INFORMATION: Agency Fiscal Year 2000 Annual Report on Occupational Safety and Health

FEB 14 2001

Acting Assistant Administrator for Policy
Planning, and International Aviation, API-1

Assistant Secretary for Administration, M-1

Attached is the annual assessment report for the FAA Occupational Safety and Health Program as requested in your memo of December 26, 2000, entitled Annual Occupational Safety and Health Report to the Department of Labor. If you have any questions about the report, please contact Tom Holloway of my staff at ext. 78114.

ORIGINAL SIGNED BY
LOUISE E. MAILLETT

Louise E. Maillett

Attachment

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CC: AEE-1/200;API-1
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WP:RT-C/MYDOCS:M43-2-1MEMO.DOC;
ATTACHMENT IS M43MEMO.DOC (APPENDICIES NOT DAMS/WORD DUE TO LENGTH)

Annual Occupational Safety and Health Report to the Secretary of Labor

Fiscal Year: 2000

Name of Agency (Department): Department of Transportation

Name of Component: Federal Aviation Administration

Address: 800 Independence Avenue, SW, Washington, DC 20591

Number of employees covered by this report: 49,068

Name of individual responsible for the occupational safety and health program of the agency or component covered by this report: Dr. Tom Holloway

Title: Manager, Environment, Energy, and Employee Safety Division, AEE-200

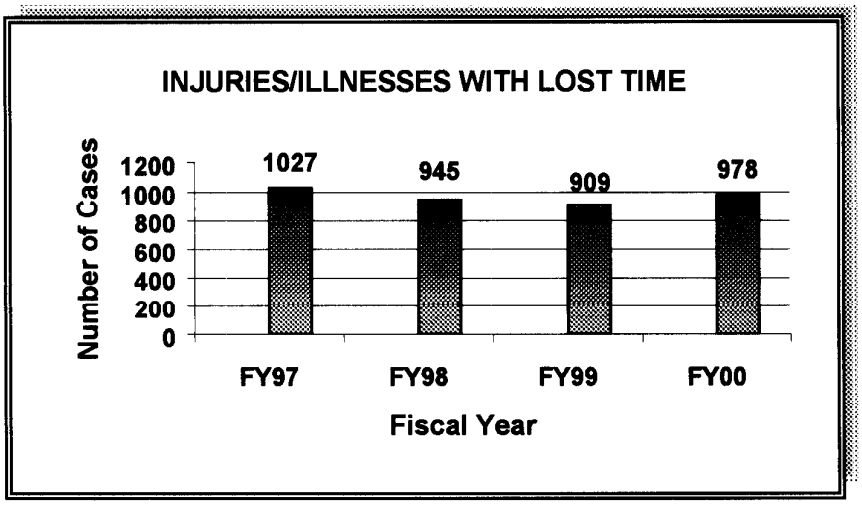
Telephone number: (202) 267-8114

1. DATA AND ANALYSIS

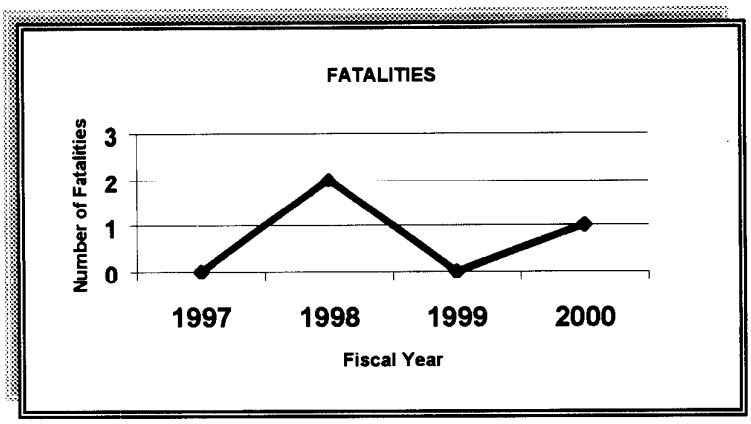
1a. Comparison of FY 2000 statistics for lost time disabilities and fatalities.

The two charts in this section compare FY 2000 FAA injuries/illnesses that involved lost time and FAA fatalities with the previous three years' statistics.

This information is based on agency claims submitted to OWCP and returned to the FAA through the DOT Workers' Compensation Information System (WCIS).



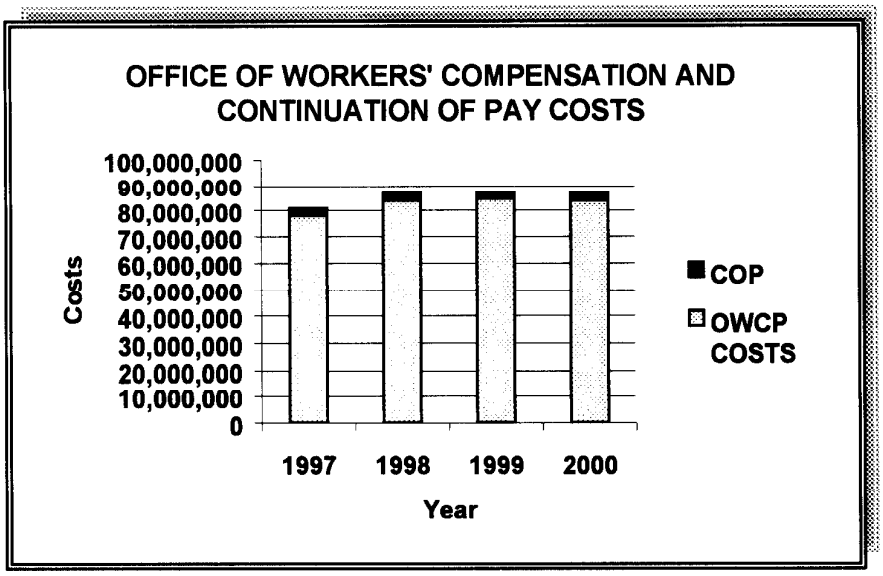
Since 1997 there have been a total of three fatalities as shown in this chart.



1b. **Office of Workers' Compensation Programs (OWCP) costs**

The following chart displays the most recent OWCP chargeback and continuation of pay (COP) costs for the previous three years with the table providing the specific figures. Note that the OWCP figures are based on the chargeback year, which runs from 7/1 – 6/30, while the COP figures are based on the fiscal year, from 10/1 – 9/30.

The OWCP costs declined slightly $635,670 (.75%), but the COP costs increased $916,131 (41%) during FY 2000 resulting in an estimated net increase in workers' compensation costs of $280,461.



OWCP AND COP COSTS

	1997	1998	1999	2000
OWCP COSTS[a]	$78,087,309	$83,828,421	$84,336,760	$83,701,090
COP COSTS[b]	$ 2,565,721	$ 2,574,594	$ 2,228,640	$ 3,144,771
TOTALS	**$80,653,0230**	**$86,403,015**	**$86,565,400**	**$86,845,861**

