

**Agency Fiscal Year 2005 Annual Report on
Occupational Safety and Health**

Name of Department: Department of Veterans Affairs (VA)

Address: 810 Vermont Avenue, NW, Washington, DC 20420

Number of Employees Covered by this Report: 232,621

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DETAILED REPORT

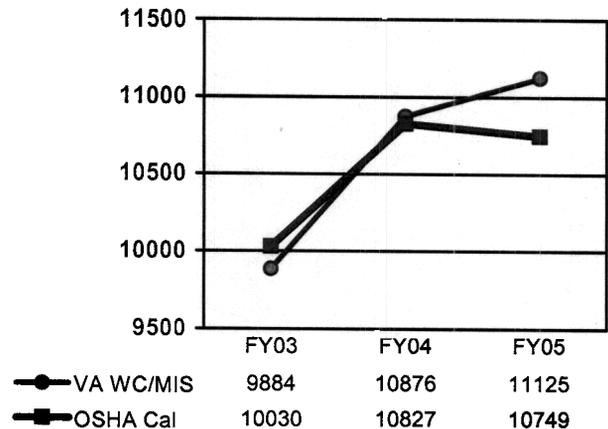
1.A. USE AGENCY INJURY/ILLNESS DATA TO SUMMARIZE YOUR AGENCY'S INCIDENT EXPERIENCE TO TOTAL, LOST TIME, AND FATAL CASES DURING FY 2005. WHEN REPORTING YOUR RESULTS, INCLUDE A DISCUSSION THAT COMPARES YOUR AGENCY'S PERFORMANCE TO THAT OF THE PRIOR FISCAL YEAR. WHILE DATA BASED ON AGENCY CLAIMS SUBMITTED TO OWCP AND REPORTED BY OSHA IS PREFERRED (SEE [HTTP://WWW.OSHA.GOV/DEP/FAP/INDEX.HTML](http://www.osha.gov/dep/fap/index.html) TO FIND LINKS TO OSHA'S STATISTICS), INTERNAL ACCIDENT OR INCIDENT DATA IS ACCEPTABLE IF OSHA'S DATA IS UNAVAILABLE.

The following charts cover the period of the President's Safety, Health and Return-to-Employment (SHARE) Initiative and use workers' compensation (WC) data, i.e., claim count, gathered from the Department of Labor's (DOL) Office of Workers' Compensation Program (OWCP). Denied claims with the status of 2, 3, and 4 have been excluded. Both the Occupational Safety and Health Administration (OSHA) and Department of Veterans Affairs (VA) use claim data from OWCP.

When calculating case rates, total and lost time, OSHA uses the Office of Personnel Management (OPM) FTEE. In addition to showing these calculations, VA has chosen to provide the same information using hours worked as extracted from VA's payroll system as the denominator. We believe this provides a more accurate representation of injury/illness data, as it captures the multiple work schedules involving unusual work days and number of work hours, as well as overtime, inherent in a large healthcare system such as the Veterans Health Administration (VHA). Federal averages used are derived from the OSHA Web site.

Total Claims*

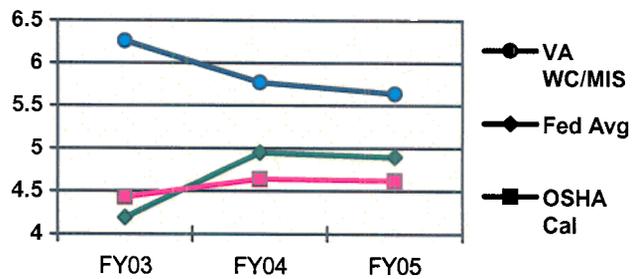
	FY 03	FY 04	FY 05
OSHA Total	10,030	10,827	10,749
VA Total	9,884	10,876	11,125
National Cemetery Administration (NCA)	168	164	165
Veterans Benefits Administration (VBA)	198	232	217
Veterans Health Administration (VHA)	9,315	10,245	10,500
OTHER	203	235	243



In FY 2005, VA's records show employee total injury and illness claims created in FY 2004, rose by 249 claims. According to OSHA's Web site, the total injuries and illnesses declined by 78 claims from FY 2004. (*Note: Minor fluctuations in the number of claims may occur over time due to the changes in claim adjudication status). OSHA does not provide the total claim numbers for each VA Administration, so these were collected from VA's Workers' Compensation/Management Information System (WC/MIS).

Total Claim Rate

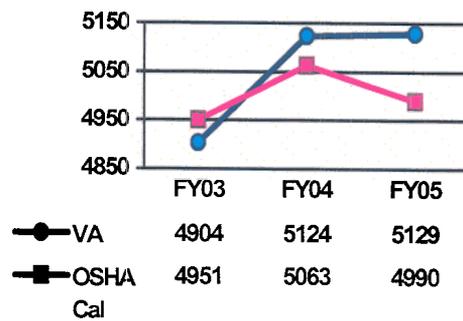
	FY 03**	FY 04**	FY 05**
OSHA Rates	4.43	4.64	4.62
VA Rates	6.26	5.77	5.64
NCA	10.15	7.54	7.66
VBA	1.19	1.33	1.36
VHA	3.20	2.78	2.57
OTHER	5.24	4.90	4.81



In FY 2005, VA's records show employee total injury and illness claim rate declined from those created in FY 2004. **According to OSHA's Web site, the total injury and illness claim rate declined by a small amount. OSHA calculates that VA is below the Federal average total claim rate, whereas VA calculations indicate rates above the Federal average. OSHA does not provide the total rate for each VA Administration, so these were calculated using VA hours worked data.

Lost Time Claims*

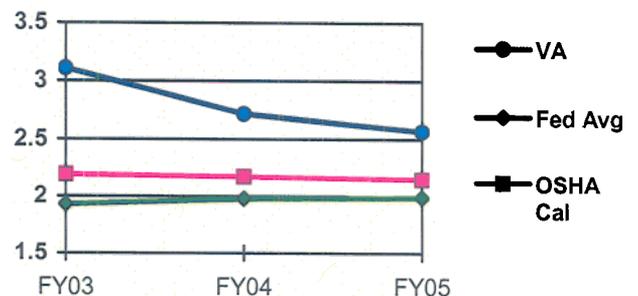
	FY 03	FY 04	FY 05
OSHA Total	4951	5063	4990
VA Total	4904	5124	5129
NCA	101	82	90
VBA	110	137	143
VHA	4602	4782	4782
OTHER	91	123	114



In FY 2005, VA's records show employee lost time injury and illness claims rose by 5 from FY 2004. *According to OSHA's Web site, lost time injuries and illnesses declined by 73 claims from FY 2004. OSHA does not provide the lost time claim numbers for each VA Administration, so these were collected from VA's WC/MIS.

Lost Time Claim Rate

	FY 03**	FY 04**	FY 05**
OSHA Rates	2.19	2.17	2.15
VA Rates	3.11	2.72	2.57
NCA	10.15	7.54	7.66
VBA	1.19	1.33	1.36
VHA	3.20	2.78	2.57
OTHER	2.37	2.50	2.26



In FY 2005, according to VA's calculation the employee lost time injury and illness claim rate declined from FY 2004. The OSHA Web site also indicates a decline in the lost injury and illness claim rate, but to a smaller extent. In both claims, VA is above the Federal average lost time claim rate. OSHA does not provide the lost time rate for each VA Administration, so these were calculated using VA hours worked data.

**Note: At the time of this report VA was still in the process of including an assessment of VA volunteers and medical residents in our employment data, which will be used internally to improve VA's safety program.

Fatalities

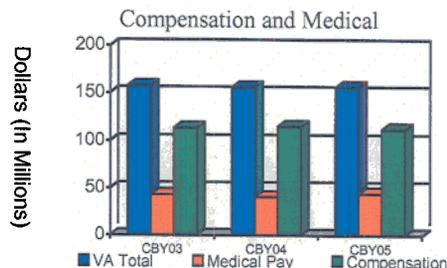
According to OSHA there were three VA fatalities in FY 2005. VA tracked four fatalities, two involved an automobile accident in Minneapolis, Minnesota; one involved a shooting in Fayetteville, North Carolina; and one involved an automobile accident of a volunteer in Murfreesboro, Tennessee.

	FY 03	FY 04	FY 05
NCA	0	0	0
VBA	0	0	0
VHA	5	2	3
OTHER	0	0	0
Total	5	2	3

1.B. USE AGENCY DATA TO DISPLAY THE WORKERS' COMPENSATION COST FOR CHARGEBACK YEAR (CBY) 2005, ALONG WITH CONTINUATION OF PAY (COP) COSTS FOR THE PERIOD AND COMPARE THEM WITH THE PREVIOUS YEARS' EXPENDITURES.

