

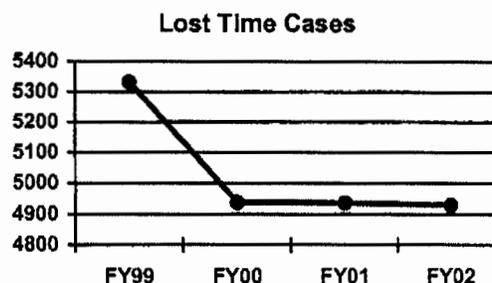
## Agency Fiscal Year 2002 Annual Report on Occupational Safety and Health

**Name of Department:** Department of Veterans Affairs (VA)  
**Address:** 810 Vermont Avenue, NW, Washington, DC 20420  
**Number of Employees Covered by this Report:** 222,985  
**Name of Individual Responsible for the OSH Program:** John A. Hancock  
**Title:** Director, Office of Occupational Safety and Health  
**Telephone Number:** 202-273-9742

1.A. USE AGENCY INJURY/ILLNESS DATA TO DISPLAY THE ANNUAL STATISTICS FOR FATALITIES AND LOST TIME DISABILITIES FOR THE REPORT YEAR AND, IF POSSIBLE, COMPARE THESE FATALITIES AND DISABILITIES WITH SIMILAR STATISTICS FOR THE PREVIOUS THREE-YEAR PERIOD. DATA BASED ON AGENCY CLAIMS SUBMITTED TO THE OFFICE OF WORKERS' COMPENSATION PROGRAMS (OWCP) IS PREFERRED, BUT INTERNAL ACCIDENT OR INCIDENT REPORTING DATA (FARS) IS ACCEPTABLE, IF OWCP DATA IS NOT AVAILA BLE TO THE AGENCY. THE DATA SHOULD BE DISPLAYED IN CHARTS OR TABLES SO THAT CHANGES CAN BE EASILY SEEN OR DEMONSTRATED.

### Lost Time Cases\*

	FY 99	FY 00	FY 01	FY 02
National Cemetery Administration (NCA)	92	90	91	78
Veterans Benefits Administration (VBA)	153	156	145	135
Veterans Health Administration (VHA)	4,936	4,559	4,587	4,605
OTHER	150	131	120	108
<b>Total</b>	<b>5,331</b>	<b>4,936</b>	<b>4,943</b>	<b>4,926</b>

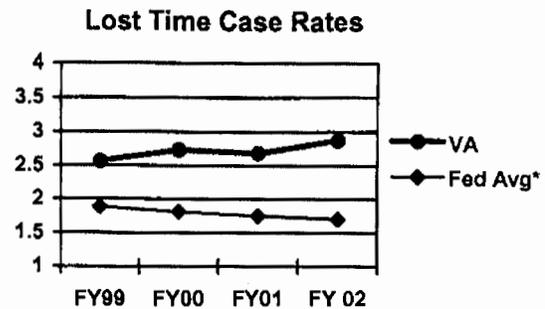


\* Excludes claims denied by the Office of Workers' Compensation Programs

Since FY 1999, VA employee injuries and illnesses overall have declined slightly. Lost Time Cases have been reduced by 18 percent from the FY 1999 period. The FY 2002 Lost Time Cases declined slightly (less than one-half of 1 percent) over the FY 2001 case level. (Note: Data presented in this report are based on VA workers' compensation case status as of 1<sup>st</sup> quarter FY 2003. Minor fluctuations in rates may exist from earlier data presentations due to the changes in claim adjudication status.)

### Lost Time Case Rates

	FY 99	FY 00	FY 01	FY 02
NCA	6.42	7.16	7.32	7.95
VBA	1.26	1.53	1.34	2.45
VHA	2.62	2.78	2.74	2.89
OTHER	2.16	2.13	2.00	1.85
All VA	2.56	2.71	2.67	2.86



\* FY 2002 Federal average Lost Time Case Rates (LTCR) is currently a tentative figure provided by the Department of Labor's (DOL) Occupational Safety and Health Administration's (OSHA) Office of Federal Agency Programs and is subject to revision. The LTCR for FY 1999 and beyond also no longer includes the U.S. Postal Service (USPS) loss experience as in previous fiscal years. USPS is carried as a private sector employer in accordance with the Postal Employees Safety Enhancement Act.

### Fatalities

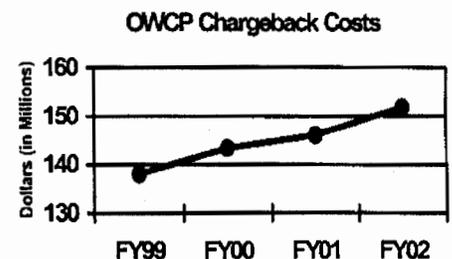
	FY 98	FY 99	FY 00	FY 01	FY 02
NCA	0	0	0	0	1
VBA	1	0	0	0	0
VHA	0	2	4	0	2
OTHER	0	0	0	0	0
Total	1	2	4	0	3

Employee survivors filed six occupational fatality claims under the Federal Employees Compensation Act during FY 2002. OWCP accepted one NCA claim, denied three VHA claims, and is currently reviewing two other VHA claims. The report will be amended should OWCP deny those claims under review.