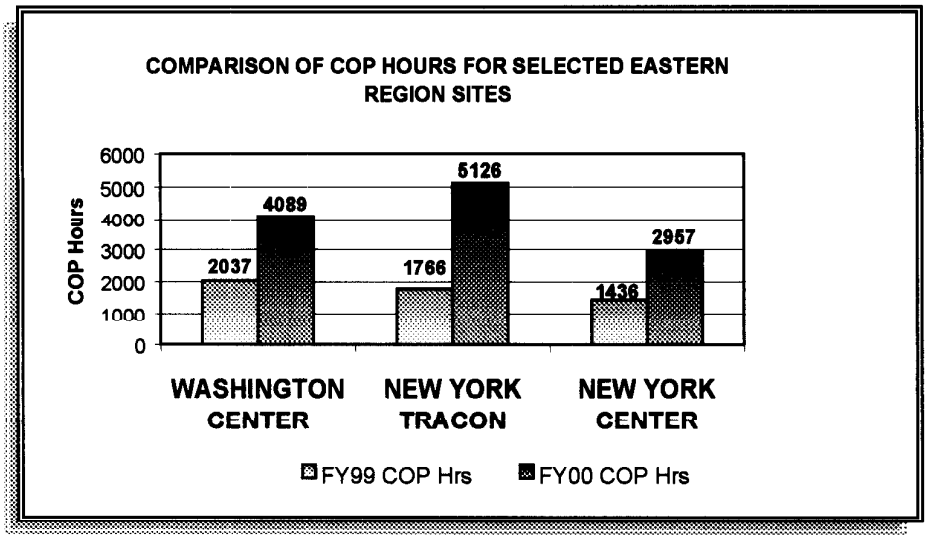
Note: a OWCP figures are based on the chargeback year (7/1–6/30); updated as of 12/2000

As indicated in the following table, one of the major reasons for the increase in COP hours/costs was an increase in the number of COP hours claimed by employees in Job Series 2152, Air Traffic Controllers (ATCs). A 39% wage increase in FY 2000 for ATCs also played a significant role in the increased costs. It should also be noted that Series 2152 COP hours accounted for 44.6% of the total COP hours in FY 2000.

COP Cost per Hour by Fiscal Year

FY	COP Cost	COP Hours	$ per Hour	Series 2152 COP Hours	% of Total
1997	$2,565,720.74	95,168	$26.96		
1998	$2,574,594.09	93,691	$27.48		
1999	$2,228,640.36	90,566	$24.61	31,757	35.10%
2000	$3,144,771.34	91,680	$34.30	40,864	44.60%

In this chart, the most striking increase in the number of COP hours claimed occurred in three facilities in the Eastern Region: Washington Center, New York TRACON, and New York Center. This increase in the number of hours contributed significantly to the increase in COP costs.



Part of this increase is attributable to the higher salary levels, as mentioned above, paid to air traffic controllers in FY 2000 under the terms of their bargaining unit contract with the FAA. Some cases have been successfully controverted and denied; however, they have not yet been converted back to personal leave and deducted from COP costs.

The largest percentage of COP increase in FY 2000 is due to an increase in reported emotional trauma cases following air traffic control operational errors and deviations at a small number of facilities. The majority of these cases have in fact been controverted.

The Agency is working closely with the bargaining units and regional management to identify causal factors so that operational errors can be reduced, which in turn will reduce the number of emotional trauma cases. Concerns over the increasing trend of

emotional trauma cases, quality of medical evaluations, care received by the employees after an incident, and return of employees to work as soon as possible are a top priority in FY 2001 and are being addressed with the FAA medical divisions and the Department of Labor.

1c. **Significant trends and major causes or sources of fatalities and lost time disabilities**

Based on the WCIS information, the majority of OWCP claims for FY 2000 were mental/emotional and back sprains/strains. In addition, our statistics show that many CA-1 and CA-2 forms are not being completed with enough information to correctly classify mishaps; therefore, a significant number of claims are listed as "unclassified." FAA briefed this finding to the Occupational Safety, Health, and Environmental Compliance Committee (OSHECCOM) and the lines of business are working together to correct this.

1d. **Federal Worker 2000 Status**

This year FAA developed an Implementation Plan outlining specific steps for meeting the Federal Worker 2000 (FW2K) initiative. A cross-functional committee was established involving occupational safety and health, workers' compensation, budget, aviation medicine, training, security, and labor unions. This committee outlined a four-point approach: program management, training and education, claims processing improvements, and prevention efforts. Subsequently, two subcommittees were formed to handle training and light duty issues related to FW2K. See Appendix B.

The FAA Environment, Energy, and Employee Safety Division, AEE-200, and FAA Employee Relations & Benefits Functional Team, AHL-100, have been working cooperatively on this project and have solicited participation from throughout the agency.

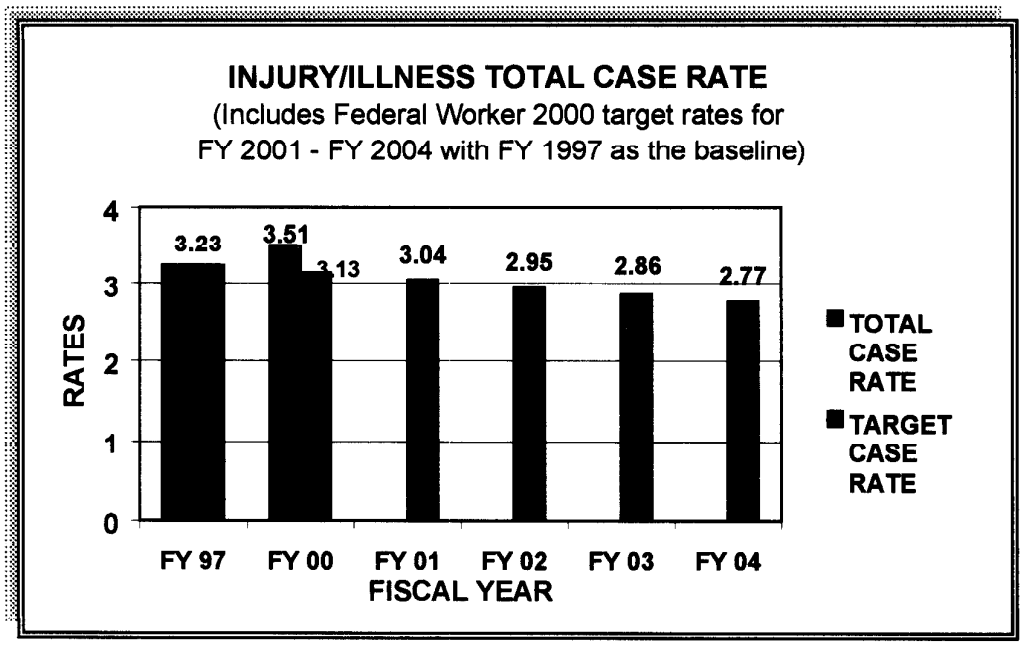
To assist with the implementation of the FW2K plan, an information package was distributed to Lines of Business (LOB), Staff Offices, national OSHECCOM members, field OSHECCOM chairs, and the unions.

To enable the data to be gathered that will provide benchmarks for the three FW2K goals, an interface between the Safety Management Information System (SMIS) and the Workers' Compensation Information System (WCIS) was created. Data sharing began in August, enabling the LOB to begin establishing baselines.

Federal Worker 2000 Goals Update

Goal 1a - Reduce overall Total Case Rate (total number of injuries/illnesses) by 3% per year beginning with FY 2000 and using FY 1997 figures as the baseline.

- Status
  - Based on the FY 1997 Total Case Rate of 3.23, our FY 2000 injury/illness case rate of 3.51 was an increase of 8.67%. The following chart illustrates this and also shows the target case rates for the next four fiscal years. (Starting with the FY1997 rate of 3.23 and beginning with FY 2000, we subtracted 3% each year for FY 2000 – FY 2004 to obtain the target rates.)



