

## VA Handbook 7700.1

Department of Veterans Affairs  
Washington, DC

VA Handbook 7700.1  
Transmittal Sheet  
July 8, 1998

### OCCUPATIONAL SAFETY AND HEALTH

**1. REASON FOR ISSUE:** To revise Department of Veterans Affairs (VA) occupational safety and health (OSH) policy, formerly contained in VA Manual MP-3, VA Engineering, Part III, Safety, Occupational Health, and Fire Protection.

**2. SUMMARY OF CONTENTS/MAJOR CHANGES:** This handbook contains the VA OSH program for the prevention of injuries and illnesses, including requirements for:

- a. Reducing or eliminating work-related injuries and illnesses and for minimizing the severity of those injuries and illnesses that occur;
- b. Training;
- c. Recordkeeping and reporting; and
- d. Recognizing outstanding OSH achievements.

**3. RESPONSIBLE OFFICE:** Office of Occupational Safety and Health (00S1), and Assistant Secretary for Human Resources and Administration (006)/Designated Agency Safety and Health Official (00S).

**4. RELATED DOCUMENTS:** VA Directive 7700, Occupational Safety and Health; and VA Handbook 7700.2, Medical Surveillance Programs.

#### 5. RESCISSIONS

a. This Directive replaces only occupational safety and health portions of MP-3, VA Engineering, Part III, Safety, Occupational Health, and Fire Protection. These are MP-3, Part III, Change 1 dated June 28, 1973; erratum to Change 5 dated March 6, 1974; Change 12, dated October 29, 1995; Change 14, dated September 6, 1976; Change 16, dated November 18, 1976; Change 18, October 12, 1997; Change 19, May 16, 1979; Change 20, dated June 22, 1981; and Change 24, dated July 7, 1988. This rescinds in their entirety:

(1) Chapters 1, 2, 3, and 5; and

(2) Appendices 1A, 2A, 2B, 2C, 2D, 3A, 5H, 5J, 5K, 5M, 5N, 5O, 5P, 5Q, 5R, and 5S.

b. VA Circular 00-88-6, Management, Abatement, and Removal of Asbestos in VA Facilities dated February 9, 1988, and Supplement No. 5, dated January 1, 1993.

NOTE: MP-3, Part III, Chapter 4, Fire Prevention and Suppression, and appendixes 4A, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5I, and 5T will remain in effect until revised or rescinded.

CERTIFIED BY: BY DIRECTION OF THE SECRETARY OF VETERANS AFFAIRS:

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## **OCCUPATIONAL SAFETY AND HEALTH PROGRAM**

**1. PURPOSE AND SCOPE.** This handbook applies to all VA facilities. The purpose of this Handbook is to:

- a. Establish the Department of Veterans Affairs (VA) Occupational Safety and Health (OSH) program for the prevention of occupational injuries and illnesses;
- b. Ensure that all VA facilities implement comprehensive OSH programs that are designed to reduce or eliminate work-related injuries and illnesses and to minimize the severity of those injuries and illnesses that occur;
- c. Establish training requirements for the VA OSH program;
- d. Establish minimal recordkeeping and reporting requirements associated with the VA OSH program to ensure compliance with OSH requirements and minimize the recordkeeping burden to VA employees and managers; and
- e. Establish OSH awards to promote OSH and to acknowledge outstanding OSH achievements.

**2. OBJECTIVES.** The objectives of the VA OSH program are to:

- a. Reduce or eliminate work-related injuries and illnesses;
- b. Minimize the severity of those injuries and illnesses that occur;
- c. Ensure compliance with applicable OSH regulations and standards;
- d. Implement safe work practices; and
- e. Provide a safe and healthful work environment for VA employees, in accordance

with the VA Mission and Goals Statement.

**3. Standards.** Federal regulations and generally accepted industry standards define the scope and direction of the VA OSH program. Although VA facilities are exempt from state and local safety and health requirements and local fire codes, VA strives to attain, wherever possible, compatibility with these state and local codes and standards. Contractor/subcontractor employees shall be required to comply with state and local codes with which VA must comply. The local unions, upon request, shall be provided copies of the applicable state and local codes related to a current problem at the facility.

**4. RESPONSIBILITIES.** Responsibilities associated with the facility OSH program are listed below. These responsibilities must be addressed such that each VA facility develops and implements a comprehensive OSH program.

**a. Facility Directors**

- (1) Ensure that employees are provided a safe and healthful work environment;
- (2) Ensure compliance with the Occupational Safety and Health Administration (OSHA) (e.g., facility reporting requirements) and JCAHO requirements, as appropriate;
- (3) Ensure adequate resources (e.g., staffing and funding) to implement an effective OSH program in accordance with applicable requirements;
- (4) Develop plans to achieve OSH goals as established by the Secretary;
- (5) Develop abatement plans (including corrective actions and interim corrective actions) (and revisions, as necessary) for OSH deficiencies identified;
- (6) Establish a Board of Inquiry when required (see par. 6f);
- (7) Ensure that appropriate personnel develop and implement the Fire Plan (see par.

6j);

(8) Encourage participation in local Federal Safety and Health Councils that are established within 50 miles of the facility;

(9) Facilitate the annual OSH inspection and OSHA inspections and invite employee representatives to participate in such inspections;

(10) Provide OSH support and assistance to local VA facilities so that all VA OSH program requirements are satisfied;

(11) Recognize significant OSH contributions through special awards;

(12) Ensure that non-recurring maintenance and repair; minor, minor-miscellaneous, and delegated major construction projects; and station level construction projects under facility jurisdiction comply with applicable OSH and fire protection requirements;

(13) Maintain OSH records (e.g., the facility log of Federal Occupational injuries and Illnesses, air sampling records, training records) in accordance with Department of Labor (DOL) regulations;

(14) Maintain references required to support the OSH program;

(15) Conduct hazard surveillance surveys in accordance with par. 6a;

(16) Review Office of Workers' Compensation Programs (OWCP) claims forms (CA-1 titled Federal Employee's Notice of Traumatic Injury and Claim For Continuation of Pay/Compensation; CA-2 titled Notice of Occupational Disease and Claim for Compensation; or CA-6 titled Official Superior's Report of Employee's Death) to ensure consistency with the facility log of Federal Occupational injuries and Illnesses;