**1.B. USE AGENCY DATA TO DISPLAY THE MOST RECENT OWCP CHARGEBACK AND COP COSTS AND, IF POSSIBLE, COMPARE THESE COSTS WITH SIMILAR STATISTICS FOR THE PREVIOUS THREE-YEAR PERIOD. THE DATA SHOULD BE DISPLAYED IN CHARTS OR TABLES SO THAT CHANGES CAN BE EASILY SEEN OR DEMONSTRATED.**

### OWCP Chargeback Costs

	FY 99	FY 00	FY 01	FY 02
NCA	\$1,802,708	\$2,152,991	\$2,022,260	\$2,087,212
VBA	\$3,336,728	\$3,914,928	\$3,498,232	\$3,807,450
VHA	\$130,743,888	\$135,124,527	\$138,193,789	\$143,463,337
OTHER	\$1,982,049	\$2,024,673	\$2,188,757	\$2,253,683
Total	\$137,865,373	\$143,217,119	\$145,903,038	\$151,611,682



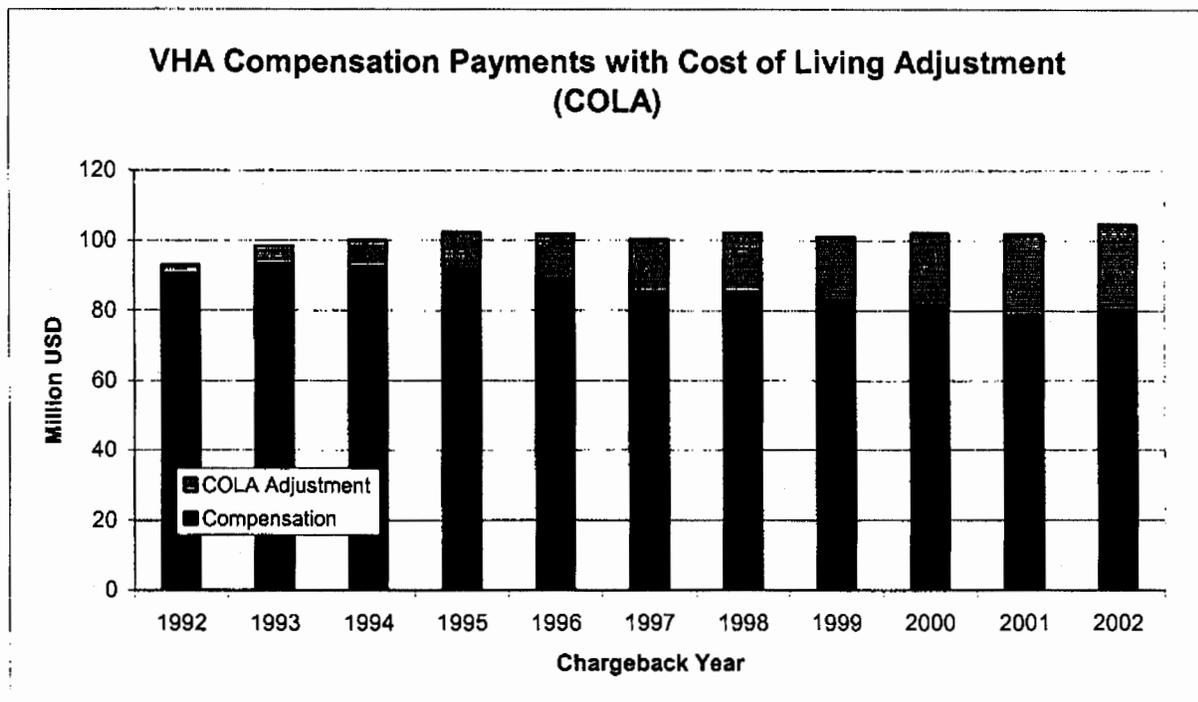
VA FY 2002 workers' compensation costs rose 4 percent over the previous reporting period.

## Continuation of Pay (COP) Costs

Composite departmental data COP cost data is not yet available for VA. While each medical center maintains COP documentation, the automated COP data collection process is pending modification of the departmental payroll system. Accordingly, departmental data is not available for this report.

### VHA:

FY 2002 chargeback costs rose 3.8 percent, though significant efforts were made on the part of the Agency to hold increased costs in check. Under the reorganization of VHA into 21 Veterans Integrated Service Networks (VISN), chargeback costs at each Network are tracked and costs are borne by each medical center. In fact, after controlling for the cost of living increases, chargeback costs appear to have decreased in real dollars until an approximately 1 percent increase in FY 2002 (see figure below).



This decentralization of the costs of the program has provided an excellent incentive to more actively and aggressively manage claims. VHA hired a full-time VHA workers' compensation program manager at the end of FY 2002. A formal review of VHA workers' compensation costs over the last ten years suggests that over 90 percent of annual costs are attributable to "old" claims, i.e., cases that occurred more than one year before. VHA has identified separate case management strategy needs for "old" and "new" cases. VHA continues to emphasize aggressive case management with simultaneous fair and prompt processing of claims for employees injured in the workplace -- an essential element of a system to provide help to employees. According to the VA Workers' Compensation/Occupational Safety and Health Management

Information System (WC/OSH MIS), timeliness of claims submitted has increased by over 40 percent since national implementation of reporting was required.

In addition, because of concerns for suppression of employee reporting, VHA implemented activities to increase and reward reporting of injuries in FY 2002. First, VHA published a letter reminding VISNs and VA medical centers (VAMC) of the desire to ensure that protecting employee rights earned under Federal Employees Compensation Act are of paramount concern. Aggressive case management should be pursued without compromising any of these rights. Second, and more importantly, VHA implemented a performance monitor that rewards facilities for increasing the reporting of injuries, recognizing that the increase in cases, and possible associated increase in costs, would likely be offset in fairness and goodwill in the long term (see next section).

**1.c. USE AGENCY ACCIDENT OR INCIDENT REPORTING SYSTEM OR SUPPLEMENTAL REPORTS TO THE OSHA LOGS OR THE OWCP REPORTS FOR DETAILS WHICH WILL HELP EXPLAIN ANY SIGNIFICANT TRENDS AND MAJOR CAUSES OR SOURCES OF FATALITIES AND LOST TIME DISABILITIES WHICH OCCURRED LAST YEAR(S).**

**VA:** VA's WC/OSH MIS provides the following data on **All Cases by Occupational Series**. In FY 2002, the 24 VA occupations noted below accounted for 76 percent of all workers' compensation cases. The occupational series, nurses, accounted for 48 percent of cases among these 24 occupations.