OWCP Chargeback Costs

	CBY 03	CBY04	CBY 05
NCA	\$2,326,421	\$2,319,827	\$2,199,976
VBA	\$3,859,259	\$3,674,946	\$3,634,271
VHA	\$148,224,758	\$146,584,896	\$147,446,603
OTHER	\$2,904,153	\$2,794,457	\$2,787,533
Total	\$157,314,594	\$155,374,126	\$156,068,384

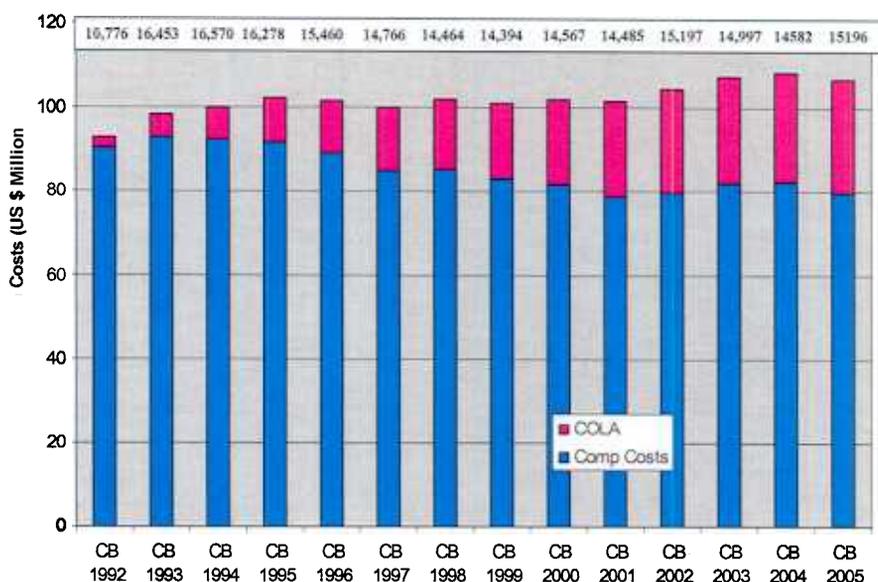


VA's CBY 2005 WC costs increased 1.0 percent over the previous reporting period. The number of cases with chargeback rose in the last three years from 15,983 in CBY 2003 to 16,196 in CBY 2005; however, there was a decline in CBY 2004 to 15,529, before continuing the increase again. A decline in the number of cases with chargeback is an indication of claims resolved.

VETERANS HEALTH ADMINISTRATION:

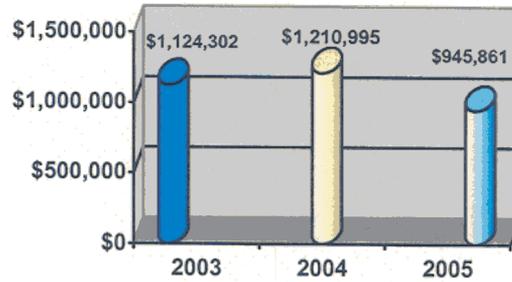
- In CBY 2005, the compensation portion of chargeback costs have decreased, both in real and in inflation-adjusted dollars through VHA efforts to hold costs in check, especially in comparison to other Federal agencies. VHA's "reported figures are compensation only as medical costs are considered beyond the control of the Employing Agency."
- The decentralization of program costs has provided an incentive to more actively and aggressively manage claims. VHA is moving forward on its strategic plan.

VHA COLA Adjusted Compensation Costs



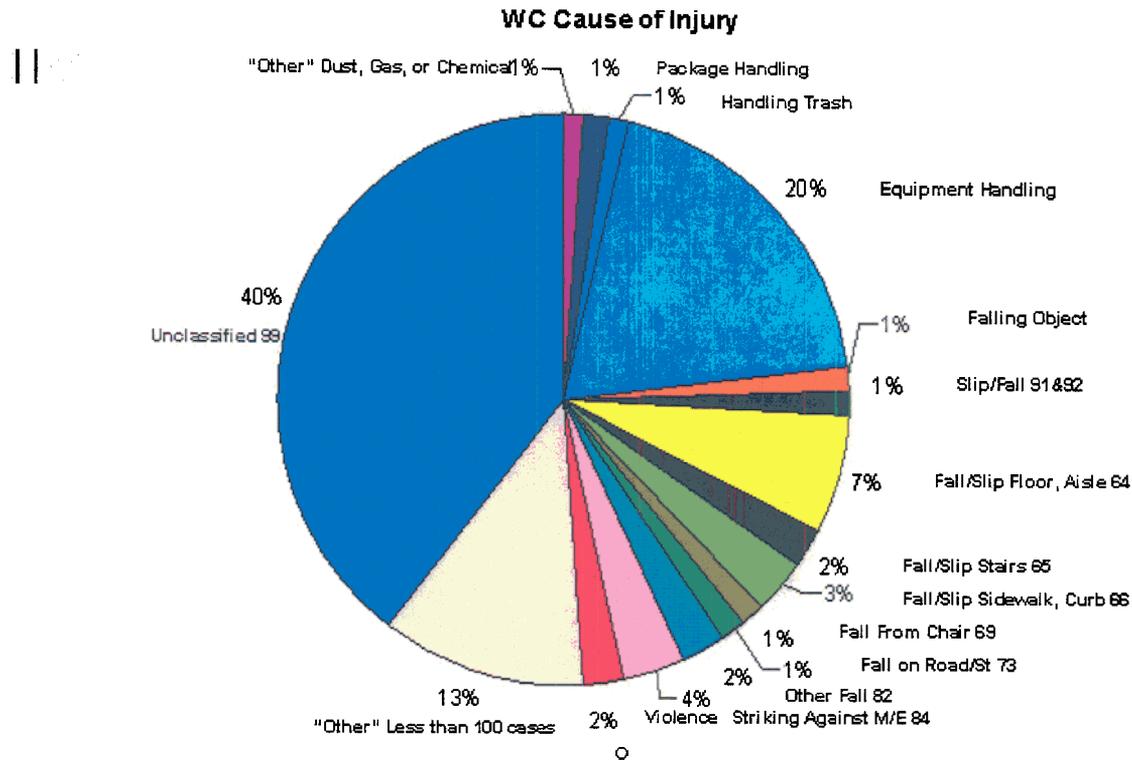
VETERANS CANTEEN SERVICE:

OWCP costs for FY 2005 decreased by 22 percent (\$265,134) compared to the FY 2004 chargeback. This represented a 27 percent decrease in medical costs and 15 percent decrease in compensation payments.

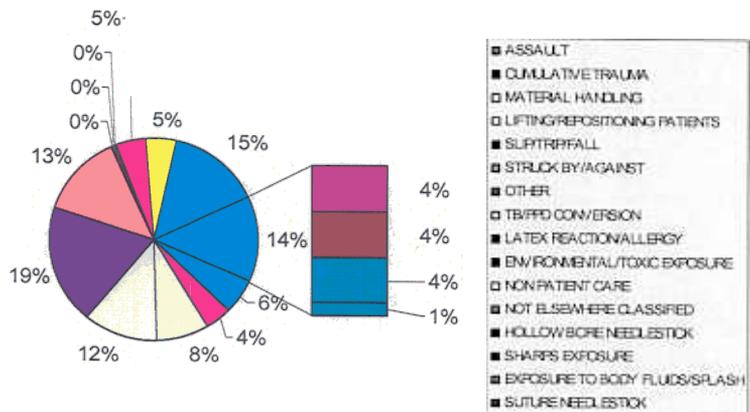


1.c. USE YOUR AGENCY’S ACCIDENT/INCIDENT REPORTING SYSTEM, SUPPLEMENTAL REPORTS TO THE OSHA LOGS, OR OWCP REPORTS TO DETERMINE AND EXPLAIN ANY NOTICEABLE TRENDS AND MAJOR CAUSES OR SOURCES OF FATALITIES AND LOST TIME DISABILITIES THAT OCCURRED DURING FY 2005.

The following is a chart of causes of injuries/illnesses added by OWCP.



**ASISTS DATA: 2005 INJURY DISTRIBUTION -
TYPE OF INJURY**



The in-house injury reporting system confirms that this distribution of injuries has not changed substantially since the prior year.

VHA has developed programs to reduce common injuries and continues to encourage the increased reporting of injuries. Formal examination of reporting rates suggests that under-reporting remains an issue. VHA has recently undertaken a major project to understand the drivers for under-reporting. The responses to these factors will prevent the reduction in reported numbers of cases. The degree of under-reporting is well documented in the peer-reviewed literature for all industries.

