

**FY 2008 Department of Veterans Affairs  
Annual Occupational Safety and Health Report to the Secretary of Labor**

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**Name of Department/Agency:** Department of Veterans Affairs (VA)

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

**Number of Federal Civilian Employees this Report Covers:** 271,458

**Contact information for the Department's DASHO and OSH Manager:**

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**EXECUTIVE SUMMARY**

**STATISTICS**

**Injury and Illness Trends:**

➤	The number of total injury and illness claims:	11,085
➤	Lost time injury and illness claims:	4,914
➤	Total claim rate:	4.08
➤	Lost time claim rate:	1.81

Total Workers' Compensation (WC) chargeback costs in Chargeback Year (CBY) 2008 were: \$174,057,880.65.

VA's total claim rate has increased this reporting period and our lost time claim rate trend continues to decline. VA's Occupational Safety and Health (OSH) had an increase in total claims and the number of federal civilian employees increased by 24,023 employees. This represents a 9.7 percent increase in employees and an increase in total claims by 9.5 percent. This information is based on data provided by the Department of Labor's (DOL) Occupational Safety and Health Administration (OSHA) using employment figures OSHA obtains from the Office of Personnel Management (OPM).

During this period, VA promoted safety education through quarterly national safety conference calls, distance learning, and providing OSH information via VA's OSH Website at [www.va.gov/vasafety](http://www.va.gov/vasafety). Each Administration promotes and provides targeted OSH education and equipment to address their organization's specific needs, such as safe patient movement and handling equipment for our medical centers. The VA Safety Steering Committee (SSC) reviewed statistical data relative to injury and illness trends and offered recommendations for VA's OSH program focus and new initiatives in FY 2009.

**Fatalities and Catastrophic Accidents:** The number of fatality claims for FY 2008: 4 (up 2 from FY 2007).

**Emergency Response and Disaster Recovery Operations:** VA's Readiness Operation Center (ROC) serves as the 24/7 point of contact for all operations, security, and emergency preparedness concerns. VA's Crisis Response Team (CRT) comprised of representatives from the Under Secretaries, Assistant Secretaries, and Other Key Officials, meet weekly to discuss current events and their effect on the VA. Minutes are published to CRT members.

## **OSH INITIATIVES**

**Safety, Health and Return-to-Employment (SHARE) Initiative:** VA met three of the goals for the Presidential SHARE Initiative for FY 2008.

- **Goal 1: Reduce total injury claims rate by 3 percent per year.** VA did not meet the FY 2008 goal of 3.80. FY 2008 total claims rate was 4.08 which indicate an increase of 0.5 percent from FY 2007.
- **Goal 2: Reduce lost time claims rates (LTCR) by 3 percent per year.** VA met the FY 2008 goal of 1.88. FY 2008 lost time claims rate was 1.81 which indicates a 3.2 percent decrease from FY 2007.
- **Goal 3: Increase the timely filing of claims by 5 percent per year.** VA met the FY 2008 goal of 86.5 percent. VA's claims submission timeliness rate continues to remain above the national average of 73.9 percent and above our goal of 86.5 percent by 6.7 percent for FY 2008.
- **Goal 4: Reduce the rate of lost production days (LPD) due to injury by 1 percent each year.** VA exceeded the goal of 56.2 days with 51.6 days. This was a decrease in LPD by 8.2 percent, well below the DOL reestablished FY 2006 baseline of 57.3 days.

**Motor Vehicle/Seat Belt Safety:** VA had 149 motor vehicle accidents in FY 2008. All accidents were investigated. No significant trends were noted. Seatbelt usage within VA is encouraged and mandated. VA presently does not have a method of tracking seatbelt usage. VA utilizes an automated data management system for tracking injuries and illnesses, called the Workers' Compensation Occupational Safety Health/Management Information System (WC-OSH/MIS). WC-OSH/MIS is used to obtain the number of motor vehicle accidents. However, this number only provides the motor vehicle accidents that result in personal injury and require medical and/or compensation cost for the fiscal year; VA does not have a Departmental system that rolls up the motor vehicle accidents. On October 21, 2008, VA held a Designated Agency Safety and Health Official (DASHO) Conference Call to address driver's safety and the use of safety belts. A representative from the Veterans Health Administration (VHA) Employee Education System provided links to cost free training opportunities through General Services Administration (GSA).

**Employee Support:** VA provides safety educational courses through its Website and the VA Learning University (VALU), providing safety managers, safety collateral duty personnel, and union officials with beginner, intermediate and advanced safety education. VA conducted four national conference calls during this reporting period. The subjects of the calls were: Methicillin-Resistant Staphylococcus Aureus (MRSA); WC-OSH/MIS and the VA's Emergency Management Program; VA's most frequent types and causes of injuries; and driver's safety.

VA promotes, as a part of their national conference calls, the involvement of VA safety staff in Field Federal Safety and Health Councils. VA has employee representatives from five VA medical centers that chair these local councils.

**Accomplishments and Goals:** VA has realized notable accomplishments. Through the diligence efforts of the Workers' Compensation Steering Committee (WCSC) and the SSC, all organizations are brought together to enhance the overall management of the WC and Safety programs. The WCSC conducted ten meetings during FY 2008 and the SSC conducted four meetings. As a result of both committees' efforts, VA's WC and Safety Strategic Plans were published. During FY 2008, four National DASHO conference calls were conducted which included experts from both within and outside VA to speak on current safety topics and high profile safety subjects. The Office of OSH, in concert with the WCSC, developed an on-premises site review pilot project to improve VA's WC program by developing a standardized self-assessment tool which individual facilities could use to assess their own program management against a common standard of performance. Site visits were accomplished at a VA medical center (VAMC) and a VA national cemetery (VANC) during FY 2008. A site visit is planned for a VA regional office (VARO) during FY 2009.

VA safety leaders will continue to work collaboratively, through the WCSC and the SSC, in an effort to improve VA's OSH Program and support the President's SHARE Initiative during FY 2009.

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**DETAILED REPORT**

**I. STATISTICS**

**A. Injury and Illness Statistics**

**a. Injury and Illness Rates:**

**DEPARTMENT OF VETERANS AFFAIRS (VA):**

	<b>FY 2007</b>	<b>FY 2008</b>	<b>Change</b>
Number of Federal Civilian Employees, including full-time, part-time, seasonal, intermittent workers.	247,435	271,458	24,023 employee 9.7% increase
Number of Federal Civilian Employees that Performed Emergency Response and Disaster Recovery Operations, including full-time, part-time, seasonal, intermittent workers.	Not required to report	No data available at reporting time	N/A
Number of Supervised Contractors that Performed Emergency Response and Disaster Recovery Operations, including full-time, part-time, seasonal, intermittent workers.	Not required to Report	No data available at reporting time	N/A
Number of Volunteers that Performed Emergency Response and Disaster Recovery Operations, including full-time, part-time, seasonal, intermittent workers.	Not required to report	No data available at reporting time	N/A
Total Cases Injury/Illness (number of injury/illness cases—no lost-time, first aid, lost-time and fatalities).	10,036	11,085	1,049 claims 11% increase
Total Injury/Illness Cases Related to Emergency Response and Disaster Recovery Operations (number of injury/illness cases - no lost-time, first aid, lost-time and fatalities).	Not required to report	No data available at reporting time	N/A
Total Case Rate (rate of all injury/illness cases per 100 employees).	4.06	4.08	.02 increase .5% increase
Lost Time Cases (number of cases that involved days away from work).	4,633	4,914	281 claim increase 6% increase
Lost Time Cases Related to Emergency Response and Disaster Recovery Operations (number of cases that involved days away from work).	Not required to report	No data available at reporting time	N/A
Lost Time Case Rate (rate of only the injury/illness cases with days away from work per 100 employees).	1.87	1.81	.06 decrease 3.2% decrease
Lost Work Days (number of days away from work).	2,855	3,884	1,029 Increase 3.6% increase
Lost Work Days Related to Emergency Response and Disaster Recovery Operations (number of days away from work).	Not required to report	No data available at reporting time	N/A
Lost Work Day Rate (per 100 employees).	50.9	49.3	3.14 days 6% decrease

Fiscal Year	Fatalities From WC-OSH/MIS	Lost Time	First Aid	No Lost Time	Total Claims
FY 2008	4	4,948	453	5,685	11,090
FY 2007	2	4,826	432	5,250	10,510
FY 2006	3	5,434	557	6,405	12,399
FY 2005	4	5,793	628	6,508	12,949

This chart demonstrates the information obtained in WC-OSH/MIS as compared to the OSHA numbers provided on <http://www.osha.gov>. It allows for continuing monitoring of the Administration's progress throughout the year, in addition to the quarterly data provided by DOL. VA's OSH trend shows an increase in the total claims, but when you factor in the increase in employment numbers, the increase in the total claim rate is a minimal .5 percent. The lost time claim rate continues to decline in accordance with the SHARE goals by 3.2 percent. During this period, VA promoted safety education through the use of the quarterly national safety conference calls, distance learning and providing OSH information via VA's OSH Website: [www.va.gov/vasafety](http://www.va.gov/vasafety). Each Administration also promotes and provides targeted OSH education and equipment to address their organization's specific needs, such as safe patient movement and handling equipment for VAMC's. VA has established a SSC to improve VA OSH focus and identify initiatives to better improve VA's OSH Program in FY 2009.

### Veterans Health Administration (VHA):

In 2002, VHA implemented an administration-based WC program to improve program performance, expedite return to work, strengthen training, and manage costs. From FY 2007 to FY 2008, Total Injury and Illness Cases increased from 9,403 to 10,209 and Lost Time Cases from 4,274 to 4,460. During this period, Total Lost Work Days increased from 2,209 to 3,390. Training and education tools have been developed in further support of the program, including a set of intranet lectures and a monthly training call for the Network staff.

VHA's review of WC-OSH/MIS data indicates three years (2004-2006) of steady progress in reducing Total Claims and a significant reduction in the Lost Time Claim Rate. These reductions have occurred after a dramatic 40 percent decline in reported injury rates from 1994-2003. VHA will continue to monitor the SHARE Goals closely, identify "Best Practices" to reduce injury rates, and work closely with VA's SSC to reduce injury rates.