(17) Evaluate the results of personal and environmental sampling and monitoring to ensure that the procedures used were in compliance with applicable requirements and that personal exposures are within acceptable limits;

(18) Provide copies of personal sampling to the employee(s) monitored and the appropriate employee health personnel;

(19) Notify affected employees and supervisors of air monitoring and sampling results in accordance with applicable regulatory requirements;

(20) Approve (must be documented in writing) all personal protective equipment provided throughout the facility;

(21) Provide the following OSH related support (these support services are the responsibility of the facility Director, even if support services are provided by other VA facilities):

(a) Qualified personnel (e.g., human resources personnel):

1. Ensure that OWCP claim forms (CA-1s, CA-2s, etc.) are completed accurately for facilities serviced;

2. Work with local OWCP offices to ensure that all cases are managed appropriately;

3. Ensure that reports generated from OWCP data reflect facility cases;

4. Report discrepancies concerning work-related injury and illness data in accordance with OWCP regulations;

5. Provide facility safety and/or health personnel a copy of the OWCP forms (i.e., CA-1, CA-2, or CA-6) submitted to DOL;

6. Maintain and provide access to OWCP records in accordance with VA, DOL, and Office of Personnel Management (OPM) regulations;

7. Ensure that all performance standards address OSH responsibilities;

8. Assist appropriate employee health personnel, supervisors, and facility safety and/or health personnel to identify medical surveillance requirements and light-duty

assignments (See Handbook 7700.2, Medical Surveillance Programs); and

9. Ensure that facility safety and health training and medical surveillance records are maintained appropriately.

(b) Qualified personnel (e.g., finance personnel):

1. Ensure that continuation of pay and other cost data associated with OWCP claims for the facilities serviced are accurate;

2. Report discrepancies in accordance with financial reporting procedures concerning costs of work-related injuries and illnesses; and

3. Forward a quarterly report of the costs associated with each lost-time injury or illness to appropriate facility safety and/or health personnel.

(c) Qualified personnel (e.g., acquisition and materiel management personnel):

1. Request that the supplier/vendor provide Material Safety Data Sheets (MSDSs) to the service or individual purchasing hazardous chemicals, when the purchase order request states HAZARDOUS: MSDS REQUIRED;

2. Provide access to purchase order requests to determine if hazardous materials are being requested and/or if the appropriate MSDS has been provided;

3. Ensure that products purchased comply with VA regulations and requirements;

4. Inform contractor of hazards that their employees will encounter; and

5. Ensure that the contractor provides MSDSs to facility OSH personnel.

(22) Ensure that qualified personnel (e.g., safety managers, safety specialists, industrial hygienists, safety engineers, fire protection engineers, infection control, radiation safety, and collateral-duty personnel):

(a) Develop OSH policies, programs, and procedures for the facility and ensure that the facility OSH program is consistent with VA and organizational policies;

(b) Coordinate the facility OSH program;

(c) Ensure that lost-time injuries and illnesses are thoroughly evaluated and that recommended corrective actions preclude a recurrence of similar incidents;

(d) Assist the Employee Health Physician, the Occupational Health Nurse, Service Chiefs, supervisors, and/or Human Resources Management personnel to develop light-duty assignments for injured employees and medical surveillance requirements. (See Handbook 7700.2, Medical Surveillance Programs);

(e) Assist management officials (e.g., Director, Associate/Assistant Director(s), Service Chiefs, and supervisors) to identify OSH training needs and develop and present OSH training for facility personnel;

(f) Evaluate and resolve, as appropriate, employee suggestions and complaints related to safety and health;

(g) Review and comment on the safety and industrial hygiene-related portions of facility construction/renovation project designs and specifications, operations and maintenance procedures, and new equipment, materials, chemicals, and processes proposed for use at the facility to ensure compliance with VA safety and health requirements;

(h) Assist Service Chiefs and supervisors to develop and implement operations and maintenance procedures that ensure that these activities are completed safely and do not result in the exposure of beneficiaries, visitors, or employees to potential hazards;

(i) Support the Contracting Officer's Technical Representative (COTR) during inspections of construction projects in progress at the facility to ensure that the safety and health of VA beneficiaries, visitors, and employees are maintained;

(j) Evaluate new equipment and processes introduced at the facility to ensure that VA OSH requirements are satisfied;

(k) Assist with the development and administration of the Fire Plan (par. 6j) for the facility, as appropriate;

(l) Assist Service Chiefs and supervisors to identify and control hazardous chemicals, biological agents, and/or physical agents located in areas for which they are responsible;

(m) Perform sampling and monitoring of hazardous chemicals, biological agents, and/or physical agents located at the facility, as required by applicable standards or the facility OSH program;

(n) Serve as a member on facility committees that deal with issues related to occupational safety and health; and

(o) Ensure that applicable OSH regulations are addressed by the facility's infection control and radiation safety programs.

(23) Ensure that first-line supervisors comply with their responsibilities for the safety program and see that appropriate action is taken where supervisors do not carry out the safety responsibilities;

(24) Promote employee involvement in the safety program;

(25) Provide training and necessary official time for union safety representatives; and

(26) Designate a liaison to interact with the local union safety representative on safety issues.

**b. The Associate/Assistant Director.** The VHA facility OSH program should be administered by an organizational element that can effectively coordinate interdisciplinary OSH initiatives and enlist the cooperation of all Services. Top level

management must be involved in the daily implementation of OSH

program initiatives. It is strongly encouraged that the Associate/Assistant Director administer the VHA facility OSH program. If this responsibility is assigned to another organization, individual determinations must be based on a review of the effectiveness of the OSH program, current organizational placement, and other appropriate considerations.

**c. Support Services at VHA Facilities.** VHA facility Directors are responsible to provide the following support services at VHA facilities, as appropriate:

(1) Ensure that qualified personnel (e.g., radiation safety officer):

(a) Develop, manage, and implement the radiation safety program for the facility;

(b) Maintain copies of the current Nuclear Regulatory Commission license, site inspection reports, and notices of non-compliance; and

(c) Maintain a list of radioactive materials and radiation producing equipment (including those used as part of research initiatives) located at the facility. These documents must be readily available.