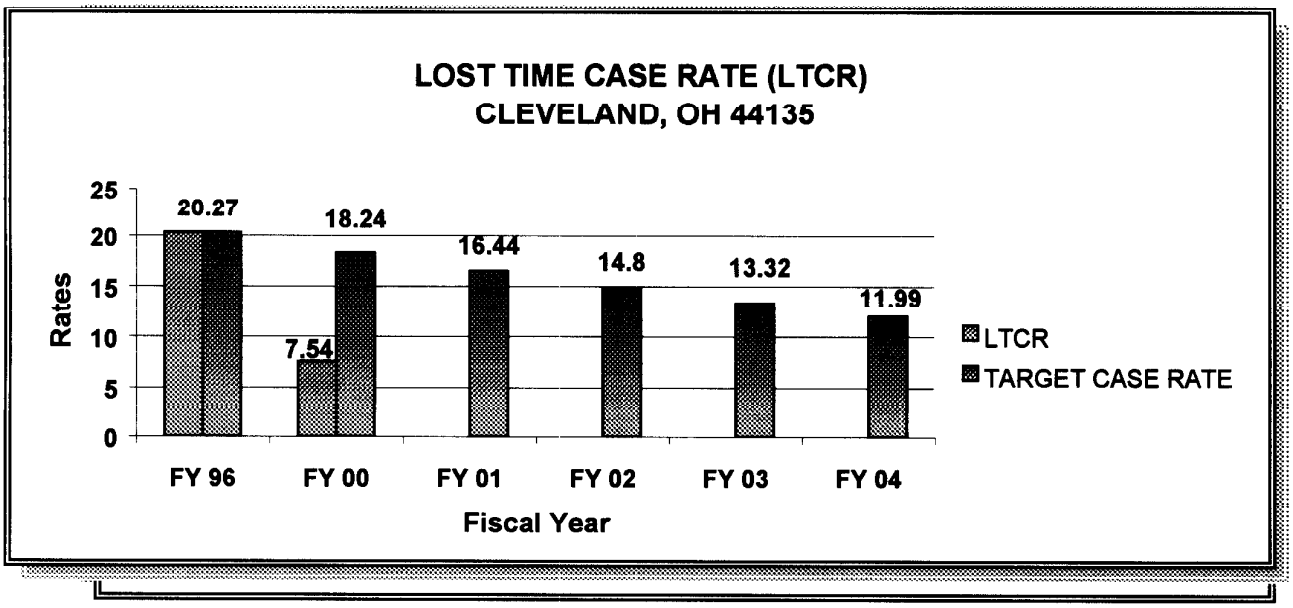
- The following actions are being taken to address the FY 2000 increase:
  - Improved reporting capabilities and closer tracking of loss information to determine injury characteristics (e.g., cause, nature of injury, facility and organization association, etc.). Obtaining these characteristics will enable us to identify and implement control measures to reduce injury/illness frequency (e.g., engineering controls, training, personal protective equipment, etc.)
  - Continued development of our comprehensive OSH program
  - Appointed safety Points of Contact for our Lines of Business which includes a safety management orientation for them
  - Implemented an FAA-wide Occupational Safety and Health Compliance Program (OCP). The OCP establishes and maintains occupational safety and health compliance program areas, including milestones, budget projections and staffing requirements for each area.

Goal 1b - Improve the timeliness of reporting of injuries and illnesses to the Department of Labor by 5 percent per year

- Status
  - Statistics provided by AHR show that in FY 2000 the timeliness of reporting improved by 5.5%

Goal 2 - For those work sites with the highest rates of serious injuries, reduce the occurrence of such injuries by 10 percent per year. The baseline for each location was its FY 1996 Lost Time Case Rate.

- Status
  - FAA had three locations listed as having "highest rate of serious injury." OSHA removed one upon receipt of corrected data. Removal of a second site is anticipated pending the receipt of additional corrected data.
  - Department of Labor (DOL) provided the Lost Time Case Rates for the FY 1996 baselines. To determine the FY 2000 – FY 2004 target rates, we began with the FY 1996 Lost Time Case Rates, deducted 10% from the FY 1996 figure to reach the target rate for FY 2004, and then deducted 10% a year to determine the target rates for FY 2001 – FY2004.
  - The following charts show
    - Westbury, NY - The Lost Time Case Rate increased 47%. As indicated in section 1b above, these case rates are being addressed as a top priority in FY 2001 in a cooperative effort among Air Traffic, Aviation Medicine, and DOL.
    - Cleveland, OH facility – The Lost Time Care Rate decreased 63%.
    - For consistency with OWCP data, we have used the date that the claims case was created rather than the date of injury.
    - The Lost Time Case Rate (LTCR) formula = $\frac{\text{\# Lost Time Cases x 100}}{\text{\# of employees}}$



Goal 3 - Reduce the rate of lost production days (i.e. the number of days employees spend away from work) by 2% per year.

- Status
  - Currently we lack the data needed to calculate the lost production days. These data are available DOT-wide only and not FAA specifically. The integration of the SMIS and WCIS systems may allow us to calculate this information in the future.

2. SAFETY AND OCCUPATIONAL HEALTH PROGRAM ACCOMPLISHMENTS

The following describes FAA safety and occupational health program accomplishments and initiatives that were implemented last fiscal year to control the trends and major causes or sources of fatalities and lost time disabilities in the agency as well as to improve overall safety and occupational health program effectiveness. FAA successes and/or failures as a result of agency implementation of these initiatives are also addressed.

2a. Accomplishments for assuring that workers, supervisors and committee members received appropriate job health and safety awareness and hazard recognition information and training

- Developed additional policy chapters for inclusion in FAA Order 3900.19B. Topics include: Hearing Conservation (revision); Thermal Stress Prevention Program; First Aid Program; Occupational Safety and Health (OSH) Training and Awareness Program; Office Safety; Safety Management Information System; Bloodborne Pathogens Program; and Personal Protective Equipment. (See Appendix A)
- Developed an MOU between the FAA and DOT that enabled an interface between the Safety Management Information System (SMIS) and the Workers' Compensation Information System (WCIS). Data sharing began in August 2000.
- Conducted regular meetings of the Federal Worker 2000 committee and its training and light duty subcommittees. The training subcommittee is nearing completion of a presentation on the OWCP claims process that can be used at field locations.
- Distributed a Federal Worker 2000 information package to Lines of Business (LOB), Staff Offices, national Occupational Safety, Health and Environmental Compliance Committee (OSHECCOM) members, field OSHECCOM chairs, and the unions. Separate OSH and OWCP points of contact have been appointed in the LOB, and briefed on their respective organizational responsibilities.
- Completed a pilot program in July for the electronic submission of CA-1's. As of October 1, 2000, all FAA Regions began submitting claims electronically.
- Continued development of OSHECCOM as mechanism for effective management-level communication:
  - Provided management briefings on the agency's OSH program, including OSHECCOM. Two LOB Associate and/or Assistant Administrators' offices have requested briefings.
  - Received responses from LOB on OSH technical and budget needs.
- Developed National Model Asbestos Abatement Contingency Plans for:
  - Automated Flight Service Stations (AFSS).

- Airport Traffic Control Towers (ATCT)/Terminal Radar Approach Control (TRACON) Facilities.