	FY 2007	FY 2008	Change
Number of Federal Civilian Employees, including full-time, part-time, seasonal, intermittent workers.	223,364*	244,356*	+20992 (+9.4%)
Total Cases Injury/Illness (number of injury/illness cases—no lost-time, first aid, lost-time and fatalities).	9,403*	10,299*	+896 (+9.5%)
Total Case Rate (rate of all injury/illness cases per hours worked).	4.21*	4.21*	0.0
Lost Time Cases (number of cases that involved days away from work).	4,274*	4,460*	+186 (+4.3%)
Lost Time Case Rate (rate of only the injury/illness cases with days away from work per hours worked).	1.91*	1.83*	-.08 (-4.2%)

(VHA SHARES and CLAIMS RATE) - \*Data from DOL SHARES Website. All other data from VA WC-OSH/MIS.

**NATIONAL CEMETERY ADMINISTRATION (NCA):**

	<b>FY 2007</b>	<b>FY 2008</b>	<b>Change</b>
Number of Federal Civilian Employees, including full-time, part-time, seasonal, intermittent workers.	1,621 OPM data	1,572 OPM data	-49 3.1% decrease
Number of Federal Civilian Employees that Performed Emergency Response and Disaster Recovery Operations, including full-time, part-time, seasonal, intermittent workers.	Not required to report	24	N/A
Number of Supervised Contractors that Performed Emergency Response and Disaster Recovery Operations, including full-time, part-time, seasonal, intermittent workers.	Not required to report	8	N/A
Number of Volunteers that Performed Emergency Response and Disaster Recovery Operations, including full-time, part-time, seasonal, intermittent workers.	Not required to report	0	N/A
Total Cases Injury/Illness (number of injury/illness cases—no lost-time, first aid, lost-time and fatalities).	168 OSHA Federal Injury and Illness Statistics Website	157 OSHA Federal Injury and Illness Statistics Website	-11 7% decrease
Total Injury/Illness Cases Related to Emergency Response and Disaster Recovery Operations (number of injury/illness cases - no lost-time, first aid, lost-time and fatalities).	Not required to report	0	N/A
Total Case Rate (rate of all injury/illness cases per 100 employees).	10.36	9.99	-.37 3.7% decrease
Lost Time Cases (number of cases that involved days away from work).	99 OSHA Federal Injury and Illness Statistics Website	127 OSHA Federal Injury and Illness Statistics Website	+28 22% increase
Lost Time Cases Related to Emergency Response and Disaster Recovery Operations (number of cases that involved days away from work).	Not required to report	0	N/A
Lost Time Case Rate (rate of only the injury/illness cases with days away from work per 100 employees).	6.11 OSHA Federal Injury and Illness Statistics Website	8.08 OSHA Federal Injury and Illness Statistics Website	+1.97 24% increase
Lost Work Days (number of days away from work).	No data available at reporting time	1,150	N/A
Lost Work Days Related to Emergency Response and Disaster Recovery Operations (number of days away from work).	Not required to report.	0	N/A
Lost Work Day Rate (per 100 employees).	201.8 DOL ESA SHARE Website	136.2 DOL ESA SHARE Website	-65.6 48% decrease

**VETERANS BENEFITS ADMINISTRATION (VBA):**

	FY 2007	FY 2008	Change
Number of Federal Civilian Employees, including full-time, part-time, seasonal, intermittent workers.	12,882	15,571	2,689
Number of Federal Civilian Employees that Perform Emergency Response and Disaster Recovery Operations, including full-time, part-time, seasonal, intermittent workers.	0	0	0
Number of Supervised Contractors that Perform Emergency Response and Disaster Recovery Operations, including full-time, part-time, seasonal, intermittent workers.	0	0	0
Number of Volunteers that Perform Emergency Response and Disaster Recovery Operations, including full-time, part-time, seasonal, intermittent workers.	0	0	0
Total Cases Injury/Illness (number of injury/illness cases—no lost-time, first aid, lost-time and fatalities).	206	276	70
Total Injury/Illness Cases Related to Emergency Response and Disaster Recovery Operations (number of injury/illness cases - no lost-time, first aid, lost-time and fatalities).	0	0	0
Total Case Rate (rate of all injury/illness cases per 100 employees).	1.6%	1.8%	0.2%
Lost Time Cases (number of cases that involved days away from work).	135	167	32
Lost Time Cases Related to Emergency Response and Disaster Recovery Operations (number of cases that involved days away from work).	0	0	0
Lost Time Case Rate (rate of only the injury/illness cases with days away from work per 100 employees).	1.05%	1.07%	0.02%
Lost Work Days (number of days away from work).	806	1,003	197
Lost Work Days Related to Emergency Response and Disaster Recovery Operations (number of days away from work).	0	0	0
Lost Work Day Rate (per 100 employees).	6.3%	6.4%	0.1%

VARO Roanoke recorded 10 cases in 2008 and 1 case in 2007. Employee carelessness of their surroundings was the cause of the majority of incidents.

### OFFICE OF INFORMATION & TECHNOLOGY (OI&T):

In November 2006, VA's OI&T was transitioned from a decentralized organizational structure to a centralized organizational structure. Prior to the centralization, all OI&T employees were considered to be employees of the organization that he/she serviced, and were governed by OSH policies and guidelines in effect at the employee work location.

As of result of this organizational restructuring, all OI&T employees must be covered by policies and guidelines under the auspices of OI&T. Various agreements including Memorandums of Understandings (MOU) are being developed with the VHA, VBA, NCA, and other organizational entities covering OSH related issues for OI&T staff located at their facilities. Site specific requirements will be developed, and formulated into a plan covering OI&T staff located in facilities not governed by a MOU or other form of agreement.

Although, OI&T employees will continue to be governed by OSH policy and guidelines in effect at their work locations, OI&T Employee and Labor Management Relations staff will provide oversight to assist in reducing:

- Total injuries and illness,
- Lost time injury, and
- LPD due to injury and illness.

	FY 2007	FY 2008	Change
Number of Federal Civilian Employees, including full-time, part-time, seasonal, intermittent workers.	6,400	6,536	+136
Number of Federal Civilian Employees that Performed Emergency Response and Disaster Recovery Operations, including full-time, part-time, seasonal, intermittent workers.	Not required to report		N/A
Number of Supervised Contractors that Performed Emergency Response and Disaster Recovery Operations, including full-time, part-time, seasonal, intermittent workers.	Not required to report		N/A
Number of Volunteers that Performed Emergency Response and Disaster Recovery Operations, including full-time, part-time, seasonal, intermittent workers.	Not required to report		N/A
Total Cases Injury/Illness (number of injury/illness cases—no lost-time, first aid, lost-time and fatalities).	18	19	
Total Injury/Illness Cases Related to Emergency Response and Disaster Recovery Operations (number of injury/illness cases - no lost-time, first aid, lost-time and fatalities).	Not required to report		N/A
Total Case Rate (rate of all injury/illness cases per 100 employees).	1.97	1.79	-.18 9.1% decrease

	FY 2007	FY 2008	Change
Lost Time Cases (number of cases that involved days away from work).	13	9	-4 30.8% decrease
Lost Time Cases Related to Emergency Response and Disaster Recovery Operations (number of cases that involved days away from work).	Not required to report		N/A
Lost Time Case Rate (rate of only the injury/illness cases with days away from work per 100 employees).	1.4	9	-5 35.7% decrease
Lost Work Days (number of days away from work).	Unavailable	Unavailable	Unavailable
Lost Work Days Related to Emergency Response and Disaster Recovery Operations (number of days away from work).	Not required to report		N/A
Lost Work Day Rate (per 100 employees).	Unavailable	Unavailable	Unavailable

**b. Emergency Response and Disaster Recovery Operations:**

**DEPARTMENT OF VETERANS AFFAIRS (VA):**

VA's Readiness Operation Center (ROC) serves as the 24/7 point of contact for all operations, security, and emergency preparedness concerns. VA Crisis Response Team (CRT) comprised of representatives from the Under Secretaries, Assistant Secretaries, and Other Key Officials, meets weekly to discuss current events and their effect on the VA. Minutes are published to CRT members.

**NATIONAL CEMETERY ADMINISTRATION (NCA):**

NCA Memorial Service Network (MSN) II had emergency response operations due to two hurricanes affecting Port Hudson National Cemetery, Biloxi National Cemetery, Baton Rouge National Cemetery, Alexandria National Cemetery, and Natchez National Cemetery. No deaths or injuries occurred at these cemeteries due to storm damage.

**VETERANS BENEFITS ADMINISTRATION (VBA):**

VBA had no injuries in this area. The Houston Regional Office is in a hurricane prone area and VBA has proactively taken steps to prepare for the needs of veterans and employees by conducting emergency management training and enhancing the facility infrastructure. During Hurricanes Gustav and Ike VBA conducted outreach posts for veterans in many locations within the state and provided emergency benefit payments.

**c. Facilities with High Injury and Illness Rates:**

**NATIONAL CEMETERY ADMINISTRATION (NCA):**

The following summation details NCA facilities with the highest injury and illness rate.

**MSN 1:** Calverton and Long Island are the sites with the highest accident rates, and combined represent the most employees employed within MSN 1. Accident rates have dropped though, due to awareness and education via the safety committees and regular monthly safety meetings. In particular, Calverton National Cemetery reports a decline in injury rates by 65 percent in FY 2008, with a total of nine injuries that equated to 144 lost workdays. This is a 47 percent decline in their amount of lost work days. Identification is done through the tracking of accidents reported on VA Form 2162, Report of Accidents.

**MSN 2:** MSN II facilities with the highest injury/illness rates are VANC Florida and Puerto Rico. These national cemeteries employ 58 and 21 full time workers respectively and are the busiest facilities within MSN II. Identification is done through the tracking of accidents reported on VA Form 2162. Listed below is a three year summary indicating the reduction of the total number of injuries/illnesses reported for VANC Florida.

- FY 2007: Seven employee injuries with three injuries having 32 days of lost time and four injuries with 89 days of associated restricted duty.
- FY 2008: Six employee injuries with two injuries having 11 days of lost time and four employee injuries with 122 days of associated restricted duty.

**MSN 3:** MSN III facilities with the highest injury/illness rates are VANC Fort Logan, Fort Sam Houston, Houston, and Dallas. Identification is done through the tracking of accidents reported on VA Form 2162.

**MSN 4:** MSN IV facilities with the highest injury/illness rates are VANC Fort Snelling and Jefferson Barracks. These national cemeteries each employ between 52 and 74 full-time workers and are the busiest facilities within MSN IV. Identification is done through the tracking of accidents reported on VA Form 2162. Listed below is a three year summary indicating the reduction of the total number of injuries/illnesses reported for these two cemeteries.