(2) Ensure that qualified personnel (e.g., an infection control officer):

(a) Develop, manage, and implement the infection control program (e.g., control of biological contamination) for the facility; and

(b) Maintain a list of known occupational biohazards (including those used as part of research initiatives) located at the facility. These documents must be readily available.

(3) Ensure that qualified personnel (e.g., engineering personnel):

(a) Provide facility construction designs and specifications for review to the facility safety and/or health personnel and Network OSH personnel;

- (b) Provide written responses for comments resulting from the above reviews;
  - (c) Assist supervisory and facility safety and/or health personnel to identify feasible engineering controls;
  - (d) Assist (e.g., provide as-built drawings) facility safety and/or health personnel to update the comprehensive industrial hygiene survey for the facility (see par. 7a);
  - (e) Ensure that maintenance and repairs at the facility are performed in accordance with applicable OSH requirements;
  - (f) Ensure that safety and health requirements for construction projects at the facility are satisfied; and
  - (g) Ensure that all facility equipment and systems (i.e., fire alarms, automatic suppression systems, etc.) are maintained and serviced in accordance with applicable requirements. Documentation of this maintenance must be readily available.
- (4) Ensure that qualified personnel (e.g., environmental management personnel):
- (a) Assist in the development and implementation of OSH-related environmental management policies and procedures for the facilities serviced;
  - (b) Ensure safe conditions for beneficiaries, visitors, and employees through proper identification, handling, collection, transportation, storage, treatment, and/or disposal of waste materials, soiled linens, and equipment; and
- (5) Ensure that qualified personnel (e.g., employee health personnel) develop, manage, and implement the medical surveillance program for the VA facilities serviced by the medical center and coordinate rehabilitation efforts for work-related injuries and illnesses. (See Handbook 7700.2, Medical Surveillance programs.)

## **5. Occupational Safety and Health Program - Department**

- a. **Annual OSH Inspections.** Annual OSH Inspections shall be performed at each VA

workplace to qualitatively assess compliance of the facility's OSH program with VA requirements. Qualified personnel (e.g., safety managers, safety specialists, industrial hygienists, safety engineers, fire protection engineers, etc.) shall conduct comprehensive OSH inspections of VA facilities for which they are responsible at least once every fiscal year (not to exceed 15 months between inspections). These inspections shall be conducted and documented in accordance with requirements and guidance provided by the Designated Agency Safety and Health Official (DASHO).

**b. Safety, Occupational Health and Fire Protection Evaluation.** VA Form 2165, Safety, Occupational Health and Fire Protection Evaluation or a similar listing of the deficiencies cited shall be provided to the facility Director no later than 15 days after completion of the report of the annual OSH inspection. VA Form 2165 or its equivalent shall be posted, upon receipt, for all OSH deficiencies cited and shall remain posted for three working days or until each deficiency is corrected (whichever is longer) at or near the hazard(s) cited and in a location where employees have routine access. A copy of VA Form 2165 or its equivalent for all OSH deficiencies cited must be provided by the facility Director to the OSH Committee and to employee representatives, as appropriate.

**c. An OSH Abatement Plan.** An OSH Abatement Plan shall be developed that addresses each OSH deficiency, which cannot be corrected within 30 calendar days, identified during an annual OSH inspection (see par. 5a) or an inspection by OSHA. The OSH abatement plan should include an explanation of the reason(s) for the delay, a proposed schedule for correction, and interim corrective action(s) to preclude any adverse impact on the safety or health of VA beneficiaries, visitors, or employees. Network OSH personnel must be provided a copy of the OSH abatement plan for review within 30 days of the facility's receipt of the report that identifies the deficiency(s). The OSH official (or designee) must approve the OSH abatement plan and all revisions to the plan. The OSH abatement plan (and revisions) must be posted at the facility, until the deficiency(s) addressed by the plan has(have) been corrected.

**d. Follow-up Reviews.** Follow-up reviews shall be conducted by qualified Network

personnel (e.g., safety managers, safety specialists, industrial hygienists, safety engineers, fire protection engineers [or their designee]) to ensure that deficiencies identified at VA facilities have been corrected or that the corrective action is effective.

e. **Employee Participation.** Employee participation in all aspects of the VA OSH program is encouraged. Representatives of recognized labor organizations shall be invited by the facility Director to participate in the annual OSH inspection (see par. 5a) and in inspections conducted by OSHA personnel. Employees should be consulted (confidentially, if appropriate) during the annual OSH inspection.

f. **An Annual Occupational Safety and Health Report.** A summary report of occupational safety and health initiatives at each facility shall be prepared by each VA facility and **provided to the appropriate Network OSH official by October 31 of each year.** This report shall discuss the injury and illness experience of the facility for the last five years, include an analysis of trends, and describe actions implemented to reduce/eliminate work-related injuries and illnesses at the facility.

g. **Preoccupancy Inspections.** Preoccupancy inspections, including leased space, must be conducted by qualified personnel (e.g., safety managers, safety specialists, industrial hygienists, safety engineers, fire protection engineers, etc.) prior to occupancy by VA employees of any new or renovated space. These inspections must ensure that the space complies with all applicable safety and health requirements and that VA employees to occupy the space will not be exposed to any recognized safety and health hazards.

## **6. Occupational Safety Program - Facilities**

a. **Hazard Surveillance Surveys.** Hazard surveillance surveys shall be performed and documented at each VA facility by qualified personnel (e.g., safety managers, safety specialists, industrial hygienists, safety engineers, fire protection engineers), who are trained in the recognition of physical hazards and unsafe work practices. These surveys shall consist of a walk-around inspection and a written report. Quarterly surveys must be performed of high hazard areas (e.g., laboratories, engineering

shops) and semiannual surveys must be performed for the entire facility. Deficiencies cited by these surveys that are not corrected within 30 days must be addressed in the facility OSH abatement plan (see par. 5c).

**b. Operations and maintenance activities.** Operations and maintenance activities that have been identified as being hazardous must have written procedures that delineate the step-by-step process required to complete these activities safely. These procedures must be clear to the persons required to implement them, shall incorporate safe work practices, and shall address emergency response. Permits must be required for operations and maintenance activities related to asbestos-containing materials, burning/welding, confined space entry (in accordance with OSHA requirements), sprinkler/fire alarm maintenance, and other operations and maintenance activities that could inadvertently expose VA beneficiaries, visitors, or employees to hazardous conditions. (See par. 6j(1)(c).) Failure to follow written procedures may result in disciplinary action. Position descriptions of personnel performing these tasks shall reflect safety and health concerns documented by the written procedures.