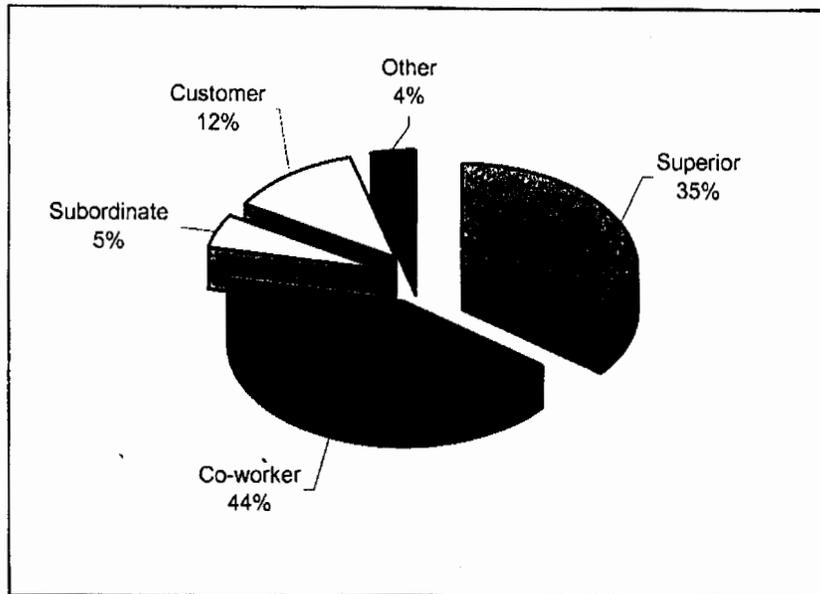
	<b>JOB TITLE</b>	<b>CASES</b>
0610	NURSE	2,264
0621	NURSING ASSISTANT	1,085
0620	PRACTICAL NURSE	1,019
3566	CUSTODIAL WORKER	805
0303	MISC CLERK & ASSIST	641
7408	FOOD SERVICE WORKER	591
9999	UNKNOWN/MISSING OCCUPATION-CODE	358
0679	MEDICAL SUPPORT ASSISTANCE	276
0640	HEALTH TECHNICIAN	272
0647	DIAGNOSTIC RADIO TECH	189
0083	POLICE	163
0305	MAIL AND FILE	161
0661	PHARMACY TECHNICIAN	160
7404	COOKING	134
0622	MEDICAL SUPPLY AID & TECH	132
0602	MEDICAL OFFICER	125
5703	MOTOR VEHICLE OPERATOR	121
7304	LAUNDRY WORKER	117
4749	MAINTENANCE MECHANIC	113
0318	SECRETARY	108
0644	MEDICAL TECHNOLOGIST	105
0649	MEDICAL MACHINE TECH	99
4754	CEMETERY CARETAKER	97
0601	GENERAL HEALTH SCIENCE	86
<b>Total</b>		<b>9,135</b>

Programming efforts to improve workplace conditions and procedures for nurses and other high-risk occupations will be initiated based on this on-going analysis.

#### **Workplace Violence:**

Violent and disruptive behaviors in our workplace continue to impact our ability to provide safe and efficient service to veterans. Studies conducted in VA this past fiscal year have provided additional insights into sources of violence and factors, such as work climate, that facilitate violent or aggressive behaviors. We have developed a number of initiatives to address this issue, including courses in the prevention and management of disruptive behavior and facility action teams to alleviate stress and aggression in the workplace.

## Sources of Aggression in VA

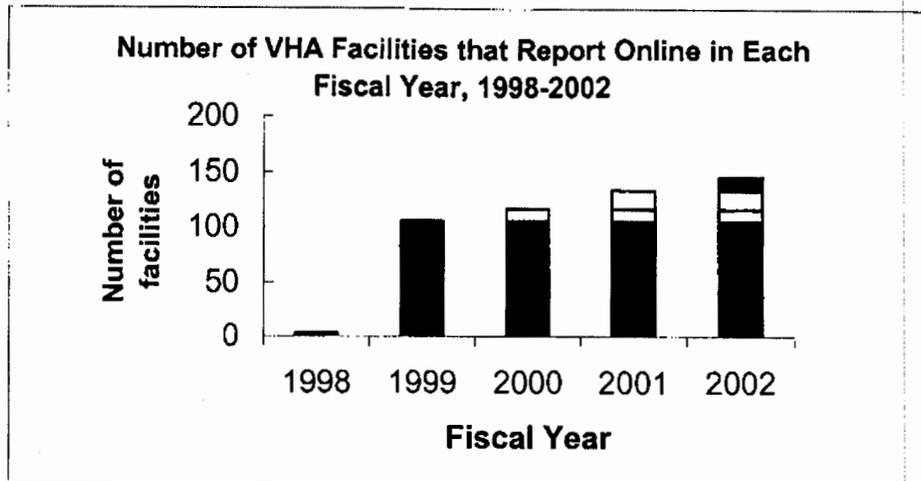


Source: VA Stress and Aggression Project (FY 2002)

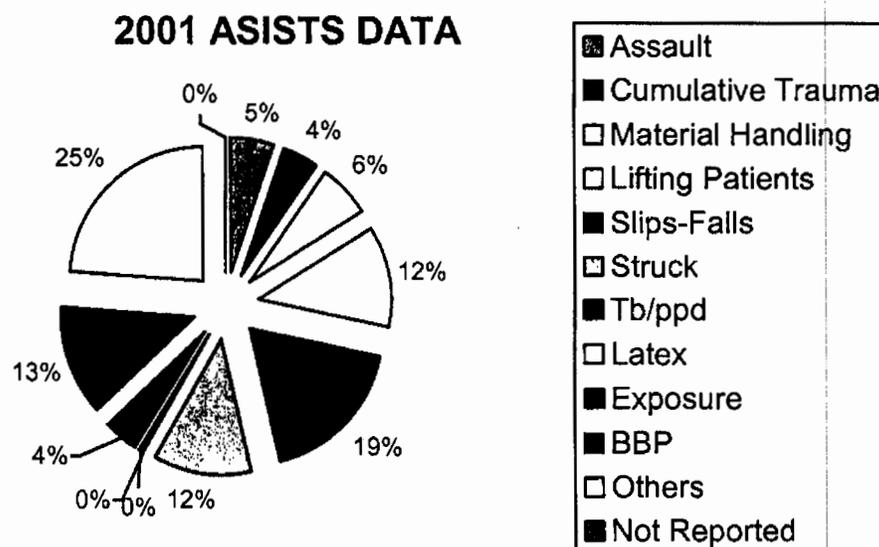
**VA:** The VA WC/OSH MIS remains as VA's primary source for workers' compensation and OSH data. VA's Office of Occupational Safety and Health and Workers' Compensation continues to provide all VA organizations access to an Electronic Data Interchange (EDI) capability for full operation. The WC/OSH MIS has the capability for all organizations to record non-reportable cases to facilitate inclusion of "near miss" data into facility hazard reduction efforts. The WC-MIS system continues to provide accessible, easy-to-use, accurate, and timely information, with full Privacy Act protections, to both workers' compensation claims managers and OSH professionals throughout VA.

