, 387 serious violations).
  - b. Private hospitals were inspected 495 times and had 3247 total violations; of those, 1921 were serious.

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c. VA medical centers had 7.25 total and 5.22 serious violations per inspection and private hospitals had 6.56 total and 3.88 serious violations per inspection.

4. The Department has made a commitment to eliminate OSH program shortcomings evidenced by ongoing deficiencies and to reduce violations identified through OSHA inspections. To this end, each facility OSH committee should review actions taken at the facility to prevent the violations listed, as well as any other local OSH deficiencies identified. Please consult VHA Regional occupational safety and health personnel if you have any questions concerning the deficiencies cited, appropriate corrective actions, or the OSHA evaluation/inspection program.

5. Working together we can improve the Department's administration of the OSH program.

  
Eugene A. Brickhouse  
Designated Agency Safety  
and Health Official

**Attachments**

Distribution: RPC: 6001  
SS (OOS1)

**TWELVE MOST FREQUENTLY CITED OSHA STANDARDS  
AT VA MEDICAL CENTERS DURING FY 1993**

1. **Emergency Equipment - Eyewashes or showers for emergencies were not provided in situations where employees may be exposed to injurious corrosive materials (29 CFR 1910.151 (c)). This standard was cited a total of nine times; five citations were classified as "Serious."**
2. **Hazard Communication - Containers of hazardous chemicals were not labeled or were inadequately labeled (29 CFR 1910.1200 (f) (5) (ii)). This standard was cited a total of seven times; five citations were classified as "Serious."**
3. **Guards\* - Machine guarding was not provided (29 CFR 1910.212 (a) (1)). This standard was cited a total of seven times; five citations were classified as "Serious."**
4. **Guards - Exposure guards for abrasive wheel machinery were not properly adjusted (29 CFR 1910.215 (b) (9)). This standard was cited a total of eight times; all citations were classified as "Serious."**
5. **Electrical - Live electrical equipment was not guarded (29 CFR 1910.303 (g) (2)). This standard was cited a total of six times; five citations were classified as "Serious."**
6. **Hazard Communication - The contents of containers of hazardous chemicals were not identified (29 CFR 1910.1200 (f) (5) (i)).**
7. **Lockout/Tagout\*\* - Procedures were not developed, documented, and/or utilized for the control of potentially hazardous energy (29 CFR 1910.147 (c) (4) (i)).**
8. **Lockout/Tagout\*\* - Procedures did not clearly and specifically outline the scope, purpose, authorization, rules, and techniques to be utilized for the control of hazardous energy, and the means to enforce compliance (29 CFR 1910.147 (c) (4) (ii)).**
9. **Lockout/Tagout\*\* - Training was not provided concerning the purpose and function of the energy control program (29 CFR 1910.147 (c) (7) (i)).**

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ATTACHMENT A**

10. Bloodborne Pathogens - Regulated waste was placed in containers that were not closable, constructed to prevent leakage, labeled, or closed prior to removal (29 CFR 1910.1030 (d) (4) (iii) (B) (1)). In addition to OSHA, the Environmental Protection Agency has cited this as a hazard.

11. Guards - Pulleys for mechanical power-transmission equipment were not guarded (29 CFR 1910.219 (h) (1)).

12. Hazard Communication - Written hazard communication programs did not specify the methods to be used to inform employees of the hazards of non-routine tasks and hazards associated with chemicals contained in unlabeled pipes (29 CFR 1910.1200 (e) (1) (iii)).

- One employee lost three fingers last fiscal year from an unguarded table saw.
- During the last fiscal year an employee sustained a fatal injury at one facility from a hydraulic lift whose energy had not been locked out.

**Note:** Items "1" through "5" were on the list of standards most frequently cited by OSHA at VA medical centers for FY 1992 ( see DASHO Letter 00S-93-1).

**Note:** This is the third consecutive year items "1" (Emergency Equipment) and "2" (Hazard Communication) were identified on the list of standards most frequently cited by OSHA at VA facilities.

a. Emergency Equipment - An eyewash station and drench shower should be located within 50 feet (VA Construction Std. 301-2) of any locations where caustic materials are used. Where high concentrations of chemicals or strong caustics are also found, eyewashes should be provided within 25 and 10 feet respectively (see ANSI Z358.1-1981). Emergency eyewash units and showers should be activated weekly to flush the lines and verify that they work. These inspections should be documented.

b. Hazard Communication - Failing to label secondary containers of hazardous chemicals, one of the four principle parts of OSHA's Hazard Communication Standard, is a common deficiency. Containers should be labeled with the identity of the chemical, appropriate warnings (e.g., effects a chemical exposure would have on specific body organs), appropriate precautions, and the name and address of the manufacturer, importer, or other responsible party. Additionally, JCAHO requires dilution instructions on containers of cleaning agents used for infection control. The other principle parts of OSHA's Hazard Communication Standard are: a) maintaining an inventory of hazardous chemicals and material safety data sheets; b) worker training; and c) a written hazard communication program.