**c. An OSH Committee.** An OSH Committee shall be established at each VHA healthcare facility and shall meet monthly. The committee shall monitor the facility OSH program and coordinate between services to ensure that OSH program elements are implemented effectively and efficiently (see par. 4c) and provide assistance and support to the facility Director concerning OSH issues. The facility OSH Committee serves as the focal point for facility-wide safety management issues. The Associate/Assistant Director (or equivalent) shall serve as the Chairperson. Membership on the committee must include facility safety and/or health personnel and a representative of each recognized labor organization. Other committee members shall be appointed by the facility Director. The facility OSH Committee is not intended to meet the requirements of 29 CFR 1960.36(b).

(1) The facility OSH Committee is responsible for:

(a) Assisting in the development and revision of policies, programs, and procedures

(including operations and maintenance procedures) related to OSH for the facility, recommending approval, and evaluating the effectiveness of these policies, programs, and procedures;

(b) Reviewing and commenting on OSHA and JCAHO inspections, annual OSH inspection reports, and resulting OSH abatement plans (and revisions) (including corrective actions or interim corrective actions);

(c) Participating (as appropriate) in the conduct of hazard surveillance surveys (see par. 6a) and reviewing the resulting reports;

(d) Recommending and monitoring resource allocations for the facility OSH program;

(e) Providing multidisciplinary support concerning injury and illness prevention and monitoring the status of such initiatives;

(f) Establishing subcommittees or other work groups to address OSH concerns that require additional evaluation or development;

(g) Identifying OSH-related trends, and developing strategies to reduce or eliminate risks;

(h) Promoting OSH throughout the facility; and

(i) Ensuring that OSH-related problems and deficiencies identified by committee members and employees are resolved in a timely manner, so that a safe and healthful environment is provided for VA beneficiaries, visitors, and employees.

(2) Minutes of OSH committee meetings shall be reviewed and approved, as appropriate, by the facility Director. Copies of the approved minutes shall be provided to OSH committee members and service chiefs.

**d. Injury and Illness Investigations.** Investigations shall be conducted for all work-related accidents by the supervisor(s) of the employee(s) involved. These

investigations must be documented on VA Form 2162, Supervisor's Injury and Illness Investigation Report, and forwarded to the facility safety and health office. The investigation report shall be reviewed by facility safety and health personnel, who may conduct an investigation, as appropriate. Injury and illness investigations shall include recommended corrective action(s) that will preclude a recurrence of a similar injury or illness.

**e. An Injury and Illness Review Board.** A review board should be established to evaluate lost-time injuries and illnesses at VHA facilities. The chairperson of the Injury and Illness Review Board should report to the facility OSH Committee and/or the facility Director, as appropriate. This board can be a standing subcommittee within the facility OSH committee. The supervisor and the injured/ill employee (if possible) should meet with the Injury and Illness Review Board, and a written investigation (VA Form 2162 or equivalent) of each incident must be reviewed. The Board must ensure that recommended corrective actions will preclude a recurrence of the incident and must monitor implementation of all resulting corrective actions to ensure their effectiveness. This board must be provided OWCP case information, legal advice, and other support, as appropriate.

**f. A Board of Inquiry**

(1) This Board shall be convened to investigate work-related fatalities, incidents resulting in the hospitalization of three or more persons, or an overexposure to radiation that occurs to facility personnel. The Board of Inquiry shall consist of an OSH professional appointed by the Network Director, who will serve as chairperson, a representative of the facility safety and health office or collateral-duty personnel; and one employee appointed by the facility Director. The investigation shall start no later than two days from the date of the incident.

(2) The Board must prepare a written report that includes the date and time of the incident, a description of the incident (including the events leading up to the incident), interviews of employees and witnesses, photographs, recommendations to preclude a recurrence of similar incidents, and other pertinent information. The final report must

be submitted within 30 days from the date of the incident to the facility Director, the Network Director, the organization's OSH official, and the Director, Occupational Safety and Health.

**g. Unsafe Working Conditions.** Unsafe working conditions shall be brought to the attention of supervisory personnel immediately. If an employee is uncomfortable discussing the unsafe working condition with facility supervisor, does not feel that the corrective action was adequate, or does not feel that corrective action is being implemented in a timely manner, the employee can notify facility safety, health personnel and/or the union. This notification should be in writing and any request to remain anonymous should be clearly stated. Network OSH personnel, the organization's OSH Official, or the Director, Occupational Safety and Health should be contacted in turn, if the issue is not resolved to the employees' satisfaction within 30 days. Reprisal against employees who exercise their rights under the OSH program is prohibited. Reprisal against employees may result in disciplinary action.

**h. Product Safety Program.** A Product Safety Program in accordance with VA Handbook 7128, Storage and distribution, shall be established at VA facilities to ensure that products and equipment procured by VA are safe for use, meet applicable safety requirements, are labeled appropriately, and are removed from service and disposed of properly when no longer serviceable or when recalled by the manufacturer, General Services Administration, or other Federal agency. The facility program must comply with all requirements of the VA product safety program and ensure that all hazardous chemicals and agents are handled safely throughout their life cycle (including receipt, distribution, storage, use, disposal, and emergency response). Training will comply with regulatory requirements, such as the Nuclear Regulatory Commission, OSHA, Environmental Protection Agency (EPA), and the Department of Transportation 49 CFR 172. (See par. 4a(21)(c).)

**i. Motor Vehicle Safety Programs.** Motor Vehicle Safety Programs shall be developed and implemented at VA facilities where motor vehicles (including cars, vans, trucks, forklift trucks, bulldozers, etc.) are regularly operated on official business.

This program shall remind operators of safe driving practices, the requirement to use safety belts and shoulder harnesses, and defensive driving techniques. Periodic distribution of vehicle safety literature, the use of posters, and video training aids are encouraged. Facilities shall present at least one formal safe driving program per year. Operators of VA vehicles must have a current state drivers license. This must be verified by the Department of Transportation's National Driver Register through the Network Support Team (Engineering Management and Field Support Office).

j. **A Fire Plan.** A fire plan is required for each VA facility. Training appropriate for personnel assigned responsibilities as part of the Fire Plan must be provided within six months of appointment (see par. 9a(1)(f)) and must be updated annually.