### **VHA:**

VHA's new Automated Safety Incidence and Surveillance Tracking System (ASISTS) package -- a system to align safety, clinical, workers' compensation, and supervisory personnel and practices -- has been in use throughout VHA since October 2002. Mandatory ASISTS use supports electronic transmission of CA-1s and CA-2s. Data are now available for accident review boards, with representation from all involved parties including employee representatives. Reports are now automatically transmitted to the ASISTS national database and accessible through a Web site.



VHA implemented a performance monitor to reduce the ratio of Lost Time Cases to Total Reported Injuries, based on ASISTS, to increase reporting. By the end of FY 2002, about three times as many cases were being reported to ASISTS as led to filed claims, a figure somewhat higher than usually seen in the private sector. The figure below provides an overall summary of causes of incidents according to ASISTS.



VHA is currently analyzing the results of its 2001 survey -- a national survey that collected information on hours of work, organization of work, and occupational hazards, including violence, bloodborne pathogens, and ergonomics. Data from this survey represent a major economic and management commitment and will serve as a baseline comparison for the future evaluation of program effectiveness. Initial analyses suggest that the problem of under-reporting injuries is far more dramatic than

generally acknowledged. For some events, such as bloodborne pathogens exposures, this under-reporting ratio may reach 95 percent. Even seemingly dramatic improvements, such as 20 to 40 percent decreases, may then represent a reduction of only 1 or 2 percent. VHA is therefore moving from a system focused on rate evaluation at the "back-end" to a system focused on program planning, program element review, and leading indicators.

**2. DESCRIBE SAFETY AND OCCUPATIONAL HEALTH PROGRAM ACCOMPLISHMENTS AND INITIATIVES IMPLEMENTED LAST FISCAL YEAR 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 SAFETY AND OCCUPATIONAL HEALTH PROGRAMS. DISCUSS YOUR SUCCESSES AND/OR FAILURES AS A RESULT OF YOUR AGENCY'S IMPLEMENTATION OF THESE INITIATIVES. EXPLAIN ANY SIGNIFICANT ONETIME OR ADDITIONAL PERMANENT RESOURCES ALLOCATED TO THE SAFETY AND OCCUPATIONAL HEALTH PROGRAM LAST YEAR FOR AREAS SUCH AS: WORKPLACE HAZARD ABATEMENT, RESEARCH AND DEVELOPMENT, DATA SYSTEMS, STAFFING, TRAINING, ETC. ATTACHED IS A COPY OF ANY SIGNIFICANT SAFETY AND OCCUPATIONAL HEALTH POLICY OR PROCLAMATION RELATED TO THOSE INITIATIVES.**

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

- **ACCOMPLISHMENTS FOR ASSURING THAT WORKERS, SUPERVISORS AND COMMITTEE MEMBERS RECEIVED APPROPRIATE JOB HEALTH AND SAFETY AWARENESS AND HAZARD RECOGNITION INFORMATION AND TRAINING.**
- **ACCOMPLISHMENTS FOR ASSESSING THE EFFECTIVENESS OF YOUR SAFETY AND OCCUPATIONAL HEALTH PROGRAMS.**
- **ACCOMPLISHMENTS IN THE IDENTIFICATION, ASSESSMENT AND RESOLUTION OF SAFETY AND HEALTH 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.**
- **UNIQUE OR SIGNIFICANT ACCOMPLISHMENTS THAT YOUR AGENCY MADE LAST YEAR TO ENHANCE EMPLOYEE PARTICIPATION, INVOLVEMENT AND CONSULTATION IN THE SAFETY AND OCCUPATIONAL HEALTH PROGRAM.**

VA's over-arching mission is to provide high quality service and support for our Nation's veterans. In serving veterans, we recognize that a safe and healthful workplace allows VA employees to better meet those obligations. VA's Office of Occupational Safety and Health has implemented a number of initiatives to identify and abate hazardous procedures and conditions, educate employees and supervisors on safe and healthful work practices, and encourage open communication between labor and management partners.

## Federal Workers' 2000 Initiative Summary for VA

**Goal 1: Reduce the Total Case Rate (TCR) for most Federal agencies by 3 percent per year, while at the same time increasing the timeliness of reporting new injuries and illnesses to OWCP for each agency by 5 percentage points per year.**

<b>Baseline Total Case Rate</b>	<b>FY 2002 Target</b>	<b>FY 2002 Actual</b>
5.47	5.00	5.39

<b>Baseline Timeliness %</b>	<b>FY 2002 Target</b>	<b>FY 2002 Actual</b>
49.2%	55.8%	66.4%

**Goal 2: Reduce the Lost Time Case Rate (LTCR) for those worksites with the highest Federal lost time case rate by 10 percent per year (based on cumulative LTCR of five targeted VAMCs).**

<b>Baseline Lost Time Case Rate</b>	<b>FY 2002 Target</b>	<b>FY 2002 Actual</b>
6.29	5.01	4.22

**Goal 3: Reduce the Lost Production Day Rate (LPDR) (lost days due to injury or illness per 100 employees) by 2 percent per year. These figures are provided by DOL.**

<b>Baseline LPDR</b>	<b>FY 2002 Target</b>	<b>FY 2002 Actual</b>
63.4	60.9	67.2

**VA:** VA's Office of Occupational Safety and Health has accomplished a number of initiatives to provide workers and supervisors with appropriate job health and safety awareness and hazard recognition information and training, program assessment, and hazard resolution. These initiatives are described below.