Fort Snelling	Jefferson Barracks
FY 2006: Four employee injuries with 34 days of lost time.	FY 2006: Five employee injuries with 28 days of lost time.
FY 2007: Three employee injuries with 23 days of restricted duty.	FY 2007: Two employee injuries with 5 days of lost time; two employee injuries with 37 days of restricted duty.
FY 2008: One employee injury with 6 days of lost time and four employee injuries with 28 days of restricted duty.	FY 2008: Three employee injuries with 14 days of lost time; 10 employee injuries with 92 days of restricted duty.

**MSN 5:** MSN V facilities with the highest injury/illness rates are VANC Riverside and Willamette. Identification is done through the tracking of accidents reported on VA Form 2162.

**VETERANS BENEFITS ADMINISTRATION (VBA):**

VARO Roanoke recorded 10 cases in 2008 and 1 case in 2007. Most of the incidents were caused by employee carelessness of their surroundings.

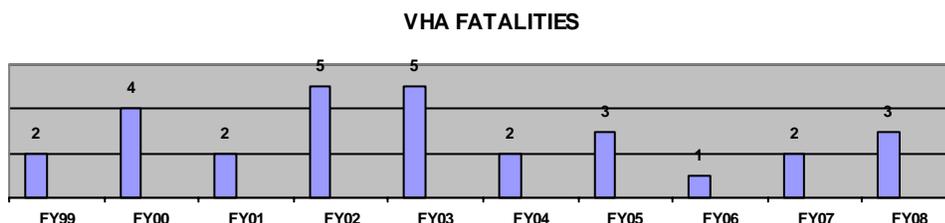
**B. Facilities and Catastrophic Incidents:**

**DEPARTMENT OF VETERANS AFFAIRS (VA):**

In FY 2008, four fatalities were reported to DOL's OSHA and the Office of Workers' Compensation Program (OWCP). Up from two in FY 2007, WC-OSH/MIS data base indicates three fatalities for VHA and one for OI&T.

**VETERANS HEALTH ADMINISTRATION (VHA):**

In 2008, three fatalities were reported to OSHA and to the OWCP. In two cases, the deceased employees experienced a medical event. On October 19, 2007, a Dallas VAMC employee was found unresponsive in his car following a flu shot. The individual had pre-existing medical conditions, the family declined an autopsy and the physician declared the death accidental. On January 15, 2008, a VAMC Iowa City media department employee was found unresponsive by a co-worker. A code blue team responded with a crash cart and was unable to revive the employee. VHA reports no work-related fatalities for FY 2008. A third fatality involved a Fargo, North Dakota, VA OI&T employee during the operation of a motor vehicle and was reported to OSHA by VHA.



**NATIONAL CEMETERY ADMINISTRATION (NCA):**

NCA had no Fatalities or Catastrophic Accidents during FY 2008.

**VETERANS BENEFITS ADMINISTRATION (VBA):**

None.

**OFFICE OF INFORMATION & TECHNOLOGY (OI&T):**

In FY 2008, there was one fatality reported to OSHA and the Office of Workers Compensation Program (OWCP) costs. The deceased employee, who was employed at VAMC Fargo, was involved in a single car rollover accident while returning home from a work-related conference in North Dakota.

**C. Office of Workers' Compensation Program Costs:****DEPARTMENT OF VETERANS AFFAIRS (VA):**

	CBY 2006	CBY 2007	CBY 2008
Total Chargeback	\$164,090,900	\$166,086,857	\$174,057,880.65
Total Continuation of Pay (COP)	31,569 Days	31,731 Days	27,883.75 Days
Total Chargeback + COP	\$164,090,900	\$166,086,857	\$174,057,880.65
Chargeback for claims that occurred in the CBY	\$8,396,522	\$10,032,539	\$8,681,841.46

**NATIONAL CEMETERY ADMINISTRATION (NCA):**

	CBY 2007	CBY 2008
Total Chargeback	\$2,655,598	\$2,551,350
Total Continuation of Pay (COP)	Unable to obtain with present IT Infrastructure	Unable to obtain with present IT Infrastructure
Total Chargeback + COP	\$2,655,598	\$2,551,350
Chargeback for Cases that occurred in the CBY	\$74,251	\$218,567

**VETERANS BENEFITS ADMINISTRATION (VBA):**

	CBY 2007	CBY 2008
Total Chargeback	\$1,329,077	\$1,342,088
Total Continuation of Pay (COP)	\$51,049	\$260,108
Total Chargeback + COP	\$1,380,126	\$1,602,196
Chargeback for Cases that occurred in the CBY	\$55,563	\$78,135

**OFFICE OF INFORMATION & TECHNOLOGY (OI&T):**

The chart below has chargeback information for 2007 and 2008 medical and compensation costs. The chargeback cost information was obtained from WC-OSH/MIS. OI&T is currently working with personnel throughout VA to ensure that VHA and VBA have assigned all OI&T OWCP cases to the newly established chargeback codes.

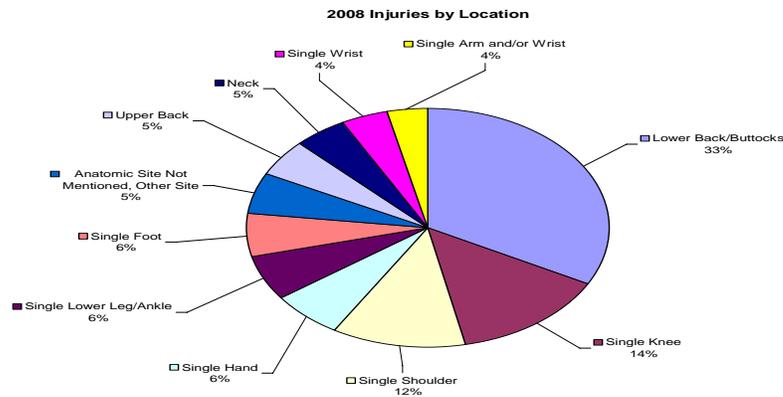
	CBY 2007	CBY 2008
Total Chargeback	\$907,844.59	\$ 801,916.50
Total Continuation of Pay (COP)	Data Not Available	Data Not Available
Total Chargeback + COP	Data Not Available	Data Not Available
Chargeback for Cases that occurred in the CBY	Data Not Available	\$69,625.92

**D. Significant Trends and Major Causes or Sources of Lost Time Disabilities:**

**DEPARTMENT OF VETERANS AFFAIRS (VA):**

FY 2008 Major Trends			
Nature (i.e. sprains, contusions, etc.)	Percent of Total	Percent of Cost	Description
Back Strain/Sprain	20.6%	31.2%	
Sprain/Strain (not back)	18%	17.4%	
Contusion	10.5%	7%	
Traumatic Injury (not classified)	6.8%	9.3%	
Pain/Swelling in Joint	20.6%	31.2%	
Cause of Injury (i.e., slips, handling tools, etc.)	Percent of Total	Percent of Cost	
Unclassified	34.4%	39.4%	
Other manual handling and equipment	17.6%	17.5%	
Fall/slip floor, work surface, aisle way	7.4%	7.6%	
Fall/slip walkways, curbs, porches	4.3%	1.8%	
Slip, twist, trip, not falling	3.3%	4.7%	

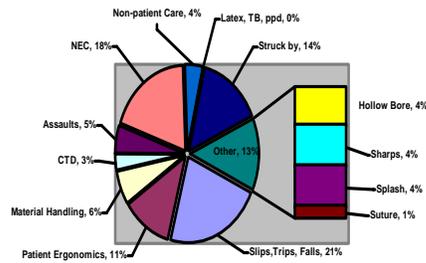
The major nature of lost time injuries for VA continues to be back strains and sprains, followed by sprains/strains of ligaments. The causes of injuries can be defined into unclassified, other manual handling and equipment, and fall/slip floor - work surface/aisle way.



**VETERANS HEALTH ADMINISTRATION (VHA):**

Implementation of the Automated Safety Surveillance and Tracking System (ASISTS), an in-house knowledge-management and injury reporting system, remains a core element of the VHA safety program. The overall distribution of injuries remains similar as in prior years. VHA has undertaken major interventions on several of these injury categories.

## ASISTS 2008



The in-house injury reporting system confirms that, generally, this distribution of injuries has not changed substantially over the prior years although the proportion of patient transfer injuries (12 percent) appears to be lower than 2002 (16 percent). During FY 2008, VHA implemented ProClarity Analytics Platform capability to analyze ASISTS data and provide access to all VAMC. The ProClarity platform allows comparison of Network and facility injury data using numerous sorting fields (e.g., age, gender, education, occupation, etc.) 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 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.

VHA has undertaken the evaluations of several specific hazards. After implementation of a safe patient movement and handling program in several regional Hospital systems, VHA undertook a systematic evaluation of reasons for success and failure, identified likely determinants, and analyzed program modifiers. A parallel evaluation process took place for the slips, trips, and falls program with the development of on-line training and resources. VHA also applies aggregated root cause analysis of common injury types 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. VHA continues to assess and analyze high-risk unit programs with emphasis on patient movement mechanisms and implementation strategies.

### Safe Patient Movement

VHA conducted national assessments of projected funding needs to address manual handling risks in patient care. VHA distributed \$61M of equipment funding for facilities in FY 2008 and is currently implementing further program elements, including front-line prevention support (peer safety leaders/injury prevention nurses), incorporation of safe patient handling algorithms into nursing protocols, and development of facility maintenance programs. The FY 2009 goals include facility patient handling equipment inventory, clinical ergonomic evaluations, development of minimal lift policies and procedures, and individual facility strategies. Facility Safe Patient Handling Champions/Coordinators are identified for each facility. National program roll-out and implementation will likely continue into FY 2011. Major programmatic evaluation on implementation and outcomes is under way.

### **Workplace Violence**

In 2008, VHA conducted a national questionnaire survey, in follow-up to the 2001 survey, to assess the effectiveness of violence prevention program implementation during 2001-2007. Training program content weaknesses were identified and are under refinement, including revisions of the core Prevention and Management of Disruptive Behavior (PMDB) program. A new Behavioral Threat Management Unit was established, to develop a new training program for the mandatory Disruptive Behavior Committees, now present at all facilities.

### **Slips, Trips and Falls**

VHA has worked with National Institute of Occupational Safety and Health (NIOSH) to develop strategies and solutions to reduce slip and fall injuries. Although the VHA slip and fall rate is below private healthcare industry levels, additional strategies are being considered for further reduction. VHA reviewed individual 5-year facility ASISTS ProClarity data for slip and fall injuries, comparing rates within Networks and similar weather zones. During FY 2008, a VHA committee was developed with field participation to identify best practices for medical center use. VHA is also reviewing medical center programs that implemented successful strategies for injury reduction and plans to actively disseminate these with committee best practices.