- Developed revised FAA Order 1050.20A, Airway Facilities Asbestos Control Program.
- Completed union coordination of FAA Order 6000.XX, Airway Facilities Hazard Communication Program.
- Developed Implementation Guidance for the following parts of FAA Order 3900.19B, FAA Occupational Safety and Health Program: fall protection, confined space entry, hazardous energy control (lockout/tagout), electrical safety, climbing and walking surfaces, and radiation.
- Issued Maintenance Alerts for safety procedures during maintenance of Automated Weather Observing System (AWOS), Low-Level Windshear Alert System (LLWAS) and Wind Measuring Equipment (WME) and for safety procedures for Rigid Rail Climbing Systems.
- Audited 15 existing FAA Academy courses to ensure inclusion of environmental and occupational safety and health requirements.
- Provided initial and refresher asbestos abatement supervisor/hazardous waste operations worker training to Airway Facilities headquarters employees to enable them to manage asbestos/hazard abatement activities and respond to facility-related incidents more effectively.
- Developed draft National Model Asbestos Operations and Maintenance Plan for use by FAA field facilities.
- Conducted six Fire Alarm Maintenance training classes for 150 students.
- Developed Standard ATCT Fire Life Safety (F/LS) upgrade packages and conducted training.
- Conducted safety training classes in all regions. Topics included (not all topics were covered in all regions) fall protection, electrical safety, basic and refresher hazmat handling, hazard recognition, respirator and fit testing, fire alarm systems, accident and incident investigations, safety inspection techniques, lockout/tagout, hazardous waste operations worker, defensive driving, use of the Annual Inspection Program (AIP), first aid/CPR, forklift, fire and life safety, confined space, asbestos, construction safety, and fuel storage tank monitoring equipment.
- Hosted OSHA 600 courses at three System Management Offices to teach the basics of safety inspections and safety hazard recognition in the workplace.
- Developed a Lyme disease awareness-training program.
- Established small work groups to target areas that pose the greatest risk to employees, to review current programs, and to rewrite them to be more helpful to the Airway Facilities technicians and supervisors in the field and to ultimately improve work safety.
- Issued guidance to field facilities regarding responsibility for enforcement of specific safety initiatives, such as wearing PPE, fall protection equipment and other safety items. Issued annual memorandum on F/LS requirements and certification to ensure accountability by managers.
- Conducted quarterly Occupational Safety, Health, and Environmental Compliance Committee meetings with lines of business. Conducted quarterly meetings of the

regional safety team and System Management Office representatives to address implementation issues.

- Continued development of regional safety handbooks.
- Established an initiative to bring System Support Centers into compliance with OSHA regulations through employee/supervisor training.
- Initiated development of the Web for Environment and Safety Tracking (WEST), a website for all safety and environmental databases currently residing on other systems. The WEST includes all forms and training course presentations to be used in the occupational safety and health program.
- Established procedures to post OSH and Environmental Compliance Committee (OSHECCOM) minutes on regional web sites.
- OSHECCOM gave presentations on Lyme disease.

2b. **Accomplishments for assessing the effectiveness of your safety and occupational health programs.**

- Continued development of the OSH evaluation program. Completed and field-tested protocols for Human Resources and Research and Acquisitions.
- Increased regional involvement in the agency's National Airspace System Technical Evaluation Program for review of occupational safety and health activities at regional facilities.
- Implemented the FAA-wide Occupational Safety and Health Compliance Program (OCP) in four regions. The OCP consists of five-year plans for establishing and maintaining occupational safety and health compliance in FAA's nine regions and two centers covering 18 program areas, including milestones, budget projections and staffing requirements for each area.
- Established a contract resource to manage mishap reporting data, medical surveillance and other safety related data management systems.
- Conducted FAA-wide safety belt checks in all regions.

2c. **Accomplishments in the identification, assessment and resolution of safety and health problems, including your agency's system of (a) providing recognition to outstanding achievers and (b) establishing accountability and performance standards for managers, supervisors and employees.**

- Developed a medical advisory and health risk questionnaire to assess the health status of Job Series 2100 personnel before they climb FAA towers.
- Resolved issue of Lyme Disease vaccinations for FAA field personnel. Aviation Medicine and Professional Airways Systems Specialists (PASS) reached consensus in recommending safe work practices in lieu of vaccinations due to insufficient data on long-term health outcomes of vaccinations.
- Established a quality control program to ensure that high-powered tubes utilized in National Airspace System (NAS) systems and equipment comply with radiation emission standards.
- Initiated 14 new Fire/Life Safety (F/LS) Airport Traffic Control Tower (ATCT) upgrade projects.

- Certified to OHSA that FAA ATCTs are compliant with the administrative requirements of 29 CFR 1960.20, including fire drills and training.
- Initiated pilot program on two FAA systems (Terminal Doppler Weather Radar and Approach Light System with Sequenced Flashing Lights) for job hazard analyses of equipment used by FAA technicians.
- Initiated workgroup including bargaining unit participation to enhance maintenance of installed F/LS systems in all FAA operational facilities.
- Several awards were issued to recognize regional and headquarters employees for their contributions to the identification and resolution of safety and health issues.
- Re-emphasized the use of the FAA Pre-Construction and Maintenance Project Safety and Health Checklist by project managers. Use of the checklist resulted in a 44% reduction in environmental and occupational safety and health construction related incidents from 1999 through 2000.
- Developed a tracking and reporting program to assist in the resolution of safety and environmental discrepancies.
- Performed annual maintenance and testing of fire detection and alarm systems including fire drills.
- Completed comprehensive job hazard analysis (JHA) of employees applying pesticides, resulting in significant changes to a region's pesticide policy.
- Completed 171 inspections of communication towers to determine whether/how to install new climbing and fall protection devices, which resulted in the installation of 140 new climbing and fall protection devices.
- Utilized the Annual Inspection Program to correct regional safety deficiencies.
- Conducted comprehensive inspections of facilities including personal protective equipment and noise surveys.
- Completed inspections and certifications of fire protection systems in one region.
- Conducted facility safety inspections at 316 facilities. Utilizing the Annual Inspection Program, deficiencies were documented, prioritized based on risk, and stored in the compliance management system database for tracking.
- Conducted air and water quality evaluations at 35 air traffic facilities for radon, asbestos, standard ventilation and comfort parameters.
- Maintained periodic air monitoring of high-risk chemical exposure areas to ensure engineering controls were operating properly or respirator usage was adequate.
- Completed a re-evaluation of confined spaces and identified new confined spaces installed with new construction projects.
- Completed annual inspection of overhead cranes, slings, and hoists.

2d. **Unique or significant accomplishments that your agency made last year to enhance employee participation, involvement, and consultation in the safety and occupational health program.**

- Hired a Certified Safety Professional in AEE-200 to assist in the development of initiatives to meet the agency's safety and health goals outlined in the FAA Federal Worker 2000 Plan.
- Supported the ONE DOT Flagship Initiative called Buckle Up America in the following ways:

- Conducted Agency-wide seatbelt checks. One Region achieved 100% seatbelt use over the course of the year.
- Released Thanksgiving message promoting the use of seatbelts and encouraging employees not to drink and drive.
- Promoted December as National Drunk and Drugged Driving Prevention Month.

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

The FAA plans to take the following actions regarding issues and programs involving safety and occupational health.

- Revise Supervisor Performance Plans to include responsibility for employee occupational safety and health.
- Develop additional policy chapters for inclusion in FAA Order 3900.19B on: job hazard analysis; electrical safety; evaluation of agency OSH programs; water quality; lead in workplaces; and building air quality.
- Continue/expand programs for: hazardous energy; climbing, walking surfaces, fall protection; hazard communication; personal protective equipment; working conditions; hazard assessment; lead; and construction safety.
- Conduct safety management orientation for the OSH and OWCP points of contact for the lines of business to introduce basic safety concepts and strategies for effective claims management.
- Conduct three OSH program evaluations.
- Implement the FAA-wide Occupational Safety and Health Compliance Program at seven remaining regions and centers by 2002.
- Publish in FY 2001 FAA Orders 6000.XX, Airway Facilities Hazard Communication Program; 3000.XX, Air Traffic Services Respiratory Protection Program; and 1050.20A, Airway Facilities Asbestos Control Program.
- Develop Implementation Guidance for the following parts of FAA Order 3900.19B, FAA Occupational Safety and Health Program: Chapter 2, Workplace Inspections, Abatement Procedures and Variances; Chapter 22, First Aid; and Chapter 25, Personal Protective Clothing and Equipment.
- Develop/issue Maintenance Alert for safety procedures for the Fluke 80K-6 Probes and Test Equipment.
- Audit 30 FAA Academy courses to ensure inclusion of occupational safety and health requirements.
- Initiate 28 new ATCT upgrade projects.
- Develop F/LS upgrade designs for projects to be accomplished in FY02.
- Conduct training in fire alarm maintenance and fire/life safety.
- Conduct at least one workshop in 2001 for Regional Program Managers for Environment and Safety/Regional Occupational Safety and Health Managers.
- Develop/implement radiation safety; new ergonomics standard; hearing conservation; and indoor air quality programs.
- Conduct annual facility safety inspections and abate deficiencies.