**TWELVE MOST FREQUENTLY CITED OSHA STANDARDS  
AT PRIVATE HOSPITALS DURING FY 1993**

1. Regulatory - A log and summary of occupational injuries and illnesses was not maintained according to instructions (29 CFR 1904.002 (a)).
2. Emergency Equipment - Eyewashes or showers for emergencies were not provided where employees may be exposed to injurious corrosive materials (29 CFR 1910.151 (c)).
3. Hazard Communication - A written hazard communication program had not been developed, implemented, or maintained (29 CFR 1910.1200 (e) (1)).
4. Hazard Communication - Containers of hazardous chemicals were not labeled or were inadequately labeled (29 CFR 1910.1200 (f) (5) (ii)).
5. Hazard Communication - Containers of hazardous chemicals did not identify the contents (29 CFR 1910.1200 (f) (5) (i)).
6. Respiratory Equipment - Employees were not provided respirators which were suitable for the purpose intended (29 CFR 1910.134 (a) (2)). Note: This standard is cited when respirators are required for exposure to TB.
7. Lockout/Tagout - Procedures did not clearly and specifically outline the scope, purpose, authorization, rules, and techniques to be utilized for the control of hazardous energy, and the means to enforce compliance (29 CFR 1910.147 (c) (4) (ii)).
8. Lockout/Tagout - Procedures were not developed, documented, and utilized for the control of potentially hazardous energy (29 CFR 1910.147 (c) (4) (i)).
9. Hazard Communication - Information and training on hazardous chemicals had not been provided to employees (29 CFR 1910.1200 (h)).
10. Guards - Exposure guards for abrasive wheel machinery were not properly adjusted (29 CFR 1910.215 (b) (9)).

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ATTACHMENT B**

**11. Access to Information -** Employees were not informed, upon entering into employment and at least annually thereafter, of their right to access exposure and medical monitoring records (29 CFR 1910.20 (g) (1) (iii)).

**12. Hazard Communication -** The written hazard communication program did not contain a list of the hazardous chemicals known to be present (29 CFR 1910.1200 (e) (1) (i)). Note: The list may be compiled for the workplace as a whole or for individual work areas.

**Note:** OSHA is currently only issuing penalties to private sector hospitals. Penalties for violations vary depending on the gravity/classification of the violation (e.g., the initial penalty may be multiplied by 5 for the first repeated violation and multiplied by 10 for the second.), the grouping of violations, size of employer (not work site), and history of previous violations (e.g., an employer with willful violations or repeated violations of a serious nature does not have a good safety record or history). Penalties for each repeat or willful violation cannot exceed \$70,000 and cannot be less than \$5,000 for each willful violation.

**Note:** OSHA Area Offices have begun classifying some violations involving infectious agents (e.g., bloodborne pathogens and TB at healthcare facilities) as willful. If an employer has significant knowledge of safety precautions for a specific subject area (e.g., safety precautions for infectious agents in a hospital) yet basic safe guards were not implemented, this is viewed as intentional disregard for or indifference to safety. Additionally, a willful violation of an OSHA standard, rule, or order causing death of an employee may result in criminal penalties.

**Note:** Between March 6, 1992, and July 6, 1993, forty-eight percent of dental offices and clinics and fifty-four percent of physicians' offices inspected by OSHA resulted in citations for violations of the bloodborne pathogens standard. Eighty-one percent of the citations for dental offices and clinics were deemed serious or willful. Seventy-four percent of the citations for physicians' offices were deemed serious, willful, or repeat. This data was provided in an OSHA report to Congress, dated October 22, 1993, titled "Report to the Congress, Coverage of Dentists' and Physicians' Offices Under the Final Rule for Occupational Exposure to Bloodborne Pathogens."

**ELEVEN MOST FREQUENTLY CITED OSHA STANDARDS  
AT CEMETERIES (PRIVATE AND VA) DURING FY 1993**

1. Hazard Communication - A written hazard communication program had not been developed, implemented, or maintained (29 CFR 1910.1200 (e) (1)).
2. Hazard Communication - Information and training on hazardous chemicals was not provided to employees (29 CFR 1910.1200 (h)).
3. Hazard Communication - Material safety data sheets were not available for each hazardous chemical used (29 CFR 1910.1200 (g) (1)).
4. Hazard Communication - Material safety data sheets were not readily available during each work shift in employee work area(s) (29 CFR 1910.1200 (g) (8)).
5. Regulatory - A poster informing employees of the protections and obligations provided under the Occupational Safety and Health Act (29 CFR 1903.002 (a) (1)) was not posted.
6. Personal Protective Equipment - Protection for the eyes and face had not been provided where there was a reasonable chance of injury (29 CFR 1910.133 (a) (1)).
7. Means of Egress - Exits were not marked by readily visible signs (29 CFR 1910.37 (q) (1)).
8. Emergency Action Plan - An emergency action plan to ensure employee safety from fire and other emergencies was not written (29 CFR 1910.38 (a) (1)). Note: The standard is limited to emergency action plans required by a particular OSHA standard.

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ATTACHMENT C**

**9. Personal Protective Equipment - Personal protective equipment was not provided when required by work processes or environment (29 CFR 1910.132 (a)).**

**10. Asbestos - Initial monitoring of each asbestos project, to accurately determine the airborne concentrations of asbestos to which employees may be exposed, was not conducted (29 CFR 1926.58 (f) (2) (i)).**

**11. Electrical - Employees were not trained in electrical safety issues pertaining to their respective job assignments (29 CFR 1910.332 (b)(i)).**