### **Sharps Injury**

VHA has developed a new approach to sharps injury review, after lengthy discussions with OSHA on standardization of devices. The program includes identification of devices, reporting of problems and testing of devices in a human factors laboratory. A master list of devices is assembled from national purchasing requests and commercial sources. E-mail queries to pertinent groups (occupational health, safety, and infection control mail groups) identify issues with specific devices. The devices undergo systematic evaluation under controlled laboratory conditions. The first trials have focused on the use of butterfly phlebotomy. VHA is also continuing intervention pilot programs using peer-safety leaders, dedicated training facilities, and specific occupational groups (residents, nursing staff) and environments (operating rooms) to evaluate program success.

### NATIONAL CEMETERY ADMINISTRATION (NCA):

**NOTE: Data Source is VA's WC-OSH/MIS database. Data shown is only through the 3<sup>rd</sup> Quarter due to reporting delays from VA's database.**

FY 2008 Major Trends			
Nature (i.e. sprains, contusions, etc.)	Percent of Total	Percent of Cost	Description
Back Sprain/Strain	29%	30%	Attributed partially to not adhering to proper lifting techniques, and over exertion.
Other Sprain/Strain not Back	19.7%	23.6%	Attributed to over exertion and stepping on objects or in holes on grounds of cemetery.
Contusions/Bruises	5.4%	5.3%	Mostly due to striking heavy objects, such as headstones or motor vehicles.
Cuts	4.7%	1.4%	Injuries to hands or legs due to employees cutting themselves on sharp or rough edges, such as headstones, heavy equipment or motor vehicles.
Cause of Injury (i.e., slips, handling tools, etc.)	Percent of Total	Percent of Cost	Description
Manual Handling and Handling of Equipment	27.6%	29.3%	Injuries due to objects flying/blowing in eyes and other injuries mostly during moving/trimming operations.
Slip, Trip and Fall	14%	16.8%	Injuries from slips, trips, or falls were to head, abdomen, ankle, leg or arm.
Unclassified	24%	29%	Unclassified cause of injury was not recorded on Workers' Compensation claim form.

MSN Safety Officers gather data and conduct trend analysis of Accident Reports to determine the quantity (increase or decrease) of accidents/injuries/illnesses, the result of accidents (property or injury), accident classifications (motor vehicle, equipment or grounds), personal status (employee, volunteers or visitor), area of injuries (head, back, arm, leg or foot), cause of injuries/illnesses (slip, trip, fall, struck against or over exertion) and the cause of accidents (human error, equipment failure or act of nature). Once the trend has been identified, the information indicates the area for improvements.

Additional safety training (classroom training, conferences, conference calls, monthly safety meetings, issuance of safety alerts, etc.) is provided; handbooks, guidebooks, policies, procedures are established or revised and improvements are implemented as part of the corrective action for the accident. An example of local policy development that resulted from an accident is a local policy at a MSN II cemetery that requires drivers to have a ground guide trained and in place before any vehicle is driving in reverse during cemetery operations.

### VETERANS BENEFITS ADMINISTRATION (VBA):

FY 2008 Major Trends			
Nature (i.e. sprains, contusions, etc.)	Percent of Total	Percent of Cost	Description
Sprains	42%	26%	Sprain ankle
Fractures	13%	4%	Toe and Foot
Back Sprains	41%	19%	Sprains resulted from lifting of veterans' claims files
Cause of Injury (i.e., slips, handling tools, etc.)	Percent of Total	Percent of Cost	Description
Slips	42%	26%	Sprain ankle
Slips	13%	4%	Toe and Foot
Lifting veterans' claims files	41%	19%	Sprains resulted from lifting of veterans' claims files

VA regional offices are constantly on alert for possible safety issues and correct them as soon as recognized or reported. For example, VARO Jackson replaced several broken and cracked floor tiles that could cause slips and falls. They also installed clean and damage-free mats at all facility entrances and applied a non-slip surface to outside stairwells and the loading dock area.

Safety team leaders at VA regional offices review incident trends. VARO Oakland trained on maintaining a safe working environment, and responded to a variety of emergencies. With the aid of VBA's Office of Facilities, Access, and Administration's (OFA&A) emergency preparedness officer, the regional office obtained nine automatic external defibrillators and placed them throughout the building. Certain employees received training on the proper use of the defibrillator machines.

### OFFICE OF INFORMATION & TECHNOLOGY (OI&T):

As identified in the chart below, the principal causes of lost time injuries for OI&T are back strains and sprains, followed by other traumatic injuries. The causes of injuries can be defined into unclassified, lifted/strained by single action, and fell, slipped, tripped. OI&T will continue to monitor the trends to identify safety training opportunities for OI&T staff.

FY 2008 Major Trends		
Nature (sprains, contusions, etc.)	Percent of Total	Percent of Cost
Back Strain/Sprain	17%	Not Tracked
Other Traumatic Injuries	11%	Not Tracked
Multiple/Other Sprain/Sprain	10%	Not Tracked
Mental/Emotional	6%	Not Tracked
Fracture	5%	Not Tracked
Cause of Injury (slips, handling tools, etc.)	Percent of Total	Percent of Cost
Unclassified	17%	Not Tracked
Lifted/strained by single action	14%	Not Tracked
Fell, slipped, tripped	6%	Not Tracked
Stressed by (repeated action)	4%	Not Tracked
Exposed to	4%	Not Tracked
Slipped, tripped, no fall	3%	Not Tracked

**NOTE: Data was obtained from WC-OSH/MIS.**

**E. Contract Workers and Volunteers:**

**DEPARTMENT OF VETERANS AFFAIRS (VA):**

VA does not maintain details regarding contract employees or volunteers nor the injuries or illness statistics for the different categories in a national database.

**NATIONAL CEMETERY ADMINISTRATION (NCA):**

There were three minor injuries to contract workers reported during FY 2008. There were three minor injuries to volunteers reported during FY 2008. There were no paid volunteers employed during FY 2008.

**VETERANS BENEFITS ADMINISTRATION (VBA):**

VBA had a total of 155 contract workers and volunteers in FY 2008. There were no injuries reported among this group.

**OFFICE OF INFORMATION & TECHNOLOGY (OI&T):**

OI&T does not maintain details regarding contract employee's injuries or illnesses.

**II. OSH INITIATIVES – SHARE & MOTOR VEHICLE AND SEAT BELT SAFETY**

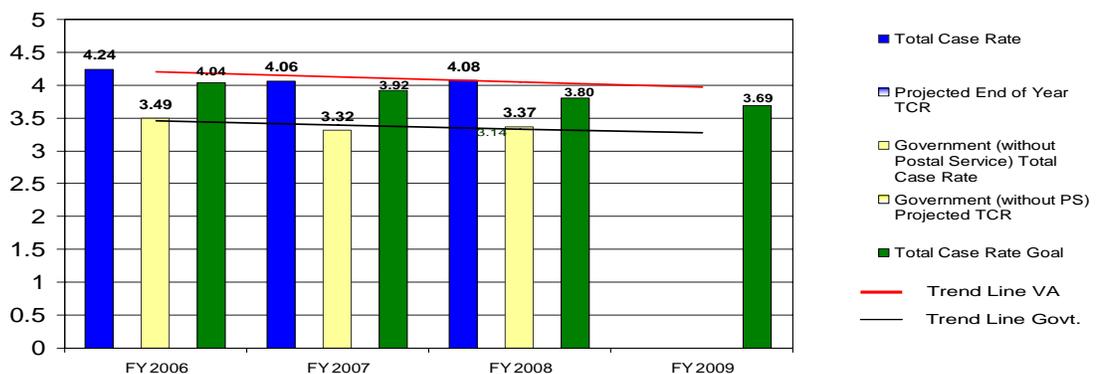
**A. SHARE – Safety, Health and Return-to-Employment Initiative:**

**a. SHARE Analysis:**

1. Reduce the total injury and illness claim rates by 3 percent per year.

**DEPARTMENT OF VETERANS AFFAIRS (VA):**

VA did not meet the FY 2008 goal of 3.80. FY 2008 total claims rate was 4.08 which indicate an increase of 0.5 percent from FY 2007. OSHA records now provide VA with a breakdown by administration, which has facilitated focused reviews of each administration.



**Description:** Data obtained from Department of Labor (DOL) : <http://www.dol.gov/esa/owcp/dfec/share/perform.asp?filename=summary.asp>  
It is based on Fiscal Year. Fiscal year is defined as Oct 1 through Sept 30.

**Goals:** Presidential Safety, Health and Return to Employment Initiative is to have a reduction of total case rates for injuries and illnesses by at least 3% per year. The 3% is based on FY 2003 Baseline provided by Department of Labor, so no goal is evident in 2003. Total Case Rate is defined as rate of all injury/illness cases per 100 employees. Data is based on Office of Personnel Management (OPM) employment numbers.  
**NOTE:** The projected goals were derived from <http://www.dol.gov/esa/owcp/dfec/share/Goals%2007-09.xls>

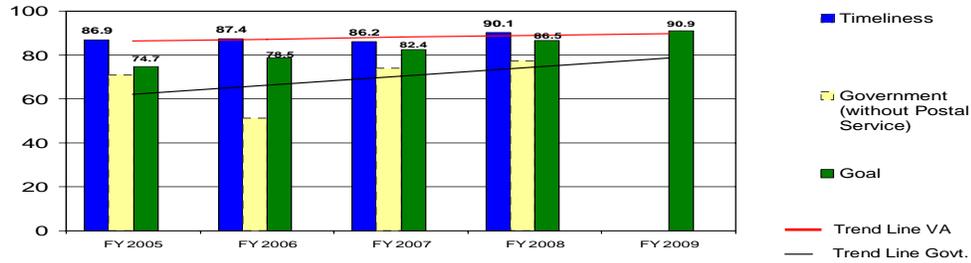


- Increase the timely filing of injury and illness claims by 5 percent per year.

**DEPARTMENT OF VETERANS AFFAIRS (VA):**

Our claim submission timeliness rate continues to remain well above the national average of 73.9 percent and above our target of 86.5 percent at 90.1 percent for FY 2008. Success can be attributed to the enhancements of WC-OSH/MIS.