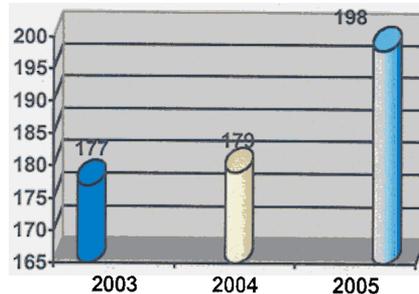
No accurate agency data are available on COP costs at this time. Each VA Medical Center (VAMC) maintains the necessary documentation and enters it into the Personnel and Accounting Integrated Data (PAID) system. Review of the data suggests that major inaccuracies persist, unexpectedly and unpredictably, throughout the system. A major effort has begun to improve data coding and national roll-up, including the development of a new electronic, Web-based system currently under development.

NATIONAL CEMETERY ADMINISTRATION:

In VA's national cemeteries, the primary safety and health threat occurs in the burial of veterans with significant numbers of next-of-kin and friends present to pay their respects, and the upkeep and administration of the cemetery grounds. Of the 122 national cemeteries, approximately one-half are in caretaker status (that is, the cemeteries are essentially filled/closed) wherein we conduct only second interments. For safety purposes, we design and construct national cemeteries with committal shelters to use for services instead of graveside services. Once the next-of-kin depart, our interment crews transport the remains to the burial site. We have safety-trained cemetery personnel handling interments and conducting grounds maintenance, with safety constantly emphasized and checked.

VETERANS CANTEEN SERVICE:

VCS reported 198 injuries in FY 2005, as compared to 179 for FY 2004. This represents a 1 percent increase in total injury cases over FY 2004.



2. SAFETY, HEALTH, AND RETURN TO EMPLOYMENT (SHARE) INITIATIVE

2.A. PROVIDE A DETAILED ANALYSIS OF YOUR AGENCY'S PROGRESS IN ACHIEVING EACH OF THE FOUR GOALS OF THE PRESIDENT'S SHARE INITIATIVE TO:

- 1) REDUCE TOTAL INJURY AND ILLNESS CASE RATES BY AT LEAST 3 PERCENT PER YEAR FOR 3 YEARS, FOR A TOTAL 9 PERCENT BY THE END OF FY 2006. BY THE END OF THE SECOND YEAR OF THE PRESIDENT'S INITIATIVE:**

OSHA's Web page has an increase in VA's total claim rate by 3 percent. However, VA calculations that use hours worked rather than OPM FTEE show a reduction of total claim rate by 10 percent, over the last two years.

- 2) REDUCE LOST TIME INJURY AND ILLNESS CASE RATES BY AT LEAST 3 PERCENT PER YEAR FOR 3 YEARS, FOR A TOTAL 9 PERCENT BY THE END OF FY 2006. BY THE END OF THE SECOND YEAR OF THE PRESIDENT'S INITIATIVE:**

OSHA's Web page has an increase in VA's lost time claim rate by 2 percent. However, VA calculations that use hours worked rather than OPM FTEE show a reduction of lost time claim rate by 17 percent, over the last two years.

- 3) IMPROVE THE TIMELY FILING OF NOTICES OF INJURY AND ILLNESS BY AT LEAST 5 PERCENT PER YEAR FOR 3 YEARS, FOR A TOTAL 15 PERCENT BY THE END OF FY 2006. BY THE END OF THE SECOND YEAR OF THE PRESIDENT'S INITIATIVE:**

VA has improved timely submissions by 13 percent, over the last two years.

- 4) REDUCE LOST PRODUCTION DAY RATES DUE TO INJURY AND ILLNESS BY AT LEAST 1 PERCENT PER YEAR FOR 3 YEARS, FOR A TOTAL 3 PERCENT BY THE END OF FY 2006. BY THE END OF THE SECOND YEAR OF THE PRESIDENT'S INITIATIVE:**

VA's LPDR for FY 2005 was improved by 10.9 percent from the base year, according to the DOL Web page. Data needed for VA to calculate lost production days is retained by DOL and not available to Federal agencies.

SHARE Initiative Summary for VA

Goal 1: Reduce the Total Case Rate (TCR) for most Federal agencies by 3 percent per year.

	Baseline Total Claim Rate	FY 2005 Target	FY 2005 Actual
OSHA Calculation	4.43	4.16	4.62
VA Calculation	6.26	5.88	5.64

VA organizations did not achieve the goal using OSHA calculations when OPM FTEE was used, but did exceed the goal when VA hours worked were used.

Goal 2: Reduce the Lost Time Case Rate (LTCR) for those worksites with the highest Federal lost time case rate by 3 percent per year.

	Baseline Lost Time Claim Rate	FY 2005 Target	FY 2005 Actual
OSHA Calculation	2.19	2.06	2.15
VA Calculation	3.11	2.92	2.57

VA exceeded the FY 2005 LTCR goal by 11 percent.

Goal 3: Improve the Timely Filing of Notices on injury and illness by at least 5 percent per year.

	Baseline Timeliness %	FY 2005 Target	FY 2005 Actual
OSHA Calculation	69%	79%	86.9%
VA Calculation	69%	79%	86.9%
VHA	68%	78%	86%
VBA	44%	54%	61%
NCA	57%	67%	69%

Overall, VA organizations exceeded the FY 2005 timeliness goal by 7.9 percent. All three VA Administrations met the President's SHARE goal with VHA having the best percentage of timeliness for the first two years of the goal.

In FY 2005, VHA's Veterans Integrated Service Network (VISN) Director's performance monitor contained an element to improve timely submission of injury claims to DOL. For FY 2005, timely submission increased an additional 6 percent.

Goal 4: Reduce the Lost Production Day Rate (LPDR) (lost days due to injury or illness per 100 employees) by 1 percent per year. These figures are provided by DOL.

		Baseline 2003 LPDR	FY 2004 Actual	FY 2005 Target	FY 2005 Actual
DOL/OSHA Calculation	VA	65.4	61.4	64.09	58.3
	VHA	N/A	63.3	N/A	N/A
	VBA	N/A	27.2	N/A	N/A
	NCA	N/A	168.4	N/A	N/A
	VCS	N/A	50.5	N/A	N/A
	Other VA	N/A	42.6	N/A	N/A
VA does not perform this calculation					

N/A - Not Available.

This data is provided by DOL (http://www.dol-esa.gov/share/lpdcurrent/lpd4qtr/lpdcur_E_3.htm and http://www.dol-esa.gov/share/share_goals/sg_d_4.htm)

$LPDR = Total\ FY\ LPD / Avg\ Employment * 100 - FY\ Target / FY\ Target$

VA's LPDR for FY 2005 has improved by 10.9 percent from the base year. DOL reports an improvement of 9.1 percent because their calculations reflect the improvement from VA's previous year's target rate.

2.B. DESCRIBE PROGRAMS ESTABLISHED AND INITIATIVES YOUR AGENCY LAUNCHED IN SUPPORT OF THE SHARE. DISCUSS THE SUCCESSES OR FAILURES OF THE PROGRAMS OR INITIATIVES, AND EXPLAIN HOW THEY IMPACTED THE OVERALL EFFECTIVENESS OF YOUR AGENCY'S OSH PROGRAM.

The Department has established a WC Steering Committee to focus on improving VA's WC program. The Committee is comprised of representatives from VBA, VHA, NCA, and Office of Management. Committee members have successfully maintained the unified goal of working in a collegial manner to improve VA's WC Program throughout the year. Achievements include:

- Development and approval of the WC Strategic Plan which encompasses five major goals: **Case Management; Return to Work; Education; Partnerships; and Fraud, Waste and Abuse.**
- Development of standardized position descriptions for WC case managers and availability for field use.

Conclusion of a special Health Administration Information Group (HAIG) survey of field activities that established a staffing guide of ~ 0.2 FTE WC staff for every 100 FTE at a facility.

- Obtained VA Learning University funding for two new distance-learning training modules that are scheduled for development in January 2006, with additional courses to follow.

- Establishment of a subcommittee of VA WC Steering Committee members to develop a comprehensive case review of all open/active cases within the Department. The Case Review Subcommittee has identified the case review process with the review to initially focus on higher cost cases. The subcommittee has also identified the necessary data fields that must be incorporated into WC/MIS to facilitate data collection to support the case reviews. The subcommittee provided the data fields to the Austin Automation Center (AAC) and the time required to program the system is being factored into the AAC's automation production schedule. Based on anticipated changes to WC/MIS, the case review is scheduled to begin in June 2006.
- In cooperation with the Chesapeake Health Education Program (CHEP), Inc., the Seventh Annual Federal Workers Compensation Conference and Exposition was held in Washington, DC, from July 26-28, 2005. Over 400 Federal employees attended the 3-day event, and over 100 of those were VA employees.

VA's WC Program Manager hosted four live online chat programs on WC issues. Over 375 callers participated in this opportunity to ask questions and receive immediate answers from a variety of subject matter experts.

- Members of the VA WC Steering Committee, led by the Principal Deputy Assistant Secretary for Human Resources and Administration, met with the leadership from DOL's OWCP to begin a new dialogue to enhance VA's WC program management.