- Continue training of OSH professionals and bargaining unit safety representatives.
- Create a regional OSH and Environmental Compliance Committee web site.
- Develop an automatic external defibrillator program and provide training.
- Initiate design phase for four F/LS ATCT upgrade projects and construction phase for six F/LS ATCT upgrade projects; perform annual testing of fire detection and alarm systems and conduct fire drills and employee training at ATCTs.
- Enhance communications with headquarters and field facilities and emphasize employee safety training.
- Maintain periodic air monitoring of high-risk chemical exposure areas.
- Conduct facility job hazard assessments.
- Develop centralized material safety data sheet data library.

ATTACHMENTS:

Appendix A: New Chapters for Agency order 3900.19B, FAA Occupational Safety and Health Program completed in FY2000.

Appendix B: FAA Federal Worker 2000 Implementation Plan

Appendix A

New Chapters for Agency order 3900.19B, FAA Occupational Safety and Health Program completed in FY2000.

CHAPTER 5. SAFETY AND HEALTH MANAGEMENT INFORMATION SYSTEM

500. GENERAL. The Safety Management Information System (SMIS) will be used to support FAA compliance with the reporting requirements set forth in 29 CFR 1960. It can also help management begin to use some of the best practices in mishap prevention. The FAA had a variety of independent mishap reporting schemes throughout the regions for years. The FAA has now deployed a system that brings all the FAA automation together and provides general safety information to employees and allows them to report workplace hazards. The system is located at https://smis.jccbi.gov and provides a tool through which supervisors are required to report mishaps. The system will allow Regional and Center Occupational Safety and Health Managers (ROSHM/COSHM) to use the data to track hazard abatement and mishap trends, which they send to affected managers. Supervisors and managers are then required to plan and budget for the abatement in accordance with 29 CFR 1960.7 and in Chapter 1, paragraphs 10(a)(6), 12(e)(4), 13(a)(5), and 13(d)(3) of this order. Supervisors have been assigned user IDs and passwords and can call AMI-200 if they experience difficulty accessing the website. AEE-200 is the System Administrator.

501. MISHAP REPORTING. Chapter 7, Mishap Reporting and Investigation, requires employees to report all work-related injuries, illnesses, motor vehicle accidents, and property damage to supervisors. Supervisors and managers are required to report these mishaps using the website. If access to the website is not available, supervisors will complete the paper version of FAA Form 3900-6 and submit to the ROSHM/COSHM in accordance with procedures established by the LOB, Region or Center.

a. The initial notification shall be provided to the immediate supervisor by the affected employee.

b. The immediate supervisor or manager will enter mishap information into the SMIS website.

502. HAZARD REPORTING. Procedures in Chapter 9, Reports by Employees on Hazardous Conditions, require employees to report to supervisors, any hazards such as defective equipment, slip and trip hazards, and other conditions that may result in injury, illness, or property loss. SMIS will be used to report OSH hazards electronically. If access to the website is not available, employee or supervisor will complete the paper version of FAA Form 3900-6 and submit it to the ROSHM/COSHM in accordance with procedures established by the LOB, Region or Center.

a. The employee shall provide the initial verbal or written notification of a hazard to the immediate supervisor.

b. The immediate supervisor will enter hazard information into the SMIS website.

c. SMIS will notify the ROSHM via electronic mail.

503. SAFETY INFORMATION (OPTIONAL). 29 CFR 1960.12 (c) requires the dissemination of occupational safety and health program information. Supervisors may use safety information on the website for safety briefings to promote general safety awareness.

a. Safety Campaigns. Supervisors can download seasonal safety newsletter information and incentive program material for dissemination among the immediate workforce.

b. Success Stories. Any FAA employee can submit a Seatbelt Survivor story, Safety Success story or other Lesson Learned by submitting the story to on cc:Mail to 9-SMIS-AMA@faa.gov.

c. Optional Safety Training Information. Lines of Business (LOB) are responsible for identifying, developing, and providing OSH training for their employees. Generic, sample training programs are provided on this website and may be used by LOBs in establishing training requirements. The courses are also available in video, or CD format from AFZ-100. Supervisors shall consult with their LOB OSH point of contact to determine what OSH training is required.

d. **Optional Safety Program Evaluation Criteria.** AEE is developing specific Program Evaluation criteria for their use in National LOB Program Evaluations. These criteria will be available for each LOB to use to self assess their OSH Program and for supervisors to better understand how their safety performance contributes to LOB OSH success.

e. **Optional Facility Safety Inspection.** Annual workplace inspections are required by paragraph 201 of Chapter 2 of 3900.19.B, Workplace Inspections, Abatement Programs. Lines of business shall develop procedures to ensure these inspections are conducted. A generic OSH facility inspection aid is included in the SMIS for LOBs information and use as appropriate

504-508. RESERVED

CHAPTER 6. OCCUPATIONAL SAFETY AND HEALTH TRAINING AND AWARENESS PROGRAM

600. GENERAL. This chapter delineates standards and program elements for the FAA Occupational Safety and Health (OSH) Training and Awareness Program. Regulatory training requirements are contained in 29 CFR 1910, "Occupational Safety and Health Standards for General Industry," 29 CFR 1926, "Safety and Health Regulations for Construction," and 29 CFR 1960, "Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters." In addition, recognized national consensus standards are published by organizations such as the American National Standards Institute (ANSI), and the National Fire Protection Association (NFPA) and other related standards setting organizations.

601. BACKGROUND.

a. The FAA is committed to developing and maintaining well-trained, qualified, and competent personnel to operate and maintain FAA facilities and perform work tasks in a safe and reliable manner. This training chapter is a catalyst for managers to use to meet these expectations. It is important for FAA managers to be actively involved in the development and implementation of their facility's initial and continuing training programs, the identification of training needs, and the review and approval of training materials.

b. Training programs shall provide the basic OSH knowledge and skills to perform intended job functions. Training may include a combination of classroom, computer-based instruction, self-study, and on-the-job instruction.

602. SCOPE. This chapter describes the elements of an OSH training program for FAA personnel, not including occupational safety and health professionals, as described in 29 CFR 1960.2(s).

603. PROGRAM ELEMENTS.

a. Training of Top Management Officials. The FAA shall provide top management officials with orientation and recurrent learning experiences, which will enable them to manage their occupational safety and health program in accordance with 29 CFR 1960.57. Such orientation should include coverage of section 19 of the OSH Act, Executive Order 12196 and the FAA agency safety and health program. Assistant Administrators, Associate Administrators, Service Directors, Office Directors, Regional Administrators, and Regional Division Managers are top managers. The content of this training will provide top managers with current knowledge needed to be able to:

(1) Communicate the FAA's OSH goals and objectives to all employees.

(2) Assign safety and health roles and responsibilities.

(3) Recognize training resources necessary to carry out assigned tasks.

(4) Ensure managerial and supervisory accountability for OSH performance.

(5) Support the OSH program.

(6) Ensure that OSH policies, goals, and objectives are evaluated.

(7) Ensure accident reporting and investigation procedures are followed.

(8) Support facility inspection standards.

(9) Incorporate OSH program elements into the planning and budget process.