(1) The Fire Plan must contain:

(a) Evacuation instructions and procedures to be followed in the event of an emergency (Occupant Emergency Plan). (See General Services Administration [GSA] publication titled Occupant Emergency Program Guide. Only VA facilities located in GSA buildings must follow the specified format.) (See par. 6j(3));

(b) Procedures to ensure safety of patients, visitors, and employees and the continuity of operations in the event of a natural disaster or other emergency in accordance with each VA facility's emergency preparedness plan; and

(c) Procedures to ensure that all equipment and systems installed to prevent or control ignitions or fires are maintained and operated properly, that processes (such as welding/burning) are controlled, and that adequate emergency response procedures are implemented (Fire prevention Plan). (See 29 CFR 1910. 37(m) and (n) and 38(b).)

(2) The Fire Plan for VHA facilities must comply with JCAHO requirements. Portions of the Fire Plan that deal with patient-related issues must be developed and implemented by appropriate medical personnel.

(3) In GSA facilities where other Federal agencies are located, the agency with the most personnel assigned to the facility (the major tenant) will generally be responsible to develop and implement the evacuation instructions and procedures (i.e., Occupant Emergency Plan). If VA is the major tenant, VA personnel at the facility will develop this plan with the assistance of qualified personnel (e.g., safety managers, safety specialists, industrial hygienists, safety engineers, fire protection engineers, etc.); coordinate VA staffing of the evacuation organization, as required; and represent the facility in related matters.

## **7. Occupational Health Program - Facilities**

a. **A Comprehensive Industrial Hygiene Survey.** A comprehensive industrial hygiene survey shall be performed at each VA facility by qualified safety and/or health personnel and/or a contractor. The survey must address

hazardous chemicals, biological agents, and physical agents located at the facility that could adversely impact the safety and health of VA beneficiaries, visitors, or employees. General survey guidance is provided in OSHA's Technical Manual, Chapter 7, Hospital Investigations Health Hazards. This survey must be reviewed and updated annually or whenever there has been a change in the production process, control equipment, personnel, work practices, or employee complaints, that may result in new or additional exposures. Hazardous chemicals and equipment must be used and operated in accordance with OSHA regulations and the manufacturer's recommendations and guidance.

b. **Program Elements.** The program elements listed below shall be developed and implemented, as appropriate, for each hazardous chemical, biological agent, or physical agent identified by the Comprehensive Industrial Hygiene Survey:

(1) **Monitoring and Analysis.** Monitoring and analysis shall be performed in accordance with OSHA and EPA requirements and guidelines. If there are no applicable OSHA or EPA requirements or guidelines, National Institute for Occupational Safety and Health (NIOSH) recommendations should be used. State and local requirements shall be satisfied, as applicable. Monitoring for chemicals or agents should be documented on the appropriate VA or Federal agency form. If monitored levels exceed the permissible exposure level or action level (a concentration of a chemical or agent above which OSHA requirements become mandatory) for an individual chemical or agent or if recommended by qualified personnel (e.g., an industrial hygienist), the facility shall establish an air monitoring program for that chemical or agent. Personal sampling shall be performed during initial maintenance and repair activities. These samples will establish the level of exposure and should be the basis for the procedures to be followed, any personal protective equipment (PPE) required, and engineering controls. Agents identified in the workplace hazard assessment, i.e., hazardous chemicals, biological agents, or physical agents, to which an employee is exposed shall be included in the employee's medical file and updated, as appropriate (see par. 11a(7)).

(2) **Medical Surveillance Programs.** Medical surveillance programs shall be developed and implemented in accordance with OSHA and VA requirements. Medical surveillance requirements for respirator use are specified in OSHA and the American National Standards Institute (ANSI) Z88.6, "American National Standard for Respiratory Protection - Respirator Use - Physical Qualifications for Personnel." VHA healthcare facilities shall provide medical surveillance support (including medical certification to wear a respirator) for local VA facilities. Evaluation for symptoms of illnesses (such as those for contact dermatitis) must be included in the facility medical surveillance program. (See Handbook 7700.2, Medical Surveillance Programs.)

(3) **Education and Training Programs.** Education and training programs shall be developed and presented to employees who could potentially be exposed to a hazardous chemical, biological agent, or physical agent (see par. 9a(1)(e)). This specialized training shall address the health hazards associated with the chemical or agent, standard operating procedures to be followed, first-aid procedures, and emergency actions. Documentation of satisfactory completion of specialized training shall be provided to Human Resources Management and facility safety and/or health personnel for inclusion in the employee's Official Personnel File.

(4) **An Exposure Control Plan.** This plan shall be prepared for an individual chemical or agent, if a suitable (one

that eliminates/reduces the hazard and performs the function of the hazardous chemical, biological agent, or physical agent) substitute cannot be identified and if exposure levels exceed the action level or can reasonably be expected to exceed the action level. The written Exposure Control Plan shall be approved by the facility Director and enforced by appropriate supervisory personnel. The Exposure Control Plan must address each of the following elements:

(a) **Written Procedures.** Written procedures that are specific to the activities being conducted, that are clear to persons required to follow the written procedures, and that address storage, use, handling, and disposal operations must be developed. Position descriptions of personnel performing these tasks shall reflect safety and health concerns documented by the written procedures;

(b) **Engineering Controls.** Engineering controls (e.g., enclosure, isolation, and ventilation) that minimize/eliminate exposure throughout the activity or can be combined with other controls to minimize/eliminate these exposures. Engineering controls shall be designed and installed by qualified personnel. The design and installation of engineering controls shall be reviewed, approved, and validated (as appropriate) by qualified safety and/or health personnel;

(c) **Administrative Controls.** Administrative controls that manage personnel so that exposure to hazardous chemicals, biological agents, and physical agents is limited. Administrative controls can only be used when engineering controls cannot minimize/eliminate exposure throughout the activity; and

(d) **Personal Protective Equipment (PPE).** Personal protective equipment must be worn properly so that exposure to hazardous chemicals or agents will be minimized/eliminated. Employees shall receive training concerning the use, care, and limitations of any PPE required during the performance of tasks assigned to them. Specific requirements for PPE are listed in par. 8c.