VA's Occupational Safety and Health Web site provides an intranet streamed WC educational video produced by DOL. These initiatives have had a positive impact on the direction in which VA is moving to meet the SHARE goals.

VETERANS HEALTH ADMINISTRATION:

- The FY 2004 VISN Director's performance monitor contained an element to improve timely submission of injury claims to DOL. VHA continues to track submission and provide feedback to VISNs. Performance monitors for FY 2005 included timeliness of reporting CA1/2 submissions and cost performance in WC. Both led senior management to focus on the "back end" of safety programs to raise awareness of their importance. The success of the program is evidenced by lower lost time claims.
- Reduction of total and lost time cases were further addressed when VHA:
 - ✓ Conducted a review of ergonomic consequences of technology implication in clinical medicine in six hospitals. The review identified common problems and disseminated problems and solutions through its email safety list. Further work is planned for FY 2006.

- ✓ Undertook two quality improvement projects on common occupational injuries that have led to changes in national procedures. Two noteworthy projects include post-exposure prophylaxis after blood borne pathogen incidents and back injuries.
- ✓ Required mandatory participation in 10- and 30-hour construction safety class for trades staff, contract representatives, and safety managers.
- ✓ Undertook a major project to understand the drivers for under-reporting of injuries. The responses to these factors will prevent the reduction in reported numbers of cases.
- ✓ Restructured WC management, established VISN-level coordinators, initiated a broad educational program development, and expanded its auditing approach to a structured quality improvement program.

VETERANS BENEFITS ADMINISTRATION:

VBA reported injury and illness case rates decreased by over 3 percent during FY 2005. Personnel participated in emergency evacuation training. This training dramatically improved the orderliness of evacuation procedures and reporting requirements by supervisors. This improvement resulted in a decrease in time required for all personnel to evacuate.

- VBA lost time injury and illness case rates were reduced overall by at least 3 percent during FY 2005. VBA endeavors to immediately address any employee concern regarding physical problems related to their workstations or resulting from repetitive tasks to avoid injury that may result in lost time.
- VBA exceeded the goal established for timely filing of notices of injury and illness by at least 5 percent during FY 2005. Safety circulars are given to employees. Supervisors are responsible for keeping their employees advised on proper procedures to take when injured and the correct form to use when reporting injuries.

VBA reduced lost production days due to injury and illness by at least 1 percent during FY 2005. Employees are reminded to remain alert to potential hazards in their surroundings and exercise a high degree of care in the performance of their routine duties.

NATIONAL CEMETERY ADMINISTRATION:

Approximately two years ago, NCA formed and trained several Organizational Assessment and Improvement (OAI) teams consisting of 6 to 8 knowledgeable 'experts' in their areas, who conducted a thorough inspection of a cemetery. Two team members looked at Occupational Safety and Health compliance. The OAI checklist reviews a

cemetery's conformance with NCA's Operational Standards and Measures. Attachment 1 lists the safety standards that NCA use during an inspection and the areas that these standards apply. In addition, the OAI team reviews the cemetery's monthly fire prevention and safety checklist, requests and reviews the most recent Safety Compliance and Meeting Minutes, and checks for the most recent annual safety inspection report. It checks for emergency preparedness plans and equipment training. The team also inspects Material Safety Data Sheets (MSDS) and checks a cemetery's safety plan to see that one is in place, that safety training is ongoing and a cemetery safety officer is appointed. These detailed and formal inspections are reinforced by periodic inspections by the Memorial Service Network (MSN) Director and their safety person. Further, cemeteries also receive safety inspections on a periodic basis based on their location/affiliation with VA Medical Centers.

VETERANS CANTEEN SERVICE:

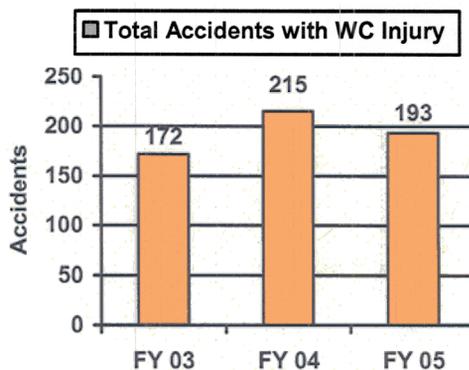
- A total of 64 cases were eliminated from VCS's OWCP rolls.
- VCS submitted 12 job offers to claimants, with the following results.
 - ✓ Accepted—2
 - ✓ Pending—2
 - ✓ Requested updated Medical—3
 - ✓ Requesting DOL terminate benefits—3
 - ✓ Requested 2nd Opinion Medical Exam—2
- Seven "Alive and Well Checks," were conducted during this year. Long-term OWCP recipients were visited by a contracted investigative firm.

Ninety-five lost time injuries were reported with 34 employees returning to work during this reporting period.

3. MOTOR VEHICLE/SAFETYBELT SAFETY.

3.A. INCLUDE THE NUMBER OF MOTOR VEHICLE ACCIDENTS YOUR AGENCY'S FEDERAL CIVILIAN EMPLOYEES EXPERIENCED WHILE ON OFFICIAL GOVERNMENT BUSINESS DURING FY 2005 (IF YOU HAVE THIS INFORMATION).

The data provided is based on workers' compensation claims involving motor vehicles. Data for property loss due to motor vehicle crashes and seat belt usage are not currently available.



3.B. INDICATE WHETHER YOUR AGENCY HAS A MECHANISM IN PLACE TO TRACK THE PERCENTAGE OF SEAT BELT USAGE BY EMPLOYEES. IF SO, TELL US HOW YOUR AGENCY TRACKS THIS INFORMATION, THE USAGE PERCENTAGE, AND THE NUMBER OF EMPLOYEES INVOLVED IN MOTOR VEHICLE ACCIDENTS IN FY 2005 WHO WERE WEARING SEAT BELTS AND THE NUMBER WHO WERE NOT.

The Departmental data provided above is based on WC claims involving motor vehicles. Collection systems to capture this data are not currently in place and options are being studied.

3.C. PROVIDE DETAILS OF ANY EFFORTS YOUR AGENCY TO IMPROVE MOTOR VEHICLE SAFETY AND SEAT BELT USAGE.

VA issued an information letter to all facilities promoting vehicle safety and clarifying VA's vehicle safety program. Additionally, VA promoted distance learning products concerning driver safety, both those developed internally and externally. Specifically, the VA Learning Center's online Driver Technique E-Course and Defensive Driving Techniques and Summit Training Inc.'s interactive educational course "Decision Driving System," provided free of charge on a trial basis. Driver safety was also promoted as an education session at the annual union

VETERANS HEALTH ADMINISTRATION:

Motor vehicle accidents are reported on Standard Form (SF) 91, Motor Vehicle Accidents. Accident documentation is retained by the facility and forwarded to General Services Administration (GSA), for GSA vehicles. All employees routinely operating vehicles complete medical center driver training, to include medical center traffic patterns, safe and defensive driving techniques, driver and passenger safety requirements, and mandatory seat belt use. VHA issued a directive on driving requirements for volunteer drivers and medical qualifications and prohibits the purchase of 15-passenger vans.

VETERANS BENEFITS ADMINISTRATION:

VBA reported a total of 24 accidents involving government automobiles during FY 2005. This is a significant decrease from the 39 motor vehicle accidents in FY 2004. No fatalities were reported. All VBA offices provide driver safety training. Employees traveling on official business in a government vehicle are provided with safety information and the requirement to use seat belts.

VA Regional Office (VARO) New Orleans, Louisiana, issued a local circular to all employees to address all aspects of motor vehicle use and safety. Every employee is required to read this circular. In addition, the circular is included in the official vehicle packet.

- Employees at the VARO in Hartford, Connecticut, did not experience any motor vehicle accidents during FY 2005. The State of Connecticut has strict mandatory seat belt laws that all drivers and passengers are required to follow. A regional office circular strongly directs all drivers to utilize their seat belts at all times and reminders to “buckle-up” have been placed on all vehicle key cases and on the dashboard of each vehicle.

VBA is committed to providing driver’s refresher courses. In addition to the training, all drivers are cautioned to watch for vehicle warning lights, check engine light and low tire pressure.

Employees at the VARO and Insurance Center (VAROIC) in Philadelphia, Pennsylvania, sign out motor vehicles and acknowledge they are aware of safety rules and circulars that are in each vehicle. Each vehicle is assigned a binder containing information such as trip logs, VA Directives on Interagency Fleet Management, and the GSA government vehicle package. The employee is required to take this binder on all trips.

NATIONAL CEMETERY ADMINISTRATION:

NCA has performed motor vehicle and seat belt training within their networks.

VETERANS CANTEEN SERVICE:

VCS works with the local VA medical center to address motor vehicle safety.