(10) Ensure hazards are identified and abated.

b. Training of Supervisors. The FAA shall provide initial and recurrent occupational safety and health training for supervisory employees that includes: Supervisory responsibilities for providing and maintaining safe and healthful working conditions for employees, the agency occupational safety and health program, section 19 of the Act, Executive Order 12196, occupational safety and health standards applicable to the assigned workplaces, agency procedures for reporting hazards, agency procedures for reporting and investigating allegations of reprisal, and agency procedures for abatement of hazards. The supervisory training should include the introductory and specialized courses and materials that will enable supervisors to recognize and eliminate, or reduce, occupational safety and health hazards in their working units. Such training shall also include the development of requisite skills in managing the FAA's safety and health program within the work unit, including the training and motivation of their employees toward assuring safe and healthful work practices.

c. Training for OSHECCOM Committee Members. OSHECCOM committee members shall be trained in accordance with 29 CFR 1960.58 and as outlined in the OSHECCOM Charter.

d. Contractor Requirements. Contract statements of work shall require contractors to comply with all applicable federal, state and local OSH training regulations and to conduct their own OSH compliance training for their employees. The FAA shall provide site-specific information and/or training to protect contract employees from recognized workplace hazards on FAA premises.

e. Training for Employees and Employee Representatives. All FAA employees shall receive initial and recurrent safety and health training, including specialized job safety training appropriate to the work performed. The FAA shall adhere to 29 CFR 1960.59(a) and (b). Employee OSH training must occur when: an employee is hired or reassigned, new equipment or processes are introduced, procedures are revised or updated, or when employee performance indicates a need for additional training. At a minimum, the content of this training shall provide employees with the awareness needed to be able to:

(1) Recognize safety risks in the workplace.

(2) Become aware of employee OSH rights and responsibilities.

(3) Use personal protective equipment properly.

(4) Report all mishaps and hazards to supervisors and managers.

(5) Follow mishap prevention and hazard abatement programs.

(6) Achieve certification or qualification, if required by the job.

f. Training Records. All safety training shall be documented in accordance with OSHA regulations and applicable FAA orders. Documentation shall be readily available for OSH program audits.

CHAPTER 16. THERMAL STRESS PREVENTION PROGRAM

1600. GENERAL. The Thermal Stress Prevention Program protects Federal Aviation Administration (FAA) employees from injury caused by exposure to extremely hot or cold environments in the course of their work duties. Although there are no Federal regulations specifically for the protection of workers from thermal stress, there are domestic and international standards for the limits of safe exposure to both heat and cold. This chapter presents the key program elements and references to exposure criteria to be used for safeguarding employees. It does not apply to issues of thermal comfort, which are addressed in Chapter 18, Building Air Quality Programs.

1601. BACKGROUND. FAA employees work under a variety of thermal conditions, both indoors and outdoors. Some of those working conditions have the potential of creating thermal stress. Outdoor examples include accident investigation conducted at the scene in hot weather, repair and painting of radar antennas in southern locations in the summer, and winter inspection of remote facilities in Alaska. Indoor examples include routine maintenance procedures, such as those performed on air handling units, often in a hot attic, by a technician wearing personal protective equipment (PPE) for protection from asbestos fibers, and non-routine procedures, such as the removal of bird nest and debris from the rafters of old, unventilated warehouses, also while wearing PPE. The Thermal Stress Prevention Program will ensure awareness of potential problems by employees who might encounter thermal stress in the performance of their work duties, and their supervisors, and will provide guidelines for handling those problems.

1602. STANDARDS.

a. In Section 2 of the OSH Act of 1970, Congress declared the Act's purpose and policy "to assure so far as possible for every working man and woman in the Nation safe and healthful working conditions and to preserve our human resources." However, the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) has published no regulations specifically for the protection of workers from heat stress or cold stress. The U.S. Department of Health and Human Services, National Institute of Occupational Safety and Health (NIOSH) and OSHA have issued advisory documents on heat stress, and the American Conference of Governmental Industrial Hygienists (ACGIH) has published an advisory document on cold stress. These advisory documents are consistent with standards on the subject published by the International Standards Organization (ISO). The ISO documents are widely referenced and used; they are legally binding on the FAA only if they are included in state or local laws, labor contracts, or other agreements.

b. The most recent detailed OSHA document is Section II, Chapter 4, Heat Stress, in Technical Manual Directive TED 1.15A (1/20/99). OSHA has also published fact sheets on both heat stress (95-16, Protecting Workers in Hot Environments - 1/1/95) and cold stress (98-55, Protecting Workers in Cold Environments - 12/22/98). The most recent NIOSH document on heat stress is Criteria for a Recommended Standard - Occupational Exposure to Hot Environments, Revised Criteria 1986, Publication No. 86-113, 1986. The ACGIH document on cold stress is Cold Weather Workers Safety Guide, Publication 9758 (1995). Their recommended exposure guidelines appear in TLVs® and BEIs®: Threshold Limit Values for Chemical Substances and Physical Agents; Biological Exposure Indices, published annually by the ACGIH in Cincinnati, OH.

c. The pertinent ISO standards (published in Geneva, Switzerland) are:

(1) Ergonomics of the thermal environment -- Estimation of the thermal insulation and evaporative resistance of a clothing ensemble, ISO 9920 (1995).

(2) Ergonomics of the thermal environment -- Principles and application of relevant International Standards, ISO 11399 (1995).

(3) Ergonomics of the thermal environment -- Medical supervision of individuals exposed to extreme hot or cold environments, ISO/DIS 12894 (1993).

(4) Hot environments -- Analytical determination and interpretation of thermal stress using calculation of required sweat rate, ISO 7933 (1989).

(5) Hot environments -- Examination of the heat stress on working man, based on the WBGT-index (wet bulb globe temperature), ISO 7243 (1989).

(6) Thermal environments -- Instruments and methods for measuring physical quantities, ISO 7726 (1985).

1603. DEFINITIONS.

a. Acclimatization. The physiologic changes which occur in response to a succession of days of exposure to environmental heat stress that reduce the strain caused by the heat stress of the environment.

b. Chilblain. A nonfreezing, painful cold injury which causes little or no permanent impairment. It appears as red, swollen skin which is tender, hot to the touch, and may itch. It can develop in only a few hours of exposure to moist cold.

c. Cold stress. The loss of body of heat in cold weather conditions, when the deep body temperature falls below 36°C (96.8°F). For the purposes of this document, cold stress conditions can be assumed to exist whenever the weather parameters dictate that the regular break schedule be modified, as indicated by the ACGIH guidelines.

d. Deep body temperature. The internal temperature of the human body. For normal functioning of organs, the body must regulate this temperature between 36°C (96.8°F) and 38°C (100.4°F).

e. Frostbite. A condition that involves local tissue destruction resulting from freezing. The skin becomes numb and turns to a gray or waxy-white color. The area will be cold to the touch and may feel stiff or wooden. Ice crystal formation and lack of blood flow to the frozen area damage the tissues.

f. Frostnip. A condition that involves freezing of water on the surface of the skin. The skin becomes reddened and swollen. Usually there is no further damage after re-warming.

g. Heat cramp. A heat related illness characterized by spastic contractions of the voluntary muscles (mainly arms, hands, legs, and feet), usually associated with a restricted salt intake and profuse sweating without dehydration.

h. Heat exhaustion. A heat-related illness characterized by muscular weakness, distress, nausea, vomiting, dizziness, pale clammy skin, and fainting; usually associated with lack of heat acclimatization and physical fitness, low health status, and an inadequate water intake.

i. Heat rash. A condition, also known as prickly heat, which occurs when sweat glands are plugged and inflamed from exposure to heat, humidity, and sweat. Tiny blister-like red spots appear on the skin.

j. Heat stress. The buildup in the body of heat generated by the muscles performing work combined with the heat coming from hot environments, when the deep body temperature rises above 38°C (100.4°F). Mental performance can be affected with an increase of 2° F above normal (98.6°F), and death can result if the body temperature rises as much as 5° F. For the purposes of this chapter, heat stress conditions can be assumed to exist whenever the weather parameters dictate that the regular work regimen be modified, as indicated by the ACGIH guidelines.