**Claim (CA 1/CA 2) Submission**



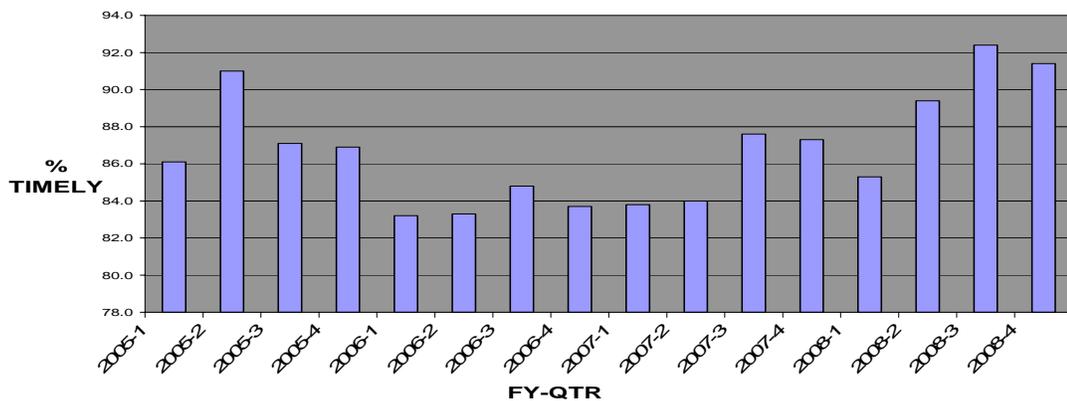
**Description:** Data obtained from Department of Labor (DOL) : <http://www.dol.gov/esa/owcp/share/> It is based on Fiscal Year. Fiscal year is defined as Oct 1 through Sept 30.

**Goals:** Presidential Safety, Health and Return to Employment Initiative is to have an increase in timeliness by at least 5% per year. The 5% is based on FY 2003 baseline provided by Department of Labor, so no goal is evident in 2003. Timeliness is defined as employer submittal of claims within 14 calendar days. The projected goals were derived from <http://www.dol.gov/esa/owcp/dlec/share/Goals%2007-09.xls>

**VETERANS HEALTH ADMINISTRATION (VHA):**

Timely submission of WC claims (Forms CA-1 and CA-2), mandated to be within two weeks, increased from 45 percent compliance in 2001 to 87 percent in 2007, a stellar performance improvement. Timely submission compliance in 2008 was 91.4 percent. No accurate agency data are available on Continuation of Pay (COP) costs at this time. Each medical center 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. The chart below shows VHA timely submission of Federal Employees' Compensation Act (FECA).

**VHA TIMELY SUBMISSION OF FECA CLAIMS VIA ASISTS**



**NATIONAL CEMETERY ADMINISTRATION (NCA):**

NCA did meet this goal. NCA increased the percentage from 72.6 percent to 83.3 percent this fiscal year for a total increase of 14.8 percent.

**VETERANS BENEFITS ADMINISTRATION (VBA):**

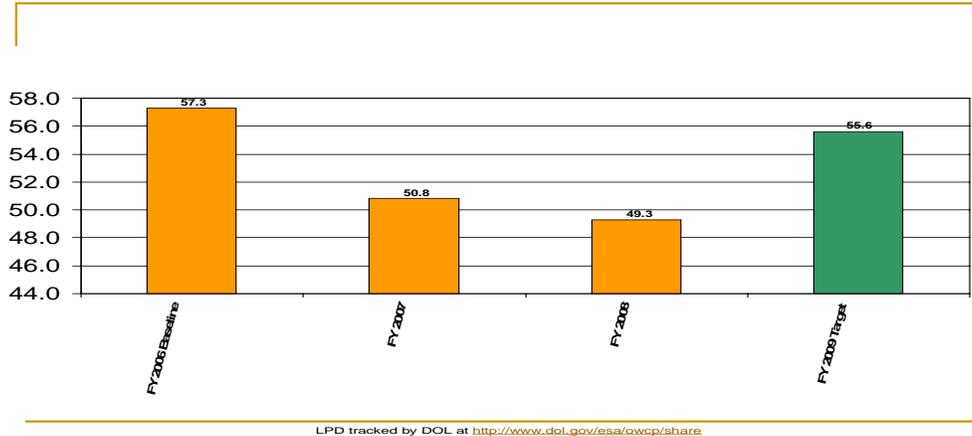
The goal is to increase the timely filing of claims by 1 percent. Stations have reported filing OWCP claims within the 14-day filing period. In many cases, OWCP claims were filed within 5 days of the incident.

- 4. Reduce the rate of LPD due to injury and illness by 1 percent per year.

**DEPARTMENT OF VETERANS AFFAIRS (VA):**

VA exceeded the goal of 56.7 days with 51.6 days. This was a decrease from FY 2007 LPD by 8.2 percent, well below the DOL reestablished FY 2006 baseline of 57.3 days.

**Lost Production Days**



**NATIONAL CEMETERY ADMINISTRATION (NCA):**

NCA did meet this goal. NCA had a decrease of 48 percent from 201.8 days in FY 2007 to 136.2 days in FY 2008.

**VETERANS BENEFITS ADMINISTRATION (VBA):**

VBA LPD due to injury and illness also increased during FY 08 to 1,003 days. The increase was due to injuries such as sprains and strains from lifting claims files. VBA is providing guidance to the regional offices in proper procedures for lifting.

- b. SHARE Programs/Initiatives:

**DEPARTMENT OF VETERANS AFFAIRS (VA):**

The Office of OSH will continue to work collaboratively, through the WCSC and the SSC, in an effort to improve VA's OSH Program and to support the SHARE Initiatives.

### **NATIONAL CEMETERY ADMINISTRATION (NCA):**

NCA has initiated the use of VA's WC database to submit our CA-1 and CA-2 claim forms. This has greatly improved our overall submission timeliness to a point that we have not only met our FY 2008 goal, which is an improvement from FY 2007 in which we did not, but exceeded it by almost 15 percent. More improvement is expected in FY 2009.

NCA has had a significant (24 percent) increase in its Lost Time Case Rate from the previous fiscal year. As our Total Case Rate has correspondingly decreased while our Lost Time Case Rate has increased, it is believed that the new manner of claim submission through our VA database along with the assumption of all responsibilities associated with filing WC claim forms and case management for NCA employee has perhaps increased our Lost Time Case Rate through more accurate reporting and tracking of our claims. Close observation will follow and when more data is received a trend analysis will be conducted that will hopefully reveal specific areas in which we can focus our corrective actions to decrease our Lost Time Case Rate during FY 2009.

### **VETERANS BENEFITS ADMINISTRATION (VBA):**

VARO Newark implemented the following controls as part of its local policy:

1. The regional office's safety officer informs the GSA property manager of potential building problems. The property manager then takes immediate corrective action for all building related issues.
2. Monthly briefings are conducted to discuss any pending building repairs and or maintenance that impact the regional office employees and veterans. During these meetings, agency concerns and proposed local initiatives are discussed.
3. As lead tenant, the regional office maintains a good working relationship with GSA and the Department of Homeland Security (DHS). The regional office arranges for DHS resources to provide training to both VA employees as well as the seven other agencies within the building. This training will include fire drills, shelter in place, and crime prevention.

### **OFFICE OF INFORMATION & TECHNOLOGY (OI&T):**

OI&T VA will continue to monitor the SHARE goals closely, identify "best practice" to reduce injury rates, and work closely with VA's SSC to reduce injury rates.

## **B. Motor Vehicle/Seat Belt Safety**

- a. Number of Motor Vehicle Accidents Experienced by Employees in FY 2008.

### **DEPARTMENT OF VETERANS AFFAIRS (VA):**

There are three causes of injury codes for vehicle accidents, 05, 06 and 07. There were 149 accidents which were classified with these causes of injury codes in 2008.

	FY 2007	FY 2008	Change from FY 2007
Number of motor vehicle accidents experienced by employees.	N/A	N/A	N/A
Number of accidents resulting in personal injury.	141	149	8
OWCP costs of accidents.	\$2,767,822	\$2,830,723	\$62,901
Amount of liability claims against the agency due to accidents.	N/A	N/A	N/A

VA experienced 149 motor vehicle accidents in FY 2008. This is an increase from 141 for FY 2007. We presently do not have a method or tracking mechanism in place to capture the total number of motor vehicle accidents experienced, only the number of accidents resulting in personal injury, or those that have filed a WC claim. VA held a DASHO Conference Call to address driver's safety and the use of safety belts. A representative from VHA Employee Education system provided links to cost free training opportunities through GSA.

#### VETERANS HEALTH ADMINISTRATION (VHA):

	FY 2007	FY 2008	Change
Number of motor vehicle accidents experienced by employees.	315	359	12%
Number of accidents resulting in personal injury.	40	51	22%
OWCP costs of accidents w/COP.	\$49,092	\$98,699	101%
Vehicle repair costs due to accidents.	N/A	N/A	-----
Amount of liability claims against the agency due to accidents.	N/A	N/A	N/A

N/A – Not Available. VHA vehicle repair costs and liability claims are currently not tracked by VHA.

#### NATIONAL CEMETERY ADMINISTRATION (NCA):

	FY 2007	FY 2008	Change
Number of motor vehicle accidents experienced by employees.	28	20	(-8) 40% decrease
Number of accidents resulting in personal injury.	1	2	(+1) 50% increase
Number of accidents resulting from Emergency Response and Disaster Recovery Operations.	Not required to be reported	0	N/A
OWCP costs of accidents.	\$0	\$0	None
Vehicle repair costs due to accidents.	\$27,718	\$18,015	\$9,703 less, 54% decrease
Amount of liability claims against the agency due to accidents.	0	0	None

**VETERANS BENEFITS ADMINISTRATION (VBA):**

	FY 2007	FY 2008	Change
Number of motor vehicle accidents experienced by employees.	39	51	12
Number of accidents resulting in personal injury.	3	0	-3
Number of accidents resulting from emergency response and disaster recovery operations.	0	0	0
OWCP costs of accidents.	\$0	\$0	\$0
Vehicle repair costs due to accidents.	\$41,869	\$73,117	\$31,248
Amount of liability claims against the agency due to accidents.	\$22,582	\$9,524	-\$13,058

**b. Mechanisms in Place to Track the Percentage of Seat Belt Usage by Employees****DEPARTMENT OF VETERANS AFFAIRS (VA):**

There is currently no mechanism in place to track the percentage of seat belt use by employees. However, employees traveling on official business in a government vehicle are provided with safety information and the requirement to use seat belts. State law requires the use of seat belts or a citation maybe issued to the driver. National VA statistics on facility vehicle accidents and seat belt compliance are not currently available.