4. TRAINING

DESCRIBE YOUR AGENCY’S OVERALL PLAN FOR ASSURING THAT WORKERS, SUPERVISORS AND COMMITTEE MEMBERS RECEIVED APPROPRIATE JOB HEALTH AND SAFETY AWARENESS AND HAZARD RECOGNITION INFORMATION AND TRAINING. LIST SPECIFIC TRAINING OFFERED, THE NUMBER OF EMPLOYEES TRAINED, AND THE NUMBER OF WORKERS AFFECTED BY THE TRAINING. DESCRIBE THE OVERALL IMPACT OF THE AGENCY’S TRAINING EFFORTS IN IMPROVING WORK-RELATED SAFETY AND HEALTH.

The Veterans of Foreign Wars, the American Legion, and VA continued their partnership with the Workplace Stress and Aggression Project to participate in efforts to identify and mitigate the effects of stress and aggression related to VA – veteran’s service delivery interface. The program is developing cooperative approaches to education improvements in the VA service delivery interface.

National conference calls were conducted on:

- Workplace Fatigue
- OSHA Recordkeeping (2)
- Workplace Allergies

A National OSH Conference, sponsored by the unions, was held in Las Vegas, Nevada. Presentations covered the full range of OSHA issues and included Respiratory Protection Programs, Asbestos Safety, Current Priorities in Occupational Safety and Health, and OSHA's Recordkeeping Changes (given jointly with a representative of OSHA's Office of Federal Agency Programs). Union planners indicated they would plan another conference next year.

VA sponsored the 5th Annual Safe Patient Handling and Movement Conference, in Clearwater, Florida. This conference provided participants with lessons learned, best practices and cutting edge research findings related to safe patient handling and movement. Both general and concurrent program sessions were offered. Participants selected presentations from concurrent focus tracts of technology, facility-based education strategies, organizational strategies and cost/benefits related to no-lift programs. Detailed conference materials included cognitive aids and tools to facilitate implementation of best practices.

A dedicated safety Web page was established to address safety concerns resulting from the hurricanes of 2005 that provided both safety and WC information.

VETERANS HEALTH ADMINISTRATION:

The VHA Occupational Safety and Health training program emphasizes employee skill and understanding in hazard recognition, standard procedures, best practices and emerging issues. Medical center employees receive initial and annual OSHA compliance training based on job classification and supervisory assignments. VHA Headquarters supports site-based training via satellite broadcast (VAKN), specialized Web-based initiatives, independent study programs, workshops and lecture series. Lastly, VHA provides conference-based training opportunities to promote communication and national initiatives.

During FY 2005, VHA continued to emphasize mandatory new employee orientation that requires general training on safety and health at each medical center, and supervisory training that includes a section on safety and health. All facilities perform annual awareness training for employees in the areas of safety, health, and security, including hazard recognition. The annual training also includes violence in the workplace.

Several one-week conferences were provided during FY 2005. The Annual VHA Network Safety and Health Conference provides program updates and a forum for discussion of new program implementation. The key topics this year were OSHA 1904 recordkeeping changes, accident and injury reporting and construction safety. A one-week course on Basic Safety for Safety, Fire Protection and Industrial Hygiene was available for all new and existing VHA Safety and Health employees. The course was attended by 23 employees.

VHA partnered with VA Unions and DOL to coordinate efforts and strengthen VHA's safety and health programs. One of several FY 2005 VHA/Union activities included a highly successful Union safety conference. Presentations and coursework were provided on accident investigation, blood borne pathogens, ergonomics and use of personal protective equipment for protection from Tuberculosis (TB) and weapons of mass destruction.

VHA will continue to offer training classes for Union safety representatives and collateral duty staff. The basic course provides a review of safety management principles and an overview of VA OSH programs, regulations, and standards. The main thrust of this course is to provide hazard awareness training for the Union members. VHA has offered this course for the last 8 years; 33 VHA staff attended in FY 2005. For those Union safety representatives that have obtained significant expertise, VHA and the DASHO developed an "Intermediate Safety for Union Representatives." The Intermediate Union Safety program builds on information obtained from the "Basic Safety for Union Representatives" course. It updates Union safety representatives on the latest changes in safety standards for VAMC healthcare facilities. The FY 2005 attendees (19) were provided information to assist them with their responsibilities as local Union safety representatives.

Several nationwide courses were provided on the Life Safety Code (NFPA 101), Emergency Power Systems (NFPA 110), National Electrical Code (NFPA 70), and National Fire Alarm Code (NFPA 72). Medical center safety and engineering staff reviewed code requirements to reduce employee and patient injuries and facility damages associated with improper program and systems management. A total of 655 employees participated in these training programs.

Several new training initiatives were implemented in FY 2005. A Boiler Safety Device training course was highly acclaimed by VHA employees. The program also included site boiler inspection by a contractor. VHA required mandatory participation in 10- and 30-hour construction safety classes for trades staff, contract representatives, and safety managers. Additionally, VHA satellite training courses provided direction on the OSHA 1904 Recordkeeping requirements, Upper Extremity Ergonomics for Clinicians, and Building Moisture and Mold Management.

VETERANS BENEFITS ADMINISTRATION:

- VAROs provide employee training in the following areas: ergonomics, workplace violence, safety and health, security awareness, stress prevention, driver safety, handling of hazardous materials, and housekeeping. Employees attend meetings to discuss various safety issues with results disseminated through supervisors to all station employees. This ensures all critical safety and health issues are communicated in a timely manner. Some offices provide specialized training for employees at high risk for injury via video training programs. In addition, safety officers attend national OSHA training seminars. This attendance keeps managers informed of current health and safety issues affecting the workplace. Other offices have instituted a viable plan to ensure proper ergonomic furniture and equipment is provided to accommodate disabled employees.

VBA continues to focus not only on implementation, but maintenance of program policies in response to OSHA, OWCP, or other Presidential initiatives. Numerous training opportunities have been provided to all employees in an effort to educate and provide an understanding of the fundamentals in attaining a safe and healthy work environment.

- ✓ VBA offers fire safety training to key personnel who assist in evacuation in an emergency situation such as a reported fire or a bomb threat. Employees benefit from safe and rapid evacuation from the building in time of emergency.
- ✓ VARO Jackson, Mississippi, conducts monthly Safety Committee meetings. This committee provides oversight with general safety and training issues. Minutes from these meetings are disseminated to management with follow up and action items identified. Monthly VCS inspections are conducted in conjunction with the Safety Committee. The Safety Committee consists of labor and management representatives from the regional office, human resources, South Central Veterans Health Care Network, VCS, and VA police service.
- ✓ VARO Waco, Texas, conducts a Cardiopulmonary Resuscitation (CPR) training course each year in conjunction with Automated External Defibrillator (AED) training. Twenty-one employees received training in FY 2005. This training benefits the over 400 employees in the office in knowing that equipment and trained staff are available.
- ✓ There is an active safety training program at VARO Oakland, California, assuring that employees and supervisors receive appropriate job, health, safety awareness, and hazard recognition information and training. First Aid and CPR training are provided to all safety team monitors on a regular basis. The California Highway Patrol provides periodic safe driving techniques for motor vehicle operators. Employees who received influenza vaccinations were briefed on the nature of the viruses, their affects, means of avoiding exposure, and proper counter actions if they believe they are exposed. A fire drill and full building evacuation are conducted annually.
- ✓ VAROIC Philadelphia, Pennsylvania, sends members of its Safety Committee to local OSHA training sponsored by American Safety Training, Inc., as well as other courses related to safety. Training is given to all supervisors at quarterly supervisory meetings. This training includes changes to OSHA regulations. Supervisors are encouraged to pass this information on to their employees at staff meetings. The VAROIC holds various seminars, including Lunch-N-Learn, as a method of passing on safety information. The Health Unit and Fitness Center also conduct health fairs to ensure the well being of its employees.

- ✓ VARO Indianapolis, Indiana, has implemented a program to address ergonomic concerns. All employees can request computer wrist rests, adjustable chairs, and footstools for their workstations. In addition, the safety officer, along with a union representative, conducts a quarterly tour of every Division to identify any safety hazards or concerns that need to be addressed.
- ✓ VBA provides a safety video for new employees to view. There are also annual health awareness fairs, flu shots, TB testing, and glucose screening. AEDs were installed and training was provided.
- ✓ VARO Boise, Idaho, invited a Federal Protection Service officer from the Department of Homeland Security to speak to approximately 40 employees regarding behavioral emergencies. Employees learned to recognize potential problems and the use of body language and techniques that could assist in defusing or preventing a potential problem.
- ✓ Management and key personnel at VARO Nashville, Tennessee, conducted a tabletop exercise to test Continuity of Operations Plan (COOP) to include an Emergency Preparedness Plan and Occupant Evacuation Plan.