### **National Conference Calls on:**

- ✓ Terrorism and Emergency Preparedness
- ✓ Joint Commission Initiatives in Safety Management
- ✓ Toxic Effects of Indoor Mold
- ✓ Emergency Respiratory Protection
- ✓ Safety Performance by Example and OSHA Record Keeping and Logs

### **Unique and Significant Accomplishments:**

Several VA groups maintained workplace violence prevention efforts. These groups consist of representatives from all VA administrations, Human Resources Management, Resolution Management, union representatives, and academia. They continue to evaluate strategies and implement programs that reduce employee stress and violence, which have a considerable effect on employee performance.

**VA:**

Over the reporting period, VA's Office of Occupational Safety and Health has provided support to a number of Administration initiatives, including programs on prevention and management of violent behavior, union safety and health training, personal protective equipment, workers' compensation management, and emergency preparedness and response. In addition, the following program initiatives were implemented during the reporting period.

- VA's Office of Occupational Safety and Health convened and facilitated a Board of Inquiry concerning the death of an employee at the Fort Bliss VA National Cemetery in El Paso, Texas. VA's Directive and Handbook 7700 and 7700.1, "Occupational Safety and Health" requires a Board of Inquiry when there is an employee death or three or more hospitalizations from the same incident, i.e., incidents requiring the DOL's OSHA notification.
- VA participated in a conference of the Inter-Agency Board (IAB) for Equipment Interoperability in Los Angeles, California, to assist in the development of personal protective equipment (PPE), detection, and decontamination equipment and guidelines for national emergency management operations.
- Throughout 4<sup>th</sup> quarter FY 2001 and into FY 2002, VA's Office of Occupational Safety and Health provided guidance on regulatory requirements and operational procedures to VHA and VA's Office of the Assistant Secretary for Policy, Planning, and Preparedness on appropriate PPE and decontamination procedures. The PPE and procedures are critical for protecting veterans and medical center staffs in the event of a weapon of mass destruction event.
- An evaluation of an employee's complaint concerning the toxic mold, *Stachybotrys* was conducted on behalf of VA's Office of Inspector General during the reporting period. The complaint involved a trailer scheduled for demolition that contained the mold. *Stachybotrys* has also been identified in several VA facilities and can cause significant health effects. A Designated Agency Safety and Health Official (DASHO) conference call on April 23, 2002, provided training on this hazard.

- The Workplace Stress and Aggression Project team initiated an expansion of the project to incorporate veterans service organizations (VSOs) as project partners. In cooperation with the Secretary's VSO Liaison, the team met with representatives from Veterans of Foreign Wars, American Legion, and the Viet Nam Veterans Association. These groups bring a unique perspective to recognizing and resolving stress and aggression in VA's service delivery arena.
- VA representatives assisted OSHA and the Federal Emergency Management Agency in preparing guidance documents for the use of personal protective equipment in response to mass casualty and decontamination operations.

**VA-wide Training Programs conducted during the reporting period:**

- A conference call on West Nile Virus issues was conducted for VA workers involved in grounds care and facility maintenance. The call focused on actions that can be taken to reduce the risk of exposure to mosquitoes that carry the virus and resources to assist in recognizing illness symptoms.
- The Fourth Annual Federal Workers' Compensation Conference was held August 19-21, 2002, in Dallas, Texas. Approximately 650 Federal employees from more than 50 different Federal agencies attended the 3-day conference. VA staff led the conference curriculum development team to ensure this year's conference content was improved and expanded, and represented the best practices of several participating agencies. The 35-member faculty of Federal and private sector experts conducted over 110 sessions. In addition, optional evening sessions were well attended, as well as intra-agency meetings.
- VA's Office of Occupational Safety and Health provided technical support, classroom instructors, and program review support to the following VA training initiatives:
  - Leadership VA
  - Department of Justice Workers' Compensation Training Seminar
  - Basic Safety Instruction Provided Union Safety Representatives
  - Office of Resolution Management's National Leadership Conference
  - Planning Meeting for Basic Safety Course for Supervisors