**VETERANS HEALTH ADMINISTRATION (VHA):**

A VHA vehicle inventory, accident and injury tracking database became operational FY 2007. The database tracks vehicle accidents, driver and passenger profile and injuries. Motor vehicle accidents are reported on SF-91, Motor Vehicle Accidents or equivalent. Accident documentation is retained by the facility and forwarded to GSA, for GSA vehicles.

All employees' routinely operating vehicles complete Medical Center Driver Training including medical center traffic patterns, safe and defensive driving techniques, driver and passenger safety requirements and mandatory seat belt use. Use of seat belts is enforced at the facility level by VA Security and Law Enforcement personnel. National VHA statistics on seat belt compliance are not currently available.

VHA continues to educate staff on 15-Passenger Van precautions and the propensity for a rollover accident and prohibits further purchase or donation. In addition to publishing a VHA Guidebook on Fleet Management with a chapter on Safe Operation, VHA published a Directive on patient transportation to address general driver medical qualifications, training and safe driving practices.

**NATIONAL CEMETERY ADMINISTRATION (NCA):**

Seat belt usage is managed by the data contained in the reports submitted on the Report of Accidents Form (VA Form 2162). Upon completion of the supervisor's investigation of an accident, the usage or non- usage of seat belts is noted in the supervisor's section of VA Form 2162.

### **VETERANS BENEFITS ADMINISTRATION (VBA):**

VARO Atlanta had a survey of employee seatbelt usage conducted. All employees that were checked were in compliance with the seat belt requirement.

VARO Salt Lake City implemented a system to track seat belt usage. The regional office used a stamp on VA? Form 3075 that required the requestor to acknowledge/sign that all occupants of the vehicle must use a seat belt. The office had one vehicle accident in FY 2008. The driver was not injured and was not cited for failure to wear a seat belt.

#### **c. Efforts Taken to Improve Motor Vehicle Safety and Seat Belt Usage**

### **DEPARTMENT OF VETERANS AFFAIRS (VA):**

VA promotes participation of each administration in the collaboration with the efforts of the Department of Transportation (DOT) in their efforts to encourage the use of seat belt compliance and safe motorist programs.

### **VETERANS HEALTH ADMINISTRATION (VHA):**

All employees' routinely operating vehicles complete Medical Center Driver Training including medical center traffic patterns, safe and defensive driving techniques, driver and passenger safety requirements and mandatory seat belt use. Use of seat belts is enforced at the facility level by VA Security and Law Enforcement personnel. National VHA statistics on seat belt compliance are not currently available.

VHA continues to educate staff on 15-Passenger Van precautions and the propensity for a rollover accident and prohibits further purchase or donation. In addition to publishing a VHA Guidebook on Fleet Management with a chapter on Safe Operation, VHA published a Directive on patient transportation to address general driver medical qualifications, training and safe driving practices.

### **NATIONAL CEMETERY ADMINISTRATION (NCA):**

MSN Safety Officers review all VA Forms 2162 submitted electronically for motor vehicle accidents, usage of seat belts and usage of appropriate Personal Protective Equipment (PPE) when required. As part of the supervisor's corrective action, the MSN Safety Officers provide training material and task local supervisors to provide additional Motor Vehicle Safety (including seat belt usage) and PPE training.

### **VETERANS BENEFITS ADMINISTRATION (VBA):**

VARO Boston tracks seat belt use and all employees who regularly drive GSA vehicles were given a "Guide to Your GSA Fleet Vehicle." This booklet contains guidelines for safe driving and safety belt usage.

Employees at VARO Philadelphia must sign and acknowledge they are aware of safety rules and circulars in each vehicle. Each vehicle is assigned a binder containing information such as trip logs, VAROIC Circular on GSA Motor Vehicles, VA Directives on Interagency Fleet Management, and the GSA government vehicle package. Employees are required to take this binder on all trips. Training is given annually on motor vehicle procedures and seat belt safety. The VAROIC Circular on GSA Motor Vehicles includes instructions on vehicle safety, reporting procedures and personal safety.

### **OFFICE OF INFORMATION & TECHNOLOGY (OI&T):**

OI&T will continue to follow the local facility guidelines to ensure the proper Motor Vehicle and Seat Belt safety precautions and regulations are adhered to.

## **III. EMPLOYEE SUPPORT**

### **A. OSH TRAINING**

#### **DEPARTMENT OF VETERANS AFFAIRS (VA):**

VA provides safety educational courses through its Website and the VA Learning University (VALU), providing safety managers, safety collateral duty personal and union officials with beginner, intermediate, and advanced safety education. VA conducted four national conference calls during this reporting period.

The subjects of the calls were: MRSA; WC-OSH/MIS, and VA's Emergency Management Program; VA's most frequent types and causes of injuries; and driver's safety.

VA promotes, as a part of their national conference calls, the involvement of VA safety staff in Field Federal Safety and Health Councils. VA has employee representatives from five VAMCs that chair these local councils.

#### **VETERANS HEALTH ADMINISTRATION (VHA):**

The VHA OSH 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 supervisor assignments. 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. The VHA Employee Education System 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.

The VHA Center for Engineering & Occupational Safety and Health (CEOSH) Website serves as the primary portal to occupational safety and health resources and information. The Website was completely remodeled in FY 2007 to provide more user friendly access to information and tools. It provides thousands of pages of regulatory compliance and best practice information, such as the online National Fire Protection Association (NFPA) Life Safety Codes, Top Ten OSHA Violations, and comprehensive VHA guidebooks. Use of this on-line resource has increased more than six-fold in the past three years. The CEOSH Website also provides access to NFPA Life Safety Codes, Joint Commission Environment of Care News, American Society of Testing and Materials/American National Standards Institute (ASTM/ANSI), American Industrial Hygiene Association (AIHA) information, American Conference of Governmental Hygienist (ACGIH) exposure values, and many other frequently used professional references.

Several VHA conferences were provided during 2007. 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. VHA continues to coordinate with VA Unions and DOL to strengthen our safety and health programs. One of several FY 2008 VHA/Union activities included a highly successful AFGE/NVAC safety conference. Presentations and coursework were provided on accident investigation, blood-borne pathogens, ergonomics and use of personal protective equipment.

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 the OSHA National database with distribution to each VHA network on a quarterly basis for assessment and improvement of Network safety programs. VHA continues to offer training classes for the Union safety representatives and collateral duty staff. The Basic course provides a review of safety management principles and an overview of VA OSH programs, OSH 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 10 years. VHA also offered Basic Safety, Fire Protection, and Industrial Hygiene Course for entry level OSH staff. These courses and additional topic-specific training opportunities for medical center safety and engineering staff are provided in the following table.

### VHA Employee Education System Training Courses

Audience	Course Title	Number Trained
<b>Safety and Health Specialists/Emergency Management Coordinators.</b>	<ul style="list-style-type: none"> <li>➤ NIMS/ICS Emergency Mgmt. Courses (8)</li> <li>➤ Engineering, Safety and GEMS National Conference</li> <li>➤ Patient Decontamination Training</li> <li>➤ Basic Safety, Fire Protection and Industrial Hygiene</li> <li>➤ Intermediate Safety and Industrial Hygiene</li> </ul>	<p style="text-align: right;">1,868 743 257 53 43</p>
<b>Collateral Duty Safety and Health Personnel and Committee Members.</b>	<ul style="list-style-type: none"> <li>➤ AFGE National Council Safety Training</li> <li>➤ Basic Safety for Union Representatives – 101</li> <li>➤ Intermediate Safety for Union Representatives</li> </ul>	<p style="text-align: right;">255 52 34</p>
<b>Supervisors.</b>	<ul style="list-style-type: none"> <li>➤ Supervisor Safety and Health Training</li> </ul>	<p style="text-align: right;">743</p>
<b>Employees and Employee Representatives.</b>	<ul style="list-style-type: none"> <li>➤ Slips, Trips &amp; Falls</li> <li>➤ Ergonomics Awareness</li> <li>➤ Hazard Communication</li> <li>➤ Defensive Driving</li> <li>➤ Fire Prevention &amp; Safety</li> <li>➤ Bloodborne Pathogens</li> <li>➤ Back Safety</li> <li>➤ Emergency Response</li> <li>➤ Workplace Safety Orientation</li> <li>➤ Confined Space/LOTO</li> <li>➤ NFPA 70E Electrical Safety</li> <li>➤ Asbestos Awareness</li> <li>➤ Bulk Oxygen Management</li> <li>➤ NFPA 72 Fire Alarm Code</li> <li>➤ Radiation Safety</li> <li>➤ Respiratory Protection</li> <li>➤ Laboratory Safety</li> <li>➤ Stress &amp; Aggression</li> <li>➤ Office Safety</li> <li>➤ Ladder Safety</li> <li>➤ Hazard Communication</li> <li>➤ Violence Risk Assessment</li> <li>➤ Deployment Health &amp; Safety</li> <li>➤ Hearing Conservation</li> <li>➤ Crane Safety</li> <li>➤ Compressed Gas Safety</li> </ul>	<p style="text-align: right;">3,465 2,484 2,441 1,489 1,954 1,287 1,048 954 812 388 248 230 185 175 149 158 151 132 115 97 92 87 83 66 61 58</p>

**NATIONAL CEMETERY ADMINISTRATION (NCA):**

	<b>Types of Training Provided in FY 2008</b>	<b>Number Trained</b>
<b>Top management officials</b>	1. MSN Directors receiving annual OS&H Training at the NCA National Conference.	2
	2. Director Intern Program (OS&H).	19
	3. MSN Cemetery Directors attended the NCA National Conference – Safety Training.	46
	4. Emergency Preparedness Plan.	7
<b>Supervisors</b>	1. NCA OS&H Supervisor Training.	55
	2. Seven Minute Trainer.	2
	3. Lessons Learned.	2
<b>Safety and health specialists</b>	Only one individual within NCA with that OPM Position Classification. Individual did not attend any training this fiscal year.	0
<b>Safety and health inspectors</b>	NCA does not have designated SOH? Inspectors, but its Safety Specialist has visited a few NCA facilities to augment the Annual Workplace Evaluations conducted by the servicing VAMC & VARO (VISN) Safety Offices.	0
<b>Collateral duty safety and health personnel and committee members</b>	1. MSN Safety Officers received safety training at the National Safety Council Conference.	2
	2. MSN Safety Officer received OSHA 6000 Course.	1
<b>Employees and employee representatives</b>	1. NCA Equipment Operator Training.	39
	2. NCA Gardener Safety Training.	11
	3. NCA Emergency Preparedness Plan.	25