NATIONAL CEMETERY ADMINISTRATION:

There are a variety of initiatives reflecting the attention given by each MSN to Occupational Safety and Health - training on pesticides, respirator training, CPR, Personal Protective Equipment training, hearing conservation, safety awareness and prevention, motor vehicle and seat belt training, MSDS documentation requirement, quarterly safety newspaper publication, and goals and analysis by the MSN. These informational, educational tools and operational requirements not only reflect OSH goal accomplishments within the MSNs, they also reflect a viable, healthy NCA emphasis on safety.

VETERANS CANTEEN SERVICE:

VCS's monthly national conference calls included OWCP status reports, emphasis on reporting requirements, and soliciting assistance from local VA safety officers to assess VCS on-site operations.

Performance standards for VCS regional managers include safety assessments of canteen operations with emphasis on OWCP prevention and education.

5. ACCOMPLISHMENTS

5.A. DESCRIBE OSH PROGRAM ACCOMPLISHMENTS AND INITIATIVES YOUR AGENCY IMPLEMENTED IN FY 2005 TO CONTROL THE TRENDS AND MAJOR CAUSES OR SOURCES OF FATALITIES AND LOST TIME DISABILITIES IN YOUR AGENCY, AND TO IMPROVE YOUR AGENCY'S OVERALL OSH PROGRAM. DISCUSS YOUR SUCCESSES AND/OR FAILURES AS A RESULT OF YOUR AGENCY'S IMPLEMENTATION OF THESE INITIATIVES.

5.B. IN DESCRIBING YOUR ACCOMPLISHMENTS AND INITIATIVES, PLEASE TRY TO EXPLAIN YOUR AGENCY'S EFFORTS IN THE FOLLOWING AREAS:

- **ASSESSING THE EFFECTIVENESS OF YOUR AGENCY'S OSH PROGRAM.**
- **IDENTIFICATION, ASSESSING, AND RESOLVING OSH PROBLEMS, INCLUDING YOUR AGENCY'S SYSTEM OF (A) PROVIDING RECOGNITION TO OUTSTANDING ACHIEVERS AND (B) ESTABLISHING ACCOUNTABILITY AND PERFORMANCE STANDARDS FOR MANAGERS, SUPERVISORS AND EMPLOYEES.**
- **ENHANCING EMPLOYEE PARTICIPATION, INVOLVEMENT AND CONSULTATION IN THE OSH PROGRAM.**

In FY 2005, the Telly Awards organization presented VA's OSHA Recordkeeping video two awards "Training for Corporate Use" and "Government Relations." This product was a joint effort between VA, U.S. Postal Service, and OSHA. This product continues to be used and is available as a streamed video link on VA's safety Web page.

According to Webtrends, VA's Occupational Safety and Health Web page had 52,000 unique visitors in FY 2005. This Web page contains OSH announcements, news (e.g., OSHA letter concerning fit-testing for respirators), educational materials, directives, handbooks, and links. VA's OSH Office encouraged VA organizations to have safety Web pages and provided assistance to interested VA organizations. The Web page receives unsolicited complements from field personnel.

A unified WC Steering Committee has remained active in FY 2005 with the mission to improve VA's WC program and address weaknesses.

VA facilities are advised of and encouraged to attend courses, such as those provided by the Congressionally Chartered Non-profit National Safety Council. Facilities are also advised of courses offered by OSHA's Training Institute in Chicago, Illinois, which are free of charge for Federal employees with the exception of travel and per diem costs.

VA's violence prevention initiatives have reduced workers' compensation claims from 789 in FY 1995 to 251 in FY 2005.

VETERANS HEALTH ADMINISTRATION:

In FY 2005, VHA had no willful OSHA or repeat violations. Absence of the Notices continues to be a significant accomplishment and demonstrates the success of the VHA Occupational Safety and Health Program and compliance with OSHA programs. Annual Workplace Evaluations (AWE) were conducted at 1,087 VA facilities. Deficiencies were identified and programs were re-evaluated. The findings and abatement plans are tracked and discussed with top management of the medical centers. An annual survey by HAIG tracks and verifies completion of AWE surveys, in addition to compliance with core OSHA injury and illness reporting

requirements, VHA standard procedures, and Union participation. The HAIG survey identifies future occupational safety and health issues requiring further attention, as well as documenting achievements. During FY 2005, the General Accountability Office (GAO) audited VHA's OSH program and identified the HAIG annual survey as a Federal government best practice.

- VHA continues to use the SAFE (Safety Automated Facility Evaluation) package, a comprehensive software program to support compliance with OSHA, the Joint Commissions on Accreditation of Healthcare Organizations (JCAHO), and the Environmental Protection Agency (EPA) standards, as an in-house product. This software is a "leading indicator" surveillance system. Initial roll-up of national data is being aligned with the national employee survey to understand and measure systems effectiveness. During FY 2005, the software was reviewed by field advisory groups and updated in Construction Safety, Industrial Hygiene, Clinical Occupational Health and Boiler Safety. A "Safety Challenge" feature was added to the Center of Engineering and Occupational Safety and Health (CEOSH) Web site. Visitors are asked to identify occupational hazards by viewing photographs of medical center settings. The hazards are then identified with an OSHA reference. The Web site is available to all VA employees.
- VHA made significant efforts to comply with OSHA 1904 recordkeeping changes and implementation of OSHA Forms 300 and 301. Training on the recordkeeping changes was provided through satellite broadcast and conference calls.

Within VA medical centers, the Safety Committee remains the premier decision making body for safety and health issues. Significant issues are continually identified by various services through the information and issue-gathering process and brought to the Committee for assessment and development of recommended resolutions. Recommendations receive final approval by the medical center director. This group provides for continuous oversight of the medical center safety and health program. JCAHO surveyors regard the Safety Committee as the most important committee of the medical center. Written safety performance measures are maintained as a part of position descriptions from top management to rank and file employees.

- Every three years, each medical center is subjected to a specialized JCAHO administrative and clinical survey that closely evaluates the safety and health program, as well as the working environment, of each medical center as criteria for accreditation. This accreditation is critical to the operation of the medical centers.
- VHA continues to require performance measures and monitors for VISN Directors.
 - ✓ Performance monitors for FY 2005 included timeliness of reporting CA1/2 submissions and cost performance in WC. Both led senior management to focus on the back end of safety programs to raise awareness of their importance.

- ✓ Each VISN Director must report all repeat and willful violations along with a plan on how they will be corrected. These initiatives have created a much greater emphasis on controlling accidents, as the measures directly reflect on each Director's performance.

VHA has identified aggregated root cause analyses of common injury types as a major initiative to identify broad system contributions to adverse safety events. Investigations are focused on blood borne pathogens and patient transfer injuries after implementation of a technology program. The blood borne pathogens review has recently been presented at a Centers for Disease Control and Prevention (CDC)/National Institute for Occupational Safety and Health (NIOSH) workshop on sharps hazard prevention. On a National level, VHA conducts specialized review of events and preparedness. VHA conducted a review of emergency response and preparedness immediately following the Gulf Coast hurricanes, with report to VA's Secretary. Implementation of Emergency Operating Plans ensured sufficient supplies, fuel, equipment, oxygen, as well as, lines of communication with emergency personnel and VHA Headquarters.

VHA is represented on OSHA's Federal Advisory Committee on Ergonomics. In response to a four-fold increase in WC claims among clinical staff for upper extremity disorders, VHA conducted a review of ergonomic consequences of technology implication in clinical medicine in six hospitals. The review identified common problems and disseminated problems and solutions through its email safety list. Further work is planned for FY 2006.

VHA disseminated two new programs nationally. VHA published an Information Letter supporting national roll-out of the Patient Transfer Ergonomics Program (Safe Patient Movement and Handling) and created a National 0.5 FTE staff position to help facilities review needs and develop the appropriate program elements. The second program addresses moisture intrusion and associated mold growth, which have led to increasing complaints and intervention efforts. VHA worked with Kaiser Permanente of California to develop a program aimed at moisture intrusion recognition and mold prevention. An assessment and intervention algorithm was issued to specify appropriate action based on contamination level and patient risk group.

VHA maintains a VA/Union Partnership committee to enhance communication and dialogue with employees and their representatives, particularly with regard to safety and health issues. The OSHA/VA/Union Partnership program assessment project indicates the receptivity of VHA to a cooperative and collaborative approach to occupational safety and health. Medical centers continue to work toward strengthening these partnerships. Through a cooperative effort both management and the unions are collectively involved in safety and health issues. There is Union (employee) representation on every medical center safety committee. Several VISNs have Network-level safety committees with the union participating as a

permanent member. These Network-level committees are continually encouraged as a 'best practice' strategy. Employee representatives also take part in both internally- and externally-originated medical center inspections. Conference calls for all Union National Safety Representatives are conducted to discuss issues, announcements and program updates.