(5) **Regulated Areas.** These are areas where access is restricted for safety and health reasons. They shall be established when concentrations of a hazardous chemical exceed or can reasonably be expected to exceed the action level or permissible exposure limit (the level established by OSHA or adopted by VA above which engineering or administrative controls are required). Regulated areas shall be clearly identified and access to these areas must be limited to employees authorized to perform duties in these areas. Regulated areas shall be posted in accordance with applicable requirements. A list of confined spaces at the site shall be maintained in appropriate locations (e.g., facility safety office, Engineering). The list must identify those confined spaces where a permit is required.

(6) **Emergency Procedures.** These procedures shall address first-aid information, spill clean-up, personal protective equipment, emergency reporting, evacuation, and waste disposal. These procedures shall be readily available to responding emergency personnel and shall comply with applicable Federal, state, and local requirements.

(7) **Personal Hygiene Facilities and Practices.** These practices shall comply with sanitation requirements for the work performed.

(8) **Labeling and Posting.** Labeling and posting to identify the presence of hazardous chemicals, biological agents, and physical agents to which employees may be exposed shall comply with applicable regulations as required by 29 CFR 1910.1200(f) and 1926.61 or the most stringent consensus standards, if there are no applicable regulations. Doors to laboratories where biological research is conducted must have a biological hazard symbol and the biosafety level, as defined by the Centers for Disease Control and Prevention, clearly displayed utilizing labels prescribed in the National Fire Protection Association Guide to Hazardous Materials (NFPA 49, 325m, 491m, and 704).

## **8. Specific Occupational Safety and Health Program COMPONENTS**

a. **Ergonomics Program.** An ergonomics program shall be developed and implemented at all facilities based upon an ergonomics assessment of tasks that pose a significant risk for injury. This written program shall include procedures (e.g., number of people required, equipment required) for proper lifting of materials and patients (at healthcare facilities), video display terminal (VDT) use, and tasks that require repetitive motion. Back injury prevention **training** shall address proper lifting procedures, operation of lifting devices used at the facility, prevention (wellness) techniques, and be tailored to the tasks performed. All employees that perform lifting, as part of their work assignments, shall successfully complete specialized back injury prevention training.

b. **Violent Behavior Prevention Program.** This program shall be developed and implemented at all VA facilities. This written program shall minimize exposure of employees to violent behavior. VHA healthcare facilities must include response procedures to ensure quality patient care. Training shall address warning signs, response procedures, prevention techniques, and defensive techniques. All employees that could be exposed to violent behavior, as part of their work assignments, shall successfully complete specialized annual violent behavior prevention training.

c. **Personal Protective Equipment (PPE).** Personal protective equipment, such as safety shoes, safety glasses, hard hats, etc.) must provide protection appropriate for the hazard. PPE shall be purchased by the facility and provided at no cost to employees and visitors, as appropriate. Qualified facility personnel must conduct a hazard assessment to determine what PPE to provide. PPE shall be periodically inspected by the user to ensure that adequate protection is provided and must be replaced when signs of wear that could jeopardize its proper function are evident. Specific requirements for PPE are listed below:

(1) **A Respirator Program.** A respirator program shall be established at facilities where respirators are provided or used. These written programs shall meet OSHA and Food and Drug Administration requirements; ANSI Z88.2, "American National Standard for Respiratory Protection;" and ANSI Z88.6, "American National Standard for Respiratory Protection - Respirator Use - Physical Qualifications for Personnel." The respirator program shall be managed by an individual that has satisfactorily completed formal training concerning respirators. Anyone using a respirator as part of facility job shall receive medical approval from the Employee Health Physician, prior to being assigned a respirator (see par. 7b(2)). VHA healthcare facilities shall provide medical surveillance support (including medical certification to wear a respirator) for other VA facilities that they service, as appropriate.

(2) **Eye and Face Protection.** This protection shall meet the requirements of 29 CFR 1910.133.

(a) If a splash hazard exists, a face shield or goggles shall be worn. If there is a potential exposure to hazardous gases and vapors, gas-tight goggles shall be worn.

(b) Employees required to wear prescription safety glasses or special eyeglasses for use with VDTs must obtain an eye examination, and if determined that they need prescription safety glasses or special eyeglasses for VDT use, the facility shall provide the prescribed eyeglasses, upon receipt of the prescription. VDTs must be used as part of the employee's job for more than 6 hours per day, cause eye strain or other visual problems, and all other VDT-related sources of eyestrain must be addressed, before the special eyeglasses for VDT use will be provided.

(3) **Protective Clothing and Gloves.** Protective clothing and gloves shall be provided for employees when there is potential for skin contact with hazardous chemicals or biological or radiological substances. Protective clothing includes full-body suits, face masks, shoe covers, and/or head covers. All clothing and gloves must be evaluated for suitability (e.g., whether an allergic reaction may occur).

d. **Asbestos Program.** VA facilities shall control asbestos-containing materials located at the facility in accordance with generally-accepted practices and OSHA and EPA requirements and guidelines:

(1) An [Asbestos Assessment](#). This assessment shall be performed and documented in accordance with EPA regulations published to implement the Asbestos Hazard Emergency Response Act (AHERA) that are appropriate for VA facilities where asbestos-containing materials are located. [Previously completed assessments are acceptable](#).

(a) New assessments and updates shall be performed by personnel that have successfully completed AHERA Building Inspector and Management Planner training. Certifications for these [training requirements shall be completed on an annual basis in accordance with AHERA](#). The local union, upon request, will be provided proof of this certification. State licensing is not required.

(b) In leased properties only those areas occupied or visited by VA employees and mechanical rooms that service these areas must be inspected. An assessment prepared in accordance with AHERA requirements for the building owner or manager will satisfy this requirement.

(c) Facilities that have been built without asbestos (the specification and construction drawings prohibited its use) do not need to be inspected, if the construction contractor provides a written statement that asbestos was not used.

(d) Facilities where all asbestos is inaccessible do not need to update the asbestos assessment, unless asbestos-containing materials are impacted by construction or renovation projects.