**VETERANS BENEFITS ADMINISTRATION (VBA):**

	<b>Types of Training Provided in FY 2008</b>	<b>Number Trained</b>
<b>Top management officials</b>	1. OSH Plan and safety	15
	2. Annual Safety Training	12
	3. COOP Training	78
	4. Occupant Emergency Planning Training	19
	5. Building Safety, Building Evacuation Procedures, Fire Drills/Training, Emergency Preparedness	93
	6. OSHA 2 day course	1
	7. Proper Lifting Techniques	8
	8. OWCP Program	18
	9. Hospital National Incident Command System	2
	10. Green Environment Management System	2
	11. Safety and Security	7
	12. Safety in Workplace	5
	13. Other	13

**VETERANS BENEFITS ADMINISTRATION (VBA) (CONTINUED):**

	<b>Types of Training Provided in FY 2008</b>	<b>Number Trained</b>
<b>Supervisors</b>	<ol style="list-style-type: none"> <li>1. COOP Training</li> <li>2. Pandemic Flu</li> <li>3. Building Safety, Building Evacuation Procedures, Fire Drills/Training, Emergency Preparedness</li> <li>4. Workplace Safety</li> <li>5. Green Environment Management System</li> <li>6. Disaster/Severe Weather Plan</li> <li>7. Proper Lifting Techniques</li> <li>8. Safety and Health Training for Federal Supervisors</li> <li>9. OWCP Program</li> <li>10. Occupant Emergency Planning Training</li> <li>11. Safety and Security</li> <li>12. Safety in Workplace</li> <li>13. CPR/AED Training</li> <li>14. Violence in the Workplace</li> <li>15. Other</li> </ol>	119 62 295 15 9 74 20 6 41 36 23 10 33 17 107
<b>Safety and health specialists</b>	<ol style="list-style-type: none"> <li>1. Evacuation Monitor Training</li> <li>2. Proper Lifting Techniques</li> <li>3. COOP Training</li> <li>4. COTR FAC-C Training</li> <li>5. OSHA Training</li> <li>6. Other</li> </ol>	298 2 2 4 2 2
<b>Safety and health inspectors</b>	<ol style="list-style-type: none"> <li>1. OSHA 2 day course</li> <li>2. Annual Workplace Evaluation</li> <li>3. Evacuation Monitor Training</li> <li>4. Other</li> </ol>	2 2 12 4
<b>Collateral duty safety and health personnel and committee members</b>	<ol style="list-style-type: none"> <li>1. OEP Planning</li> <li>2. Safety and DASHO meetings</li> <li>3. Collateral Duty Safety Officer</li> <li>4. Building Safety, Building Evacuation Procedures and Fire Drills/Training, Emergency Preparedness</li> <li>5. COOP Training</li> <li>6. OSHA Safety Procedures</li> <li>7. Occupant Emergency Planning Training</li> <li>8. CPR/AED Training</li> <li>9. Other</li> </ol>	1 61 1 57 5 8 12 16 27
<b>Employees and employee representatives</b>	<ol style="list-style-type: none"> <li>1. Building Safety, Building Evacuation Procedures, Fire Drills/Training, Emergency Preparedness</li> <li>2. Collateral Safety Officer</li> <li>3. COOP Training</li> <li>4. Green Environment Management System</li> <li>5. Disaster/Severe Weather Plan</li> <li>6. Proper Lifting Techniques</li> <li>7. CPR/AED Training</li> <li>8. Safety and Security Training</li> <li>9. New Employee Safety Orientation</li> <li>10. Workplace Violence</li> <li>11. Other</li> </ol>	5002 1 1105 173 247 631 59 318 336 869 368

### **OFFICE OF INFORMATION & TECHNOLOGY (OI&T):**

OI&T will continue to follow facility guidelines to endure ongoing OSH Training. OI&T will coordinate VA's promotion of safety education through the use of VA's OSH Website: [www.va.gov/vasafety](http://www.va.gov/vasafety). The OI&T OSH manager will be an active member of the SSC. The manager will work to improve OI&T OSH focus and identify initiatives to better improve OI&T OSH programs in FY 2009. The newly re-aligned OI&T will develop a plan to support this program. The plan is to be implemented in the near future.

### **B. Field Federal Safety and Health Councils**

#### **a. Involvement**

### **VETERANS HEALTH ADMINISTRATION (VHA):**

Five active Field Federal Safety and Health Councils are currently chaired by VHA Safety and Health Professionals. Data on the number of staff and Union members who attend Council meetings is not available. Participation in Field Councils is directly supported by VHA Directive 7701 and Handbook 7701.1. VHA Facility Directors are responsible for encouraging the participation of staff and union representatives in local Federal Safety and Health Councils. An OSHA Representative presents a course on "Federal Agency Safety and Health Programs" at every Basic Facility Safety and Union Safety course for new VA Safety and Health staff and new Union Safety Representatives. Those courses include a discussion of Field Federal Safety and Health Councils and all employees are encouraged to return to their area and attend a nearby Council, if available.

### **NATIONAL CEMETERY ADMINISTRATION (NCA):**

Currently NCA does not have employees involved with any Field Federal Safety and Health Council.

### **VETERANS BENEFITS ADMINISTRATION (VBA):**

The safety officer at VARO Atlanta coordinates with the Atlanta Federal Safety/Health Counsel to receive additional training aids and classes for supervisors, managers, and employees. The safety officer attends counsel quarterly meetings and briefs division chiefs on the meeting outcomes.

VARO Newark Regional Office works very closely with Federal Executive Board (FEB) and actively participates in their programs. Management officials including the safety officer, are currently part of the FEB's e-mail network that routinely provides notice of all training sessions in the immediate commuting area. At a minimum, the regional office's safety officer, usually attends locally sponsored events.

VARO Waco's Support Services Division (SSD) attends monthly meetings at the Dallas Fort Worth Federal Safety Council. Applicable information from these meetings is posted on safety bulletin boards and distributed to employees.

b. Field Council Support

**DEPARTMENT OF VETERANS AFFAIRS (VA):**

Discovery that VA employees had taken a leadership role in their Federal safety communities resulted in the recognizing five of its employees who had distinguished themselves within the Federal safety community exhibiting strong leadership by chairing local Field Federal Safety and Health Councils (FFSHC).

**C. Other Support Activities**

**NATIONAL CEMETERY ADMINISTRATION (NCA):**

NCA employees who apply Pesticides/Herbicides receive safety training and obtain either an applicator certification or State Licensure. NCA employees who operate forklifts receive safety training and obtain operator certification. NCA sent 29 Wage Grade field employees to the Caterpillar Heavy Equipment Operator Training Program in Peoria, Illinois, to reinforce and practice safe operation of construction type equipment that results upon successful completion obtainment of an operational certification for that heavy equipment. Lastly, NCA had two employees attend the 2008 VA AFGE Safety Council Conference in Las Vegas, Nevada, held in January 2008.

**VETERANS BENEFITS ADMINISTRATION (VBA):**

The safety officer at VARO Des Moines keeps the office's emergency preparedness plan updated and schedules annual fire and tornado drills. The safety officer also conducts an annual continuity of operations tabletop exercise that includes the regional office's key personnel.

In FY 2008, VARO Houston's building management specialist/technician completed an OSHA-sponsored training session and several VA online training courses. The regional office also conducts bimonthly safety committee meetings to provide training and discuss station safety practice.

**IV. SELF-EVALUATIONS**

**NATIONAL CEMETERY ADMINISTRATION (NCA):**

During all of FY 2008 NCA Senior Safety Officials, to include the NCA Safety Officer, the NCA safety and occupational health manager, MSN safety officers, and a senior program analyst from the Office of Field Programs met to evaluate and revise current NCA policy and practices, and in some cases, develop new draft policy where non previously existed, such as the Bloodborne Pathogens Program Handbook, the Violent Prevention Program Handbook, the Leaking Caskets Handbook, and the Hazardous Waste Program Handbook. Each of our current and developed programs was modified to reflect current OSHA standards and incorporate recently developed VA policy and NCA safety practices.

### **VETERANS BENEFITS ADMINISTRATION (VBA):**

In September 2008, VARO Milwaukee evaluated its safety and fire protection programs. The survey found that the OSHA accident and injury log was not current and that the portable fire extinguishers at the new building had not been inspected monthly. The regional office corrected both deficiencies.

VARO St. Petersburg worked with the VAMC's safety office and the VISN safety office to ensure the effectiveness of the regional office's safety and health programs. The regional office and medical center's safety office held monthly meetings to discuss current issues and concerns.

## **V. ACCOMPLISHMENTS FOR FY 2008**

### **DEPARTMENT OF VETERANS AFFAIRS (VA):**

VA has realized notable accomplishments as a result of the efforts of the Office of OSH. Through the diligent efforts of the WCSC and the SSC, all organizations are brought together to enhance the overall management of the WC and Safety programs. The WCSC conducted ten meetings during FY 2008 and the SSC conducted four meetings. As a result of both committees' efforts, the VA WC Strategic Plan and the VA Safety Strategic Plan were published. During FY 2008, four National DASHO conference calls were conducted which included experts from both within and outside VA to speak on current safety topics and high profile safety subjects. The Office of OSH also developed and initiated, in concert with the WCSC, an on-premises site review pilot project to improve VA's WC program by developing a standardized self-assessment tool which individual facilities could use to assess their own program management against a common standard of performance. Site visits were accomplished at a VAMC and a VANC during FY 2008, and a visit is planned for a VARO during FY 2009.

The Office of OSH will continue to work collaboratively, through the WCSC and the SSC, in an effort to improve VA's OSH Program and support the President's SHARE Initiative during FY 2009.

### **VETERANS HEALTH ADMINISTRATION (VHA):**

In FY 2008, VHA had no OSHA willful violations and 23 repeat violations. This is an increase of 16 repeat violations from FY 2007. OSHA Region 10 issued 22 of the repeat violations and conducted 64 percent (231 of 361) of all OSHA inspections in VHA. None of the inspections were the result of an employee complaint.

Annual workplace evaluations are conducted at VHA facilities, deficiencies are identified and the safety and health compliance programs evaluated. The findings and abatement plans are tracked at the Network level and discussed with VA Medical Center Directors. An annual survey by the Healthcare Analysis Information Group (HAIG) tracks and verifies completion of facility safety 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 our achievements. During FY 2008, the HAIG also conducted a survey of occupational health clinic staffing, training, quality improvement and population served. During FY 2005, the General Accountability Office (GAO) audited the VHA OSH program and identified the HAIG annual survey as a Federal government best practice.