VHA continues to develop and improve Avian Flu, Severe Acute Respiratory Syndrome (SARS), and TB programs based on OSHA and CDC regulations and policies with best practices and recommendations of the VHA Working Groups. VHA policy requires the reporting of VA patients with suspect or possible SARS, recommendations for the evaluation and care of patients, isolation and infection control, personal protective equipment, communication and education. Respirator fit testing, training and medical exam continue for use of disposable respirators/filtering facepieces.

VHA continues to educate staff on 15-passenger van precautions and the propensity for a rollover accident. VHA will no longer purchase or accept donations of 15-passenger vans at VA healthcare facilities. A program to label van interiors with occupancy limits and driving precautions was initiated.

VHA published an Occupational Health Guidebook on best practices for occupational health in employee health units, which addresses medical surveillance, fitness for duty, and clinical practice algorithms.

VHA undertook two quality improvement projects on common occupational injuries that have led to changes in national procedures. Two noteworthy projects include post-exposure prophylaxis after blood borne pathogens incidents and back injuries.

VETERANS BENEFITS ADMINISTRATION:

VBA recognizes the following accomplishments and continues to monitor progress as reported by the Director of each regional office. Accomplishments reported reflect the overall commitment to providing a safe and healthy work environment regardless of the size or number of employees at a regional office.

VBA safety, fire and workplace inspections are routinely conducted by the safety officers. The inspections determine compliance with safety standards and identify unsafe conditions. Any discrepancies noted during the inspection are acted upon in a timely manner.

As a result of minor construction projects over the last few years, breakout areas were established in all divisions at VARO New Orleans, Louisiana. All appliances and related electrical devices such as refrigerators, microwave ovens, coffee makers, etc., were designated to those breakout rooms. All device receptacles had dedicated circuits and were labeled for the device for which they were intended. All devices and appliances were inspected to meet UL standards. Employees were reminded of the designated circuit and were required to comply with the standards.

VARO Baltimore, Maryland, has maintained vigilance in the monthly inspection of all work areas by key safety team personnel to evaluate progress and ensure timeliness in the resolution of safety issues raised during the monthly reviews.

Card scanners were installed in stairwells and elevators at VARO Waco, Texas. Visitors are allowed only in the lobby and personnel interview area.

VARO Little Rock, Arkansas, has designated OWCP as an internal high priority with monitoring and oversight of the program conducted through its internal control review system. Caseload is very low; however, the risk for fraud and abuse in OWCP cases is very high. Each time a case is filed with OWCP a determination is made as to whether or not the employee is a veteran and, if so, whether or not the veteran is receiving veterans benefits administered by VBA for the same injury. Any material weaknesses in the program are identified and corrected through the monitoring mechanism.

As a result of two very active hurricane seasons, the Safety Committee at VARO New Orleans, Louisiana, has developed extensive plans for preparation phase, event management, and disaster recovery for the Regional Office and out-based locations. Better communications have been developed with the employees for these events.

NATIONAL CEMETERY ADMINISTRATION:

NCA has appointed five well-trained, experienced personnel as safety officers in our MSNs, to monitor and enforce our safety and health programs in the cemeteries. For example, one MSN safety officer came to the job in 1991 from an Engineer Tech position, which included many of the safety responsibilities required in his current position. He had been in his previous position for over 10 years and prior to that had extensive and detailed training in the Navy's nuclear training program. Others have on-the-job training experience of 3 to 4 years. They all attended the Web-based OSHA 600 course, Collateral Duties, Safety and Health, in addition to various safety-training presentations at nearby VA Medical Centers. Our MSN safety officers have a great deal of initiative and experience and truly play a significant role in the awareness and importance of health and safety in NCA.

A senior staff professional was recently hired in NCA's Headquarters to provide the appropriate monitoring of safety across all cemeteries and to ensure continued improvements overall.

NCA hired a full time WC manager whose efforts will improve the Administration's data collection, trends analysis, and accident/injury reduction efforts.

VETERANS CANTEEN SERVICE:

In FY 2005, VCS was involved in identifying and eliminating the major causes of repetitive stress injuries at the VCS Central Office. These included modifications to employee work stations, and purchasing/providing ergonomically correct equipment. For example:

- 4-Keyboard Wrist Pads (\$47)
- 1-Computer Monitor (\$403)
- 1-Keyboard Tray (\$40)
- 18-Chairs (\$4217)
- 1-Phone Headset (\$84)
- 7-Mouse Pads (\$23)

6. RESOURCES

EXPLAIN ANY SIGNIFICANT ONE TIME OR ADDITIONAL PERMANENT RESOURCES ALLOCATED TO THE OCCUPATIONAL SAFETY AND HEALTH PROGRAM IN FY 2005 FOR AREAS SUCH AS WORKPLACE HAZARD ABATEMENT, RESEARCH AND DEVELOPMENT, DATA SYSTEMS, STAFFING, AND TRAINING.

The WC Steering Committee with the commitment of its members has been a significant resource. Additionally, VA's OSH Web page established a new Web page for OSHA recordkeeping.

VETERANS HEALTH ADMINISTRATION:

- There is emphasis on upgrading the SAFE package designed to standardize facility evaluations through the use of uniform criteria. Through a strong program of deficiency identification and decisive abatement, the potential for accidents is reduced. During FY 2006, the SAFE program will migrate to an updated software package to enable advanced data analysis, editing, and storage.

The CEOSH plans to redesign the Intranet Web portal to provide support information in general safety, OWCP, Fire Safety, Industrial Hygiene, and Environmental Compliance. The CEOSH site has proven a valuable information resource as illustrated by the increased number of users during FY 2005 HAIG survey.

- An online supervisor safety course was developed during FY 2005 will be mandatory during FY 2006 for all VHA supervisors. Supervisors will be informed of their responsibility and role in recognizing, communicating and correcting occupational hazards encountered by their employees. Supervisors will also be instructed on actions to be taken in the event of employee injuries, including completion of mandatory injury forms and implementation of employee return-to-work program.

VHA continues quarterly conference calls for all Union safety representatives at the national and facility levels. Topics and speakers are selected by the National Union Safety representatives. VHA also continues to extract inspection data from OSHA's national database and distribute to each VHA VISN on a quarterly basis for assessment and improvement of Network programs.

VETERANS BENEFITS ADMINISTRATION:

Most VBA Safety Officers perform OSH responsibilities as a collateral duty although resources are made available to address specific issues when needed. Several VA regional offices have partnered with local VA medical centers and participated directly in the medical center's OSH program including walkthroughs and training.

VARO New Orleans, Louisiana, initiated a project to realign the Vocational Rehabilitation and Employment for security purposes. Offices needed to be reconfigured to allow enough space for an emergency exit and a side light window next to the door for visual security.

The OSH program at the VARO Baltimore, Maryland, is maintained without permanent resources. In the event important supplies, purchase, or training opportunities are discovered, they are presented to the station Director for approval, pending availability of funding.

Resources were committed to procure card scanners for stairwells and elevators for the VARO Waco, Texas. The Assistant Chief, SSD, attends monthly meetings of the Dallas-Fort Worth Federal Safety Council. This provides a resource in obtaining information regarding safety issues that can be distributed to employees.

The working relationship with the GSA Building Manager and the VARO Roanoke, Virginia, Safety Officer is excellent. GSA allows the regional office's liaison direct contact with the Department of Homeland Security and GSA's custodial and mechanical maintenance contractors on all safety issues affecting the Poff Federal Building. The administrative staff has the cell phone and pager numbers of these contractors, to facilitate quick reporting of any potential hazardous condition. Action is then taken to eliminate the hazard and reduce the chance of an accident occurring.

VARO Fargo, North Dakota, co-located with the VA Medical Center, reports an Ergonomic Action Team was implemented by the medical center. All ergonomic requests are evaluated and action items completed within 60 days. The improved evaluation time assists in reducing ergonomic hazards and workplace injuries.

VARO San Diego, California, holds safety meetings on a quarterly basis. The Emergency Occupant Plan is updated as needed. The regional office is co-located with the VA Outpatient Clinic giving it access to the medical center's Safety Officer, who provides training and safety inspections on a regular basis.

Although resources are somewhat limited, VARO Salt Lake City, Utah, still manages to maintain a very proactive safety program within the regional office, as well as with other building tenants, contractors, and local fire and safety officials. More resources are required to be allocated due to the recent growth of the regional office and increased mission requirements.

NATIONAL CEMETERY ADMINISTRATION:

NCA now has full time personnel assigned to this area and should make improvements to bring the Administration in line with the President's program goals. Other avenues to help NCA get back on track are:

 Closer monitoring of SHARE initiative.

 Personal emphasis by the Director of Field Programs and MSN Directors

VETERANS CANTEEN SERVICE:

VCS established their own safety Web page to address safety issues of concern to their employees.