k. Heat stroke. An acute medical emergency arising during exposure to heat from an excessive rise in body temperature and failure of the temperature regulating mechanism. It is characterized by a sudden and sustained loss of consciousness preceded by vertigo, nausea, headache, cerebral dysfunction, bizarre behavior, and

body temperatures usually in excess of 41°C (105.8°F). Normally, there is a lack of sweating, and the skin feels hot and dry.

l. **Heat syncope or heat collapse.** The collapse and/or loss of consciousness during heat exposure without an increase in body temperature or cessation of sweating, similar to vasovagal fainting except heat induced.

m. **Hypothermia.** A life-threatening condition in which the body cannot generate heat as fast as it is being lost and the deep body temperature falls below 95° F. Symptoms of possible hypothermia include confusion, slurred speech, uncoordinated movements, altered vision, and withdrawn or bizarre behavior.

n. **Metabolic heat.** The heat generated within a person's body due to normal body functions as well as muscle contractions from increased activity or exercise.

o. **Qualified person.** A person capable by education and/or specialized training of anticipating, recognizing, and evaluating employee exposure to temperature extremes. This person will be capable of specifying the necessary controls and personal protective equipment to ensure worker safety.

p. **Thermal stress.** Heat stress or cold stress.

q. **Trenchfoot.** A very serious nonfreezing cold injury which develops when skin of the feet is exposed to moisture and cold for periods of 12 hours or more. The combination of moisture and cold softens skin, causing tissue loss and, often, infection. Untreated, trenchfoot may eventually require amputation. Often the first sign of trenchfoot is itching, numbness, or tingling pain. Also known as "immersion foot."

r. **Wet Bulb Globe Temperature (WBGT) Index.** A temperature measurement that combines the effects of radiant heat, humidity, air movement, and dry bulb temperature. It is an indicator of deep body temperature and can be measured using a commercially available WBGT instrument.

1604. KEY PROGRAM ELEMENTS.

a. **Plan.** A regional or center Thermal Stress Prevention (TSP) Plan shall be developed, implemented, and maintained where there is the potential for thermal stress illness. It shall be made available for inspection by employees and their authorized representatives. The Plan must include, at a minimum, the program elements identified in this paragraph (subparagraphs c through g below).

b. **Program Administrator.** A program administrator shall be designated to manage the regional or center TSP Program, and must meet the requirements of a "qualified person" (paragraph 1603o). The program administrator may coordinate program activities with other qualified persons in the region and center.

c. **Employee Information and Training.**

(1) **Heat.** All FAA employees, and their supervisors, whose work responsibilities include tasks where, if no preventive actions (e.g., work practice modifications, PPE) are taken, there is a risk of heat stress injury, must receive training in the seriousness of heat stress. The trainer must be approved by the program administrator, or by another "qualified person" designated by the program administrator. The employees must be taught the symptoms, treatment, and prevention of heat stress, including heat stroke, heat syncope, heat exhaustion, heat cramp, and heat rash. Employees should be alerted to the local conditions and sites which are potentially

problematic. In addition, employees must be furnished with a chart showing the maximum heat stress exposure limits and the required rest periods for different levels of work activity.

(2) Cold. All FAA employees and their supervisors, whose work responsibilities include tasks where, if no preventive actions (e.g., work practice modifications, PPE) are taken, there is a risk of cold stress injury, must receive training in the seriousness of cold stress. The trainer must be approved by the program administrator, or by another "qualified person" designated by the program administrator. The employees must be taught the symptoms, severity, treatment, and prevention of hypothermia, frostbite, frostnip, trenchfoot, and chilblain. Employees should be alerted to the local conditions and sites which are potentially problematic. In addition, employees must be furnished with a chart showing the maximum cold stress exposure limits and required warming periods for different combinations of temperature, wind speed, and work activity level.

(3) Risk Factors. Heat stress and cold stress training shall include discussion of the risk factors which vary according to the individual, including diseases (e.g., diabetes, heart, vascular, and thyroid problems), general physical fitness, age, and medications. Training shall also emphasize the importance of the individual remaining hydrated, with suggestions for what is likely to be required to accomplish this under various conditions.

(4) Refresher training on thermal stress exposure shall be conducted as needed. The need will be determined by the program administrator, based on an employee's change of work location or demonstration of inadequate knowledge of thermal stress. The extent of the refresher training will be determined by the TSP program administrator or the qualified person.

d. Acclimatization. The TSP Plan shall address the issue of acclimatization, recognizing that work in conditions of high or low temperature extremes should, where feasible, be performed by workers acclimatized to those conditions.

e. Preventive Measures. The TSP Plan shall address the prevention of thermal stress by means of work practices, personal protective equipment, and engineering controls, as specified in the subparagraphs below:

(1) Work Practices. The TSP Plan shall require that specific work practices to reduce thermal stress are in place for all locations where thermal stress is likely to occur.

(2) Personal Protective Equipment (PPE). If appropriate for the region's and/or center's particular climatic or facility conditions, the TSP Plan shall include a section addressing the use of personal protective equipment as a means of thermal stress prevention.

(3) Engineering Controls. The TSP Plan shall require that appropriate engineering controls to reduce thermal stress are in place for all locations where thermal stress is likely to occur. This may include sheltered areas for necessary rest periods.

f. Program Evaluation. The TSP Plan shall include a section addressing periodic evaluation of the regional or center TSP Program.

g. Exposure Limits. The TSP Plan shall present exposure limits for thermal stress. The FAA adopts the limits set forth by the ACGIH in the current annual edition of TLVs® and BEIs®: Threshold Limit Values for Chemical Substances and Physical Agents; Biological Exposure Indices.

CHAPTER 17. BLOODBORNE PATHOGENS CONTROL PROGRAM

1700. GENERAL. This chapter establishes the requirements for a Federal Aviation Administration (FAA) bloodborne pathogens (BBP) control program and is a condensed version of the U.S. Department of Labor, Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030. Refer to this CFR section and OSHA compliance documents if clarification is needed. The purpose of this program is to ensure the protection of FAA employees from exposure to hepatitis B virus (HBV), human immunodeficiency virus (HIV), and other bloodborne pathogens that they may encounter in their work. Additional implementation guidance should be developed as necessary by affected organizations.

1701. BACKGROUND. In January 1994, the Civil Aeromedical Institute (CAMI), published Order AC 3790.14, to apply only to CAMI employees and to students employed by CAMI who may be occupationally exposed to blood or other potentially infectious materials (OPIM). In September 1994, the Office of Accident Investigation implemented a BBP exposure control program for Accident Investigation personnel, (FAA Order 8020.11A, Chapter 11). These organizational policies will not be rescinded, but are to supplement this policy. Organization-specific policies should be reviewed to ensure they are in compliance with this chapter.

1702. GOALS AND OBJECTIVES. The objective of this FAA BBP control program is to ensure consistency of procedures to make certain that all FAA employees at risk are identified, covered by an organizational plan or program, and adequately informed about the risks involved, the procedures to follow, and the personal protective equipment (PPE) to use to minimize exposure to BBP.

1703. SCOPE. The requirements of this program apply to FAA employees who, in the course of their assigned duties, could reasonably be expected to come into contact with blood or OPIM via skin, eye, mucous membrane, or parenteral contact.

a. FAA employees who may have occupational exposures to bloodborne pathogens include aircraft accident investigators, health care workers, laboratory technicians, and designated first aid responders. FAA contractors and sub-contractors who have employees at risk for exposure to BBP must have their own BBP program and comply with 29 CFR 1910.1030. For the purposes of this chapter, persons responsible for conducting regulatory inspections to determine compliance with regulations on the safe transport of hazardous materials are not included as FAA employees who may have occupational exposure in the course of their assigned duties.

b. Unanticipated "Good Samaritan" acts such as one FAA employee voluntarily assisting another FAA employee with an injury or providing CPR in an emergency situation are not considered by OSHA to constitute "occupational exposure" and are therefore excluded from coverage by the BBP standard. However, since OSHA encourages employers to offer follow-up procedures to an employee who experiences an exposure incident as the result of performing a "Good Samaritan" act in the workplace, FAA will allow a medical consultation based upon current medical protocols for an employee involved in such an incident.