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 solutions. Recommendations receive final approval by the medical center director. This group provides for continuous oversight of the medical center safety and health program. Every three years, each medical center is subjected to a specialized Administrative and Clinical Survey by The Joint Commission (TJC) administrative and clinical survey that closely evaluates the safety and health program, as well as the patient care environment. TJC surveyors regard the Safety Committee as one of the most important committees within the medical center. Written safety performance measures are maintained as a part of position descriptions from top management to rank and file employees. TJC accreditation is critical to the operation of the medical centers.

As follow-up to on the 2001 All Employee Survey, VHA established a network director performance measure on employee and workplace satisfaction including annual surveys emphasizing measures of safety climate. VHA has examined the relationship between employee satisfaction and system performance, with quantitative analysis, and has been able to show strong relationships between improved employee satisfaction with clinical, fiscal, and infrastructure performance and patient satisfaction. VHA continues to require performance measures and monitors for the Director of each Network. Performance monitors included a two-year monitor that requires all supervisors in VHA to document completion of an 8-hour training course in safety, with a workers compensation component. Each Network 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 initiated a performance monitor to evaluate and improve workplace safety in VHA Research Areas where hazardous materials are stored and used. VHA required additional inspection frequency and tracking of injury categories and rates.

This initiative will involve those with research program oversight, as well as safety and health programs. A contract was developed and will be implemented in FY 2009 to improve inspection criteria and training programs for research staff. VHA has also undertaken an initiative to evaluate safety, industrial hygiene and emergency management staffing at each medical center. Formulas have been developed for each discipline and facilities will be asked to evaluate the formulas at their medical centers. After testing, recommendations will be made to VHA headquarters on minimum staffing levels.

The VHA CEOSH manages the Safety Automated Facility Evaluation (SAFE) software and database for annual workplace evaluations. The evaluation criteria are developed by specialized safety, fire and industrial hygiene technical advisory groups to ensure SAFE reflects the most current safety management and compliance requirements. Through a strong program of deficiency identification and decisive abatement, the potential for accidents has been reduced. During FY 2007, SAFE software was significantly improved with the release of version 4.5. CEOSH also manages the central VA Material Safety Data Sheet (MSDS) database, maintaining over 30,000 active MSDSs.

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 and several Networks 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 medical center inspections. Conference calls for all Union National Safety Representatives are conducted to discuss issues, announcements and program updates.

On a National level, VHA conducts specialized review of potential weather events and preparedness. VHA specialists monitor and analyze real-time events for each Gulf Coast hurricane warning. Implementation of VHA Emergency Operating Plans ensures sufficient supplies, fuel, equipment and oxygen, as well as lines of communication with emergency personnel and VHA Headquarters. VHA also ensures shelters are established for employees and their families and coordinates with community emergency management officials.

VHA continues to develop and improve Avian Flu, Severe Acute Respiratory Syndrome (SARS) and Tuberculosis (TB) programs based on OSHA and the Center for Disease Control (CDC) regulations and policies with best practices and recommendations through 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. VHA conducted an extensive review of N95 respirator inventories and provided additional funding for medical centers purchases. Respirator fit testing, training and medical exams are provided for the use of disposable respirators and filtering facepieces.

### **NATIONAL CEMETERY ADMINISTRATION (NCA):**

#### **Return-to-Work**

NCA has identified through effective WC case management 159 of our employees to have some amount of work capacity. Of those 159 employees, 99 of them have either been returned to work or are now off the WC wage compensation rolls.

#### **Performance Standards**

Performance Standards for OS&H are now included in MSN's 2 and 4 Cemetery Director's Performance Appraisals. An example is as follows:

##### **Job Element Number 5: Safety/Workers' Compensation (Critical)**

- Develops and implements timely, effective and efficient procedures and policies to ensure that cemetery operations are performed in the safest manner possible.
- Provides timely and effective guidance and direction that maximizes the safety of employees when performing work assignments and the public when visiting the cemetery.

- Takes timely, effective and appropriate corrective action when safety hazards are identified or when accidents involving employees and/or visitors occur.
- Ensures that on-the-job accidents are reported in a timely and accurate fashion, and that the injured employee is provided timely and accurate assistance in obtaining medical care and benefit entitlements.

#### **VETERANS BENEFITS ADMINISTRATION (VBA):**

VA regional offices exceeded program requirements. For example, VARO Chicago promoted security awareness and workplace safety for the interior and exterior of the facility. They quickly responded to hazards that were identified and reported at the facility. The regional office also distributed copies of the “Emergency Plan for Wardens” and the “Life Safety Manual and Evacuation Plan” to all new employees. All employees were encouraged to keep instructions at their desks for how to handle suspicious envelopes, packages, and boxes. VARO Chicago actively worked toward the goal of providing a safe, secure, and healthy work environment of all employees.

VARO Hartford published a safety and ergonomics circular. The office also performed two federal occupational health ergonomics assessments and implemented all resulting recommendations.

VARO Houston completely overhauled and revamped the station's Safety Committee and elevated it to a more formal level which requires detailed documentation.

#### **OFFICE OF INFORMATION & TECHNOLOGY (OI&T):**

Establishment of chargeback codes related to OI&T personnel. OI&T chargeback codes were created to provide enhanced reporting capabilities, and to ensure that OI&T would be separately reflected in the Workers’ Compensation-Occupational Safety and Health/Management Information System (WC-OSH/MIS). These codes are to be used by VHA, VBA, NCA, and other entities when submitting OI&T employee claims to the Department of Labor.

## **VI. RESOURCES**

#### **NATIONAL CEMETERY ADMINISTRATION (NCA):**

Funds were obligated in FY 2008 to continue education in Occupational Safety and Health by funding the NCA National Conference that includes Safety Training, Director Intern training that includes both Safety and WC training, Supervisory training that includes both Safety and WC Training, Equipment Operator Training for field employees that includes safe operation procedures and practices for heavy equipment, and a Gardener Training Program that includes occupational health training.

#### **OFFICE OF INFORMATION & TECHNOLOGY (OI&T):**

OI&T will continue to follow local facilities guidelines to ensure that proper internal oversight of OI&T OWCP claims.

## VII. **GOALS**

### **DEPARTMENT OF VETERANS AFFAIRS (VA):**

The VA will continue endeavors to enhance the WC-OSH/MIS to support the President's SHARE Initiative and the goals of VA's WC and Safety Strategic Plans.

### **NATIONAL CEMETERY ADMINISTRATION (NCA):**

NCA has as one of its major goals is the reduction of the number of injury/illness cases experience in the field. NCA plans on accomplishing this by the continued implementation of smarter, more effective and most importantly safer working policies, procedures, and practices. NCA's Office of Business Process Improvement has recently implemented a communities of practices Website in which all NCA employees can share best practices, ask questions, and share information no matter where they happen to be located. In particular, NCA field supervisors, including foremen and work leaders have a dedicated section on the Website in which to address any safety concerns or questions they may have, as well as share best safety practices for specific operations are conducting at their facility. NCA safety and occupational health manager is a member of the community and will continue to monitor the comments, questions, and concerns that are raised via this media to facilitate informing and then implementing best practices towards conducting cemetery operations in a safe manner.

### **VETERANS BENEFITS ADMINISTRATION (VBA):**

VBA's OFA&A will continue to train all employees on occupational safety and health issues, including safe driving, surefootedness, slips and falls, proper lifting technique, electrical hazards, etc. Our goal is to lower total injury cases while not affecting claims processing. VBA will review incidents and develop an action plan to reduce injuries. We will also send monthly "safety grams" to safety officers. These messages will provide information on Executive Order 100343 and best practices to eliminate injuries, OFA&A will also evaluate implementation of a national regional office self-evaluation report and enhanced safety inspections.

### **OFFICE OF INFORMATION & TECHNOLOGY (OI&T):**

OI&T will continue to adhere to the goals, objectives and strategies developed in conjunction with local facilities. OI&T has established a goal to review all open OI&T cases.

The purpose of the review is to:

- Identify cases that are on the periodic rolls.
- Identify cases that do not have any medical costs and/or compensation costs.
- Enter any case updates not listed in WC-OSH/MIS.

After the initial review, OI&T will continue to monitor cases and improve upon existing SHARE goals for FY 2009 by:

- Working with field WC specialists to develop strategies to get employees back to work or remove from rolls.
- Closing all cases with no medical costs and/or compensation costs.
- Monitoring future case(s) updates.

**VIII. QUESTIONS/COMMENTS:**

**NATIONAL CEMETERY ADMINISTRATION (NCA).**

None.

**VETERANS BENEFITS ADMINISTRATION (VBA).**

None.

**Appendix I – Agency Contact Information Continuation Sheet**

Name	Official Title	Telephone	E-mail
<b>Sub agency Name: Veterans Health Administration (VHA)</b>			
OSH Manager: John Beatty	Director- Safety, Health, Environmental and Emergency Mgmt	(202) 266-4547 (501) 257-1128	<a href="mailto:john.beatty@va.gov">john.beatty@va.gov</a>
Other Contact: Michael Hodgson, M.D.	Chief Consultant, Occupational Health, Safety, and Prevention Strategic Healthcare Group	(202) 461-8496	<a href="mailto:michael.hodgson@va.gov">michael.hodgson@va.gov</a>
<b>Sub agency Name: Veterans Benefits Administration (VBA)</b>			
DASHO: Leo Phelan	Director, Office of Facilities, Access and Administration	(202) 461-9435	<a href="mailto:leo.phelan@va.gov">leo.phelan@va.gov</a>
OSH Manager: Beverly Young	Management Analyst	(202) 461-9773	<a href="mailto:beverly.young@va.gov">beverly.young@va.gov</a>
<b>Sub agency Name: National Cemetery Administration (NCA)</b>			
DSHO: Patrick Hallinan	Director, Office of Field Programs	(202) 461-6248	<a href="mailto:patrick.hallinan@va.gov">patrick.hallinan@va.gov</a>
OSH Manager: John Lawton	NCA Safety Officer	(703) 221-9718	<a href="mailto:john.lawton@va.gov">john.lawton@va.gov</a>
Other Contact: John Thios, Jr.	SOH Manager	(202) 501-3053	<a href="mailto:john.thios@va.gov">john.thios@va.gov</a>
<b>Sub agency Name: Office of Information and Technology (OI&amp;T)</b>			
DSHO: Gary Shaffer	Director, IT Asset Management	(202) 461-9338	<a href="mailto:gary.shaffer@va.gov">gary.shaffer@va.gov</a>
Other Contact: Tim Hughes	Program Specialist	(202) 461-9284	<a href="mailto:timothy.hughes2@va.gov">timothy.hughes2@va.gov</a>