(2) **An Asbestos Management Plan.** This plan shall be prepared for each facility where asbestos-containing materials are located. This plan shall identify controls for asbestos-containing materials located at the site and be revised and updated every three years or when major changes have occurred that impact the recommendations of the plan, until all asbestos-containing materials have been removed. The Asbestos Management Plan must be

developed in accordance with appropriate portions of EPA's regulations published to implement AHERA. The facility Director must submit this plan to the Network Director or OSH official, as appropriate, for review and approval (not to the State, as required by 40 CFR 763.93).

(3) **Asbestos Operations and Maintenance Procedures.** These procedures shall be developed and documented in accordance with appropriate portions of EPA regulations published to implement AHERA for operations and maintenance activities that can be anticipated to impact asbestos-containing materials. These procedures shall specify actions to be taken during anticipated emergencies. Operations and maintenance personnel assigned asbestos-related tasks must complete training that addresses the written procedures and complies with appropriate portions of EPA regulations published to implement AHERA. the latest edition of the National Institute of Building Sciences' "Guidance Manual - Asbestos Operations and Maintenance Work Practices" should be used to assist in the development of the facility asbestos operations and maintenance program.

(4) **Asbestos Abatement Project Contract Documents.** These documents shall be based on the latest version of the VA Asbestos Abatement Specification at the time the contract is let. Air sampling (including final acceptance criteria) in support of asbestos abatement projects shall comply with appropriate portions of EPA regulations published to implement AHERA. Air sampling required for final clearance of asbestos abatement projects shall be performed by qualified VA personnel or consultants reporting directly to VA personnel. Air sampling performed by the asbestos abatement contractor is not an acceptable basis for final acceptance of asbestos abatement projects. Project areas previously cleared by other methods are not required to be re-sampled in accordance with AHERA procedures.

(5) **Medical surveillance.** Medical surveillance must be provided to employees exposed to asbestos in accordance with VA and OSHA requirements. (See Handbook 7700.2, Medical Surveillance Programs.)

(6) **Leasing of Property.** Property that contains asbestos shall be inspected by an AHERA certified inspector or documented as asbestos-free before the lease can be ratified. The Network Director or the appropriate OSH Official must approve/deny ratification of the lease based on the report of the inspector.

## **9. TRAINING Requirements**

a. **General.** Employees assigned responsibilities for implementation of the VA OSH program will receive training in accordance with the following requirements:

(1) **Employees, Supervisors, and Managers.** They shall receive training and periodic updates in accordance with all OSH requirements. Training listed below is required to ensure that VA employees are familiar with the VA OSH program, their responsibilities within that program, and procedures and practices that can ensure their safety and health.

(a) **New Employee Orientation.** Orientation shall include training concerning the VA OSH program; the responsibilities, rights, or protections afforded each employee; lifting safety; and emergency evacuation instructions and procedures. New employees shall receive this training on or about their first day at work.

(b) **Supervisor's Basic Safety and Health Training**. This training shall include discussions concerning supervisory responsibilities for providing and maintaining safe and healthful working conditions for employees; the OSH Act; Executive Order (E.O.) 12196; 29 CFR 1960; OSH standards applicable to their assigned workplaces; the VA OSH program; the organization's OSH program; VA procedures for reporting and investigating allegations of reprisal; VA procedures for reporting, evaluating, and abating hazards; accident investigation techniques and procedures; other appropriate rules and regulations; and the role and responsibilities of supervisors in the VA OSH program. VHA supervisory training shall include a discussion of JCAHO safety and health requirements. This training may be part of a basic supervisory training course and shall be successfully completed by supervisors within six months of being assigned supervisory responsibilities.

(c) **Supervisor's Advanced Safety and Health Training**. This training shall enable supervisors to recognize and eliminate (or reduce) OSH hazards in their working units and manage the VA OSH program within these units. This training shall address instruction and motivation of subordinates concerning OSH issues. OSH standards and regulations associated with responsibilities assigned to supervisors, hazard recognition, and specific corrective actions to be implemented must be discussed in detail.

(d) **Management Training for OSH Officials, Network Directors, and Facility Directors**. Management training shall address advanced management topics that explain the role of management in accordance with the OSH Act, E.O. 12196, 29 CFR 1960, and the VA OSH program. These officials must be provided orientation and other learning experiences that will enable them to manage the OSH program for their organization. VHA officials must be provided additional orientation concerning JCAHO's safety management requirements.

(e) **Specialized OSH Training**. Training appropriate to the work performed by the employee shall be provided. This training shall be specific for individual hazardous chemicals, biological agents, or physical agents and shall address health hazards, standard operating procedures, first-aid procedures, and emergency actions. Employees shall satisfactorily complete this training before being assigned responsibilities where they may be exposed to the hazardous chemical, biological agent, or physical agent (see par. 7b(3)). Periodic training updates shall be provided.

(f) **Fire Plan Organization Members**. Fire plan organization members (e.g., Occupant Emergency Plan Organization) must be provided training appropriate for their responsibilities. This training must be updated annually.

(g) **Collateral Duty OSH Personnel**. Collateral duty OSH personnel shall complete specific OSH training for the VA organization to which they are assigned. This training shall address the VA OSH program; the OSH Act; E.O. 12196; 29 CFR 1960; VA procedures for reporting, evaluating, and abating hazards; investigation of allegations of reprisal; the recognition of hazardous conditions and environments; conduct of safety and/or industrial hygiene inspections at their facilities; and reference and use of OSH standards and other appropriate regulations. This training shall be successfully completed within six months of being assigned to a collateral duty position.

(h) **Safety Representatives of Recognized Labor Organizations**. Safety representatives of recognized labor organizations are encouraged to attend local safety representative training and any specialized OSH training (see

par. 9a.(1)(e)).

(2) **Facility OSH Committee Members.** Facility OSH committee members shall receive OSH and JCAHO-related training appropriate for their committee responsibilities.

(3) **OSH Professionals.** OSH professionals must complete at least 40 hours per year of safety and/or health training, excluding training needed for Asbestos Hazard Emergency Response Act recertification or Life Safety Code Updates. Additionally, OSH personnel should attend one conference or symposium that deals with safety and/or health issues per year. Newly assigned personnel may have more intensive training needs and may be required to complete additional training, when initially assigned OSH responsibilities.