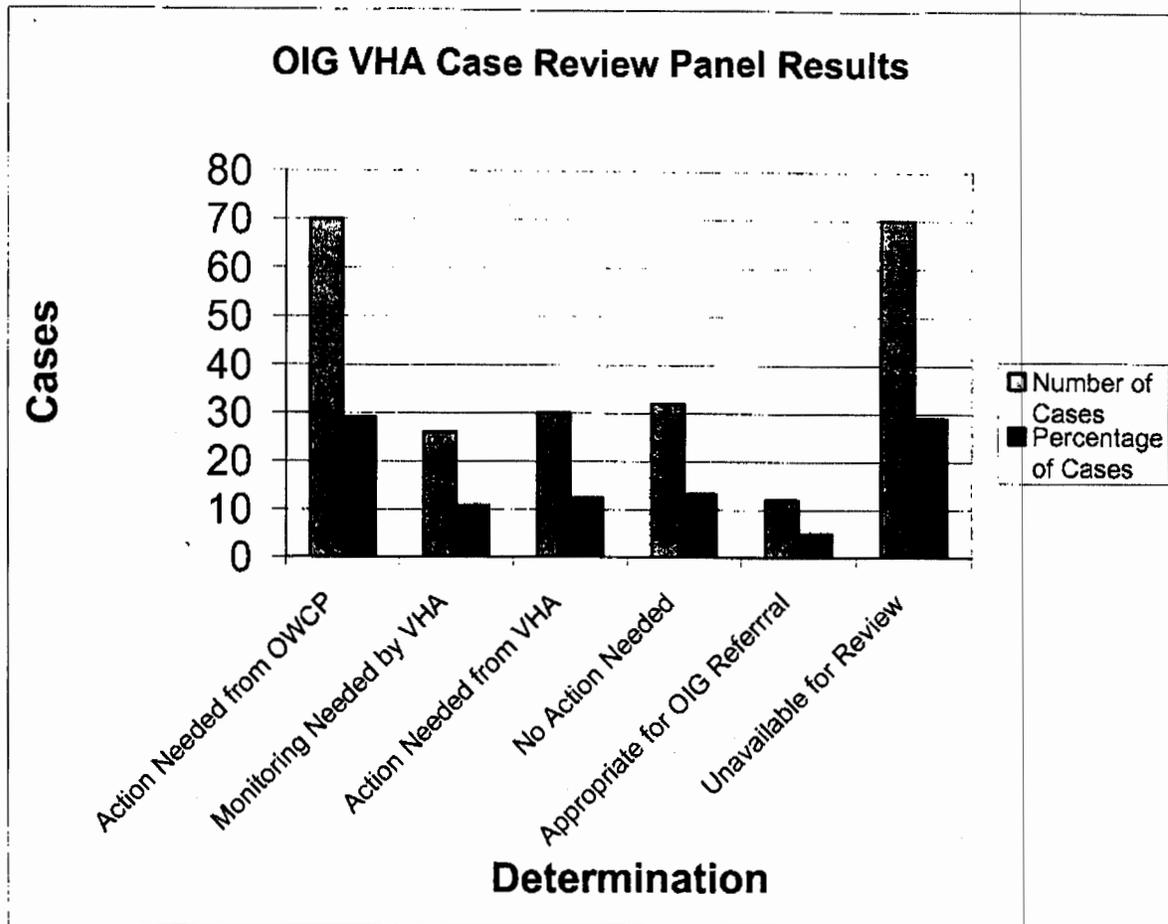
## **VA-wide Information Management Programs conducted during the reporting period:**

- VA's Office of Occupational Safety and Health Intranet/Internet Web sites were significantly upgraded and modernized during the reporting period. Resources for the stress and aggression and emergency management were improved during the reporting period. OSH trainers have access to fully developed PowerPoint presentations for a number of OSH training programs. These materials were developed in cooperation with VHA's Employee Education System. Employees utilizing this distance-learning package were issued automated certificates of training.
- A Web-based survey support was provided to organizations, e.g., VHA's Employee Education System "Quality Professional Education Needs Assessment," in the efforts to conduct on-line intranet surveys. The process involves moving surveys from a Word format to a Web-base program that deploys the survey via the VA Safety and Health Web server. Information gathered through the survey system is collected and sent to the organizations sponsoring the surveys. VHA's Employee Education System plans to implement a survey system in FY 2002 based on this design.
- VA's Office of Occupational Safety and Health updated the NCA Network Safety Tracker System.
- VA's Office of Occupational Safety and Health coordinated a video message on violence prevention for the Deputy Secretary's remarks. The video was formatted into a CD educational product, distributed by VHA, VBA and NCA.
- The Workplace Stress and Aggression Web Page was completed for VA's stress and aggression project. This new Web site is included on VA's Occupational Safety and Health's Intra- and Internet Web site at <http://vawww.va.gov/vasafety> and <http://www.va.gov/vasafety>.
- VA's Office of Occupational Safety and Health posted on its Web site a seven-minute educational video on personal protective equipment and decontamination in the event of a terrorist attack. Numerous other materials concerning anthrax are also available at this Web site, including links to workers' compensation and differential pay eligibility, General Services Administration (GSA) contractors for sampling, Centers for Disease Control guidelines, OSHA requirements, and more.

## **VHA:**

- VHA continues to require performance measures and monitors for each VISN Director. The national performance monitors this year included a national stand-down on violence prevention, as an awareness initiative; replacement of devices with the potential for bloodborne pathogens exposure, following the Safe Needle Act; and the previously mentioned injury reporting monitor. Finally, 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. A top management training session was provided to all VISN Directors, clinical managers, and quality managers during FY 2002 on violence prevention.

- ASISTS is in its full implementation stage and is providing improvements in the timeliness of reporting, injury identification, and system collaboration. VHA is awaiting concurrence on a graphics enhancement to dramatically improve ease of use.
- VHA continues to use the Safety Automated Facility Evaluation (SAFE) package, a comprehensive software program to support compliance with OSHA, the Joint Commission on Accreditation on 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.
- VHA continues to partner with its unions and the DOL in order to coordinate efforts to strengthen VHA's safety and health programs. VHA is now developing a strategy to work on the recommendations in the Agency Evaluation Report, as well as increase partnership with both the unions and OSHA. Several joint activities this year with the unions included a highly successful union safety conference, that included an OSHA accident investigation course; OSHA-sponsored training directed at VHA on confined space situations; a joint OSHA-VHA sharps broadcast; and collaboration in informal approaches to complex topics, such as personal protective equipment and weapons of mass destruction.
- VA's Deputy Under Secretary for Health for Operations and Management continues to support a Strategic Healthcare Group on Occupational and Environmental Health to address clinical safety as well as the more common operational and environmental safety issues. New resources in FY 2002 included the hiring of an occupational health nurse and a workers' compensation program manager to guide programs nationally under a joint structure between policy and operation planning.
- VHA worked with VA's Office of Inspector General to follow workers' compensation fraud. The following figure provides an overview of the project. Only two cases are known to have been accepted by the U.S. Attorney's Office. A subsequent systematic evaluation suggests a more efficient approach to identifying "high-risk/high-yield" cases based on review of the WC/OSH-MIS data.



The Center for Engineering and Occupational Safety and Health (CEOSH) was enhanced with the transfer of additional staff to improve the occupational safety programs within VHA.