7. GOALS

IDENTIFY YOUR ANNUAL OSH PLANS, GOALS AND OBJECTIVES, AND SIGNIFICANT OSH INITIATIVES PLANNED AND PROGRAMMED FOR FY 2005 AND BEYOND, INCLUDING YOUR AGENCY'S FY 2006 PERFORMANCE TARGETS FOR EACH OF THE FOUR GOALS UNDER THE SHARE INITIATIVE.

The overall plan for VA's OSH Office is to continue supporting and overseeing the development and operation of effective VA OSH programs. Several initiatives are planned to enhance VA's ability to educate and inform employees and supervisors, recognize OSH issues, and to develop goals that reduce or eliminate the severity of adverse outcomes. These goals include:

 Supporting efforts to identify, assess, and resolve OSH problems and support the SHARE Initiative to improve OSH program operations on behalf of VA's Secretary.

 Providing basic requirements for VA organizations that support overall DOL goals.

- Elements of the Secretary's goals included presidential goals for the reduction of LTCR, improvement of claim submission timeliness, and program improvement items such as development of violence prevention programs.



VETERANS HEALTH ADMINISTRATION:

- VHA will continue to address issues related to Patient Transfer Ergonomics. A National 0.5 FTE staff position was created to help facilities review needs and develop the appropriate program elements.

VHA continues to develop and improve Avian Flu, SARS and TB programs based on OSHA and CDC regulations and policies with best practices and recommendations through the VHA Working Groups. VHA policy development addresses VA patient assessment, isolation, infection control and personal protective equipment.

- VHA has initiated a program on supervisor safety training and eyewashes, rollout is planned for FY 2006.
- VHA has initiated programs to address fleet management and patient transportation. The first phase (FY 2006) will provide a reporting mechanism for VHA vehicle accidents. The database will be further developed and assessed.
- Development of hazard recognition library available to field personnel to identify and eliminate medical center hazards.
- Develop standardized professional development curricula for Safety, Industrial Hygienist, and Environmental & Decontamination field personnel. Includes training guidelines at the series/grade level for preparation for certification.
- Develop VHA regional decontamination training centers for staff training practices and methods.

VETERANS BENEFITS ADMINISTRATION:

VBA is committed to exceeding the goals established by the President in the area of safety and awareness in the workplace and will continue to provide information about job health and safety awareness and hazard recognition. VBA will continue to monitor workplace injuries and accidents to immediately identify any areas of concern.

- VBA will continue to check for safety and health related risks, make sure all access areas are clear for safety, continue to stress to employees the importance of safety in the workplace and continue the timely filing of notices of injury and illness.
- VBA will make work areas as safe as possible and continue safety inspections. Meetings with GSA and contractors will take place. All employees will be advised of the content of those meetings. All employees will continue to be encouraged to report all their safety concerns to the Director, station Safety Officer, or their Union representative.

VARO Providence, Rhode Island, will attain a level of no employee workplace accidents, conduct station-wide safety training sessions and conduct quarterly safety inspections, record all results and provide a system for prompt abatement of all hazards.

VBA will continue to work with employees during rehabilitation periods after an accident or health crisis to enable them to return to work more quickly by making an alternate worksite or assign alternate duties where applicable.

VARO St. Petersburg, Florida, will establish an Employee Wellness Committee and develop objectives and goals for the year.

- VARO Winston-Salem, North Carolina plans to revise its Occupant Emergency Plan and train all employees on its contents to ensure smooth evacuation procedures. It plans to provide semi-annual safety and health training sessions to the station's identified emergency preparedness personnel.

VBA will reduce or eliminate work-related injuries and illnesses, minimize the severity of those injuries and illnesses that occur, ensure compliance with applicable OSH regulations and standards, and provide applicable training for all employees.

Construction plans for the building and VA office space for VARO Buffalo, New York, were developed with employee safety and security in mind. The regional office will continue to strive to insure that employees are provided with a safe and secure work environment.

VARO Milwaukee, Wisconsin, plans to reactivate its Medical Response Team. This is a group of employees who are trained with emergency medical skills such as CPR, and will serve as the first respondents in the case of an emergency.

As a result of the damage inflicted by Hurricane Katrina, VARO New Orleans, Louisiana, was not in operation for almost the entire first quarter of FY 2006. The regional office has relocated to a temporary facility for an unspecified period of time. The regional office elects to defer long-term occupational safety and health goals for FY 2006 until a permanent location for the office has been selected and is evaluated for safety issues.

- VBA will continue to use national goals as baselines for measuring performance and continue to ensure that the supervisory staff is cognizant of safety measures and local goals. Employees will be encouraged to promptly report any hazard.

NATIONAL CEMETERY ADMINISTRATION:

NCA has been successful in the first two years of the President's three year SHARE Initiative in meeting White House goals. To better organize these efforts, NCA's draft Directive 7700, Occupational Safety and Health Program at NCA, will emerge from NCA's internal concurrence process shortly. The final product will then go to VA's Office of Human Resources Management and Labor Relations and finally, VA's OSH Office for final approval. In the meantime, NCA intends to send the draft document to the field as soon as possible. Since we anticipate no major changes, NCA will send this directive to the field noting that, while it is a draft, it provides interim guidance until the directive is published.

- We will shortly start work on a handbook to support this directive and our personnel in the field. We expect to reflect the publication of this handbook in the FY 2006 Occupational Safety and Health annual report.

VETERANS CANTEEN SERVICE:

In 2006, VCS plans to:

Continue diligent efforts to contain OWCP costs by ensuring all OWCP incidents are reported to VCS Central Office within 48 hours of their occurrence.

- Focus on safety improvements and training. Implement a mandatory Targeted Associate Growth (TAG) Program which will target training on the most frequent accidents. This preventive safety measure will ensure continuous employee education on these proper procedures.
- Focus training efforts on the top three reported injuries (Falls, Exertion, and Lifting). These categories make up 44 percent of VCS's total injuries. Lifting was 18 percent of total injuries; falls and exertion were each 13 percent of total injuries.

Establish additional partnerships with DOL claims examiners across the country.

Visit DOL regional offices to review long-term cases with claims managers.

Identify "Top Ten" OWCP long-term cases and initiate actions to clarify status and/or return to work.

Conduct video surveillance on "suspected" OWCP cases.

2. Personnel

Standard 2.1: Cemetery staff wears appropriate attire for the location and task being performed.

Measure 2.1a: The percentage of cemetery staff that is dressed appropriately for their assignment.

Target 2.1a: 100%

Measure 2.1b: The percentage of cemetery staff required to wear a uniform who are in compliance with NCA's Directive and Handbook 3010.2, Uniform and Special Clothing for National Cemetery Employees.

Target 2.1b: 100%

3. Security

Standard 3.1: Hours during which the cemetery is open to visitors are clearly posted.

Measure 3.1: The percentage of national cemeteries that have hours during which the cemetery is open to visitors posted in a visually prominent location.

Target 3.1: 100%

4. Safety

Standard 4.1: Necessary personal protective equipment and safety measures will be adhered to at all times for the following cemetery operations:

- **Interments**
- **Grounds Maintenance**
- **Headstone, Marker and Niche Cover Maintenance**
- **Equipment Maintenance**
- **Facility Maintenance**

Measure 4.1a: The percentage of OSHA personal protective equipment certification requirements with which the cemetery is in compliance.

Target 4.1a: 100%

Measure 4.1b: The number of accidents that occur as a result of improper use or lack of using personal protective equipment or safety measure during cemetery operations:

Target 4.1b: 0 accidents.

Standard 4.2: Grounds are maintained in a manner that avoid safety hazards for visitors and staff.

Measure 4.2a: The percentage of safety hazards (holes, pests, etc.) in visually prominent areas that are identified and corrective action initiated within the same workday.

Target 4.2a: 100%

Measure 4.2b: The number of reported incidents of injuries to visitors or cemetery staff due to pruning (or lack thereof) of trees and shrubs.

Target 4.2b: 0 reported incidents

Measure 4.2c: The percentage of damaged trees and shrubs that pose a safety hazard to staff and visitors that are identified and corrective action taken within one day of identification.

Target 4.2.c: 100%

Measure 4.2d: The percentage of branches that could pose a safety hazard in the visually prominent areas that are removed daily.

Target 4.2d: 100%

Measure 4.2e: The number of health, safety or environmental incidents that are reported as a result of poor trash disposal practices.

Target 4.2.e: 0 reported incidents.

Standard 4.3: Cemetery facilities and infrastructures are maintained to avoid safety hazards for visitors and staff.

Measure 4.3a: The percentage of roads, sidewalks, paths and parking lots open to the public or for cemetery operations during adverse conditions that are safe and accessible (e.g., clear of ice and snow or storm debris.)

Target: 4.3a: 100%

Measure 4.3b: The number of accidents or injuries reported due to unsafe conditions in cemetery as a result of poor maintenance of facilities and infrastructures.

Target 4.3.b: 0 accidents or injuries