(4) **Employee Health Physicians/Occupational Health Nurses.** Employee health personnel shall receive training concerning medical surveillance programs and their role and responsibilities within those programs. This training shall address the VA OSH program, the OSH Act, E.O. 12196, 29 CFR 1960, the VA medical surveillance program, and OSHA standards for medical surveillance.

b. **Coordination of OSH Training Initiatives.** The Office of Employee Education; the Engineering/Safety Cluster Coordinator; and the Director, Occupational Safety and Health, shall coordinate OSH training development and presentation to enable the Department to cost efficiently comply with OSH program training requirements.

c. **Budget Requests for Department-wide OSH training initiatives.** Budget requests will be submitted by the Director, Occupational Safety and Health.

#### **10. Occupational Safety and Health Awards**

a. The Secretary's Occupational Safety and Health Award(s). Special recognition shall be presented annually by the Secretary to those VA organizations or individuals that have an exemplary record concerning OSH issues or have made an outstanding contribution to the development or implementation of the VA OSH program.

b. Other Awards. Administration Heads, Assistant Secretaries, other key officials, Deputy Assistant Secretaries, and Facility Directors, shall develop special award programs that recognize significant contributions to the OSH program at their

organization, network, or facility.

## **11. Recordkeeping and Reports**

a. **VA OSH Program Requirements.** Program requirements are listed in Appendix B, Tables 1 through 4. Table 1 lists the required records and recordkeeping; Table 2 lists required plans and programs; Table 3 lists required inspections and investigations; and Table 4 lists the VHA facility committees related to OSH . Specific recordkeeping and reporting requirements are discussed below:

(1) **Log of Federal Occupational Injuries and Illnesses.** This log (or its equivalent) shall be maintained by fiscal year (October-September) for each VA facility by facility safety and/or health personnel (see Appendix B, Table 5 - Recording, Investigating, and Reporting Occupational Injuries and Illnesses). A copy of the log of Federal Occupational Injuries and Illnesses (or its equivalent) for the previous fiscal year shall be submitted to the appropriate Network OSH official by November 14 of each year. Facilities may use either Appendix A, Log of Federal Occupational Injuries and Illnesses of OSHA Publication 2014, Recordkeeping and Reporting Guidelines for Federal Agencies or computerized programs that include the required information. OWCP forms (CA-1, CA-2, and CA-6) shall be cross-referenced with the Log of Federal Occupational Injuries and Illnesses to ensure that work-related injuries and illnesses are appropriately documented in both records. The facility Log of Federal Occupational Injuries and Illnesses (or its equivalent) for the previous fiscal year must be posted at the facility for 30 days beginning no later than November 15 of each year.

(2) **Injury and Illness Investigations.** Investigations conducted by the supervisor(s) of the injured/ill employee(s) shall be documented on VA Form 2162. Narrative reports shall be prepared by the Injury and Illness Review Board and the Board of Inquiry, as appropriate. (See Appendix B, Table 5 - Recording, Investigating, and Reporting Occupational Injuries and Illnesses.)

(3) **Annual OSH Inspection Reports.** Reports (including Notices of Unsafe or Unhealthful Working Conditions (VA Form 2165) or its equivalent) shall be maintained at the facility for five years or until deficiencies identified have been corrected (whichever is longer). Network OSH personnel shall submit a complete OSH inspection report to

the facility Director and an Executive Summary to the Network Director, the appropriate OSH Official, union safety representative, and the Director, Occupational Safety and Health.

(4) **An OSH Abatement Plan.** This plan shall be developed by individual facilities within 30 days of receipt of the annual OSH inspection or OSHA inspection(s) reports. (See par. 5c.) This plan shall address OSH deficiencies cited in the annual OSH inspection report, inspections by OSHA personnel, and/or identified by VA employees that cannot be corrected within 30 days of receipt of the report. Facility directors shall provide a copy of the OSH abatement plan (and revisions) to the organization's OSH Official for review and approval. Approved copies of the OSH abatement plan (and revisions) shall be provided by the facility Director to the Network Director, the appropriate OSH Official, and the Director, Occupational Safety and Health.

(5) **Annual Occupational Safety and Health Report.** Reports shall be prepared by each VA facility and be provided to the appropriate OSH official by October 31 of each year (see par. 5f).

(6) **Medical Records.** Medical records (including x-rays) required to ensure compliance with OSHA regulations shall be maintained on file for the period specified by the applicable regulation.

(7) **Specialized Reports, Plans, and Procedures.** Specialized reports, plans, and procedures shall be developed in accordance with appropriate OSHA, EPA, and/or VA requirements (see pars. 5a, b, c, d, f, and g; 6a, b, d, e, f, g, h, i, and j; 7a, b(4), and b(6); and 8a, b, c(1), and e(1), (2), and (3)).

(8) **OWCP/OSH management information system.** This system known as WC/Safety Tracker\* should be available to OWCP claims management and safety and/or health personnel. The system should be accessed periodically to determine if new OWCP claims have been submitted to DOL by the facility. New claims should be compared to the Log of Federal Occupational Injuries and Illnesses to ensure that each claim is also on the log. Incorrect OWCP claims information should be corrected in accordance with the procedures established by DOL.

\***NOTE:** WC/Safety Tracker can be used to determine claim rates, frequency distributions for variables, and information for identifying trends, problem areas, and training needs. Data from this system should be used to prepare reports on the performance of the VA's OSH program, determining achievement of the Secretary's OSH goals, and for recognition of OSH-related accomplishments.

(9) **Nominations for the Annual Secretary's Awards** (see par. 10a) shall be provided to the DASHO's office by January 1 of each year.

(10) **An Annual Narrative Report.** This report shall be provided by each OSH Official to the Designated Agency Safety and Health Official by January 1 of each year. This report will be used as the basis for the Annual OSH Report to DOL/OSHA.

b. **Documentation Related to the OSH Program.** Documentation, such as the facility Log of Federal Occupational Injuries and Illnesses, air sampling records, and occupational safety and health references, for each facility should be maintained on file in the facility safety and health office. Employee Health shall maintain employee medical records. All applicable OSHA requirements for recordkeeping must be satisfied. Appendix C lists forms that are used to document portions of the VA OSH program.)

c. **Retention of OSH records.** These records, unless otherwise specified or required by OSHA standards, shall be retained for a minimum of five years from the end of the fiscal year.