- VHA continues to sponsor and provide funding for an annual Union Safety Course at the beginner and intermediate levels to better train employee representatives who have a strong bearing on the workforce. In addition to 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 all employees in the areas of safety, health, and security including hazard recognition. The annual training also includes violence in the workplace.
- VHA undertook a major revision of a draft Ergonomics Guidebook. Portions of that program were incorporated into OSHA's Nursing Home initiative.
- VHA continues the use of a dedicated Task Group to annually survey and identify Safety and Health Program weaknesses and strengths for each VISN. Medical center senior management, safety staff, and union officials completed this survey. Recommended improvements were submitted to each VISN Director during FY 2002.

- Annual Workplace Evaluations were performed in FY 2002 at medical centers by VISN staff. Deficiencies were identified and programs were re-evaluated. The findings are discussed with top management of the medical centers. The total number of medical center evaluations completed increased by 10 percent during FY 2002.
- Every 3 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.
- Within VHA 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.
- VHA maintains a VA/Union Partnership that has opened new lines of communication and dialogue with employees and/or their representatives, particularly with regard to safety and health issues. The OSHA/VA/Union Partnership program assessment project indicates the new 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.
- VHA has enacted a permanent Union Subcommittee that reports to the Partnership Committee.
- VHA has written, and is currently under negotiations with the Union, an Administration safety program and handbook.

## **NCA:**

- Senior management established a safety committee at each national cemetery and is required to hold safety meetings each month. After each meeting, management officials review the safety minutes with the cemetery foremen. This review entails developing a plan of action to correct issues identified by the safety committee members and the cemetery staff in the safety meetings. Cemetery officials develop a safety agenda using input from both wage grade and general schedule employees.
- Memorial Service Network (MSN) management officials are briefed on safety issues during scheduled site visits, and they assist cemetery directors in creating a safe work environment that is in compliance with Occupational Safety and Health Administration regulations. To reinforce the management of the safety program, each national cemetery may be subject to special MSN site visits that require a rigorous analysis of the safety program. In addition, a safety inspection is performed by a certified safety official each year.
- NCA received funding to enhance the safety inspection tracking system, which is an automated Web-based system that tracks safety issues at national cemeteries. As part of the enhancement, features are being added to track workplace violence, accidents, and security issues at national cemeteries. NCA is working with VHA and VBA officials to develop a centralized database to track workplace violence issues.
- NCA also participated in the development of a non-clinical version of a CD on "Prevention and Management of Disruptive Behavior." This interactive disk allows discussion by various professional experts and features a self-testing module, which will provide quality information to each employee through NCA-wide distribution in the near future.
- NCA's Safety Handbook and Directive is currently being revised. NCA is working with VA's Office of Occupational Safety and Health to manage incidents of workplace violence utilizing standard reporting forms and developing categories of incidents that accurately reflect the scope of each incident. This information will be incorporated into a safety handbook and directive. Fundamental to these initiatives are the need to track the involved individuals, the severity of each incident, and the outcomes of each encounter at all VA facilities. Again, NCA is committed to working with agency representatives to develop a centralized database that captures this data.

## **VBA:**

- Occupational safety and health related training requirements are listed in VA's Occupational Safety and Health Handbook 7700.1.

VBA field stations may place emphasis on employee training in those areas of greatest concern or interest to its employees. Field stations report training was given in the following areas: ergonomics, workplace violence, general industry, safety and health, security awareness, anthrax and safe mail handling, stress prevention, driver safety, and hazardous materials, safety and housekeeping.

The majority of VBA space is located at GSA-owned or -leased buildings. VBA maintains close liaison with GSA, regional and local safety organizations, local Federal Executive Boards, and local labor organizations to ensure that employees and visitors have a safe and healthful environment. VBA offices work closely with local VHA and VISN Occupational Safety and Health staffs to provide periodic safety inspections and to take advantage of the wide variety of health and safety related programs and training opportunities offered by VHA.

In addition, VBA is responsible for the operation and maintenance of six department-owned regional office facilities. VBA coordinates the ongoing safety and health inspections of all VBA facilities to ensure that all building systems are environmentally sound and safe. Regularly scheduled maintenance and replacement of building systems is planned, budgeted, and systematically carried out.

VBA annually plans, budgets, and distributes minor construction funding to its facilities via a Delegated Miscellaneous Account, specifically established for the resolution of identified life/safety hazards.

VBA continues to place special emphasis on prevention of violence in the workplace. Every VBA facility has written policy on this subject and annual refresher training is required.

VBA is in the process of developing an agency-specific occupational safety and health directive to provide guidance and clarification on the roles and responsibilities of management, OSH professionals, and employees.

#### BOARD OF VETERANS APPEALS (BVA):

BVA participated in the FY 2002 Department of Defense Computer/Electronic Accommodations Program (CAP). Two BVA employees utilized the program.

Approximately \$10,772.00 was provided to accommodate employee ergonomic needs during the reporting period. Items acquired included ergonomic keyboards and trays, backrests, 410 ergonomic chairs, large letter keyboards, and a wheelchair.

3. IDENTIFY YOUR ANNUAL OSH PLANS, GOALS AND OBJECTIVES, AND SIGNIFICANT OSH INITIATIVES PLANNED AND PROGRAMMED FOR THE COMING YEAR(S).

VA: The overall plan for VA's Office of Occupational Safety and Health is to support the development and operation of effective VA administration 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 White House and administration efforts to improve OSH program operations, VA's Office of Occupational Safety and Health issued Annual OSH Goals for FY 2003 on behalf of the Secretary of Veterans Affairs. The goals provide 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.

Continuing development of training materials and new delivery modes, including CD-ROM, Internet and satellite programs in cooperation with VHA's Employee Education Service.

Fostering and sponsoring intra- and inter-agency projects to enhance the delivery and effectiveness of VA's OSH programs.

Tracking and analyzing the performance of each VA administration using the following performance indicators:

The Presidential Initiative for Federal Agencies (Federal Workforce 2000), including LTCR and timeliness of claims submission to DOL.

The development of written policies and plans for comprehensive hazard prevention programs as applicable to each organization in response to special OSHA, OWCP, or other Presidential initiatives.

Ensure that at least one facility OSH official/manager attends an OSH-related training opportunity.

Identify job classification codes, including those of mutual interest to VHA, VBA, NCA, and Veterans Canteen Service (VCS), with the highest LTCRs and perform a Job Hazard Analysis for each code based on OSHA guidelines.

VA continues to encourage the development of VHA, VBA, and NCA OSH Program policy documents to further implement VA Directive 7700. These policy documents are intended to enhance program commitment, provide OSH program documentation at operational levels, and provide more specific program guidance.

A proposed program to address nursing injuries and illnesses remains under development.

VHA:

There is emphasis on upgrading 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.

CEOSH continues to expand its presence on the Intranet with a redesigned 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 2002 Healthcare Analysis and Information Group survey.

ASISTS reporting of claims submission timeliness will meet the White House goals for FY 2003.

VHA will continue to identify and encourage the use of "best practice" initiatives.

VHA has implemented a violence prevention performance monitor to re-develop a network of trainers and facility-specific training plans.

VHA has identified supervisory training needs as the next critical step. A field group is developing essential content. A broad range of educational programs is under development at the same time, including satellite broadcasts on accident review methods; bio-aerosols; work organization; drug testing and safety performance; and driver clearance.

VHA is developing a Web site to support market-driven safety improvement for the more rapid use of safer devices.

VHA has initiated a series of quality improvement programs on important clinical issues, including clinical management of back pain, post-exposure prophylaxis, and psychiatric claims review.

VHA has committed to developing an employee medical record system, tentatively named the Occupational Health Record-keeping System, to address Privacy Act concerns in the current management of records, to support better management of in-house clinical work, and to improve the ability to conduct surveillance.

VHA has developed several programs to respond to threats associated with terrorism, including decontamination and personal protective device usage, bioterrorism (smallpox, anthrax) and clinician cognitive aids (pocket cards for chemical, biological, and nuclear agents).

- VHA continued to offer training classes for the union safety representatives. This course teaches union safety representatives the basics of safety management. The main thrust of this course is to provide hazard awareness training for the union. VHA has offered this course for the last 6 years and has trained close to 200 people. For those union safety representatives that have obtained significant expertise, VHA and the DASHO developed an "Intermediate Safety for Union Representatives." This course emphasizes visual learning where students are taught all the OSHA standards and shown PowerPoint slides and photographs on how these potential hazards actually appear in the work place. We have trained nearly 30 union safety people in this course so far, which has been very well received.

**NCA:**

- NCA is in the process of upgrading their safety staff to include a Safety Engineer and an Industrial Hygienist. These positions are essential to provide needed professional leadership and would elevate their safety program to a higher professional level. It is NCA's intention to fill those positions as soon as possible with highly qualified safety professionals.
- VA's Office of Occupational Safety and Health has identified the job classification codes through the Austin database for which job hazard analyses should be developed. They will continue working with NCA to develop procedures that can be shared with NCA staff to complete the necessary task. Implementation plans for a job hazard analysis program throughout NCA will begin in FY 2003.
- NCA's safety program is functioning effectively and assures a safe workplace for NCA employees. VA's Office of Occupational Safety and Health has been instrumental in helping NCA achieve many of the safety program gains experienced in the past few years.

**VBA:**

- In conjunction with the development of a written OSH program for VBA, a review of roles and responsibilities of VBA organizations involved with OSH related programs will be accomplished in the near future.
- VBA staff will assist VA's Office of Occupational Safety and Health in developing Job Hazard Analyses for appropriate VA job classification codes using OSHA guidelines.

- The FY 2003 Occupational Safety and Health Goals for all VA Administrations will be included in VBA management plans, including:
  - Reduce Total Case Rate and LTCR in accordance with Presidential Initiative Federal Workforce 2000.
  - Increase the timeliness of reporting new injuries and illnesses to DOL's OWCP in accordance with the Presidential Initiative Federal Workforce 2000.
  - Develop and begin implementation of appropriate VA Central Office (VACO) program policies and procedures, as applicable to each organization, in response to special OSHA, OWCP, or other Presidential Initiatives. For example, current OSHA initiatives include government-wide focuses on hazard control programs related to ergonomics, workplace violence, sharps, and others as announced.
  - Provide regional and facility OSH official/managers at least one OSH-related training opportunity. For example, attendance at a national meeting/conference of a nationally recognized safety and/or health professional group, such as the Occupational Safety and Health Administration, the National Safety Council or American Industrial Hygiene Association.

#### **VETERANS CANTEEN SERVICE (VCS):**

In coordination with VA's Office of Occupational Safety and Health, VCS recently published its own OSH Web page, providing general safety tips, industrial hygiene information, and workers' compensation information. This Web page will be a useful tool, and a ready reference guide for all VCS employees.

- VCS recently developed a safety training module that outlines general safety guidelines dealing with proper lifting techniques, slips/falls, sharp utensils, etc. This module will be introduced to Canteen managers nationwide for use in their on-going safety training.
- VCS will continue to identify and encourage the use of best safety practice initiatives.
- VCS has designated each Regional Manager as the OSH Officer for their respective region. This will enhance the oversight, and follow-up on various on-going safety initiatives at each individual Canteen.

4. PROVIDE COMMENTS, REQUESTS, AND RECOMMENDATIONS FOR CONSIDERATION BY OSHA'S OFFICE OF FEDERAL AGENCY PROGRAMS (OFAP) IN GOVERNMENT-WIDE OCCUPATIONAL SAFETY AND HEALTH PROGRAMS OR REPORT ANY ITEMS OF SPECIAL INTEREST CONCERNING OCCUPATIONAL SAFETY AND HEALTH ACTIVITIES OR PROGRAMS. (OPTIONAL)

**VHA:** VHA suggests the Federal Government discontinue the use of the LTCR as a primary measure of success.

**VBA:** Although general guidelines have been published concerning the placement of Automatic External Defibrillators (AED) in Federal buildings, a detailed, in-depth, and step-by-step handbook needs to be published on the planning and implementation of AED programs.