1704. DEFINITIONS..

a. Bloodborne Pathogens. Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

b. Designated First Aid Responder. An employee who, as a part of his or her job-related duties which are stipulated in writing (e.g., in the position description or performance plan), will respond to a workplace emergency situation and provide first aid if necessary. There are two categories of designated

responders: those who render assistance on a regular basis such as doctors and nurses, and those who render occasional assistance as a collateral duty.

c. **Engineering Controls**. Controls that isolate or remove the BBP hazard from the workplace.

d. **Exposure Determination.** A process by which a written list is developed of all the job classifications in which all employees in those job classifications have occupational exposure, as well as a list of job classifications in which some employees have occupational exposure, and a list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in the job classifications listed.

e. **Exposure Incident.** A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee's duties.

f. **Occupational Exposure**. Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties.

g. **Other Potentially Infectious Material (OPIM)**. Human body fluids including semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, all body fluids in situations where it is difficult or impossible to differentiate between body fluids and any unfixed tissue or organ (other than intact skin) from a human (living or dead).

h. **Parenteral Contact**. Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

i. **Personal Protective Equipment (PPE).** Specialized clothing or equipment worn by the employee to protect against exposure to human blood or OPIM in the workplace. Examples are gowns, face shields, gloves, splash goggles, and resuscitator devices. General work clothes not intended to protect against a BBP hazard are not considered to be PPE.

j. **Responsible Program Office.** Any FAA organization having direct responsibility for the occupational safety and health of its employees, for example, the Office of Accident Investigation or the Office of Aviation Medicine. More information regarding occupational safety and health responsibilities may be found in Chapter 1 of Order 3900.19B.

k. **Universal Precautions**. An approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other BBP.

1705. KEY BLOODBORNE PATHOGENS PROGRAM ELEMENTS.

a. **Exposure Control Plan (ECP).**

(1) Each responsible program office with employees having a reasonable anticipation of occupational exposure to blood or OPIM shall develop and implement a written BBP ECP within their respective organizations which includes, at a minimum, the key BBP program elements. The ECP shall include detailed exposure determination information for affected employees, the method and schedule of implementation for all required compliance methods (para.1705b-e), and the procedure for the evaluation of exposure incidents.

(2) Each responsible program office with employees having a reasonable anticipation of occupational exposure to blood or OPIM shall prepare a written exposure determination which shall be made without regard to the use of PPE.

(3) The ECP shall be reviewed and updated at least annually and whenever necessary.

b. Methods of Compliance.

Each responsible program office with employees having a reasonable anticipation of occupational exposure to blood or OPIM shall:

(1) Designate a point of contact (POC) to whom exposure incidents shall be reported and who will ensure that the key program elements are carried out.

(2) Observe universal precautions to prevent or minimize contact with blood or OPIM. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(3) Institute appropriate engineering and work practice controls.

(4) Provide appropriate personal protective equipment (PPE) at no cost to employees.

(5) Ensure that the worksite is maintained in a clean and sanitary condition and that any spills of blood or OPIM on work surfaces are cleaned with an appropriate disinfectant.

c. Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up.

(1) General. FAA shall make the hepatitis B vaccine and vaccination series available to all employees who have been determined to have risk for occupational exposure, and post-exposure evaluation and followup to all employees who have had an exposure incident. All medical evaluations and procedures shall be made available at no cost to the employee at a reasonable time and place, performed by or under the supervision of a licensed physician or other licensed healthcare professional, and provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.

(2) Hepatitis B Vaccination.

(a) The hepatitis B vaccination shall be made available after receiving the required training and within 10 working days of initial assignment to all employees who have occupational exposure. These requirements do not apply if the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(b) In the case of a collateral duty, designated first aid responder, the vaccination may be deferred until the employee renders assistance in a first aid incident involving the presence of blood or OPIM, at which time the hepatitis B immune globulin (HBIG) must be offered within 72 hours of the exposure incident.

(c) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the vaccination shall then be made available.

(d) All employees who decline the hepatitis B vaccination offered shall sign the OSHA-required waiver indicating their refusal. FAA Form 8020-22, Hepatitis B Virus Vaccination Consent/Decline Form may be used and should be filed in the employee's Official Personnel File (OPF).

(e) If a routine booster dose of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

(3) Post-Exposure Evaluation and Follow-up. Following a report of an exposure incident, the corresponding Regional Flight Surgeon office or the Occupational Health Division shall make a confidential medical evaluation and initial treatment available to the employee within 24 hours. The evaluation and follow-up shall be in accordance with 29 CFR 1910.1030.

(4) Information Provided to the Healthcare Professional. The healthcare professional responsible for the employee's exposure incident evaluation shall be provided with a copy of 29 CFR 1910.1030, a written description of the exposed employee's duties as they relate to the exposure incident, written documentation of the route of exposure and circumstances under which exposure occurred, results of the source individual's blood testing, if available, and all medical records relevant to the appropriate treatment of the employee including vaccination status.

(5) Healthcare Professional's Written Opinion. The affected employee shall be provided with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether the vaccination is indicated for an employee, and if the employee has received such vaccination. The healthcare professional's written opinion for post exposure followup shall be limited to a statement that the employee has been informed of the results of the evaluation and a statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

d. Communication of Hazards to Employees.

(1) Labels. The universal biohazard symbol shall be used and labels shall be fluorescent orange or orange-red. Red bags or containers may be substituted for labels. Regulated wastes must be handled in accordance with the rules and regulations of the applicable Federal, state, or local regulatory agency.

(2) Training to be Provided for Employees. Training shall be provided at the time of initial assignment to tasks where occupational exposure may occur and shall be repeated annually within 12 months of the previous training. Training content shall be as specified in 29 CFR 1910.1030, tailored to the education and language level of the employee, and offered during the normal work shift. The individual conducting the training shall be knowledgeable in the subject matter and allow for interactive questions and answers.

e. Recordkeeping.

(1) Medical Records. An accurate record shall be established and maintained for each employee with an occupational exposure to BBP. The records shall be kept confidential and maintained for the duration of the individual's employment plus 30 years. The records shall include the following:

(a) The name and social security number of the employee.

(b) A copy of the employee's HBV vaccination status, including the dates of vaccination.

(c) A copy of all results of examinations, medical testing, and follow-up procedures.

(d) A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, documentation of the routes of exposure and circumstances of the exposure, a copy of the healthcare professional's written opinion, and any other relevant information.

(2) Training Records. Training records shall be established and maintained to document the training received by affected employees. The records shall be maintained for three years from the date of training and shall contain the following information:

(a) The dates of the training sessions.

(b) An outline describing the material presented.

(c) The names and qualifications of persons conducting the training.

(d) The names and job titles of all persons attending the training sessions.

(3) Availability of Records. All employee medical and training records shall be made available upon request to the Assistant Secretary of Labor for Occupational Safety and Health, and the Director of the National Institute for Occupational Safety and Health, for examination and copying. Employee training records shall be provided upon request for examination and copying to employees or employee representatives. Employee medical records shall be provided upon request for examination and copying to the subject employee or to anyone having written consent of the subject employee.

(4) Reporting of Incidents. All BBP exposure incidents should be reported in the same manner as any other occupational injury or illness as described in Order 3900.19B, Chapter 7.

CHAPTER 21. HEARING CONSERVATION PROGRAM

2100. GENERAL. This chapter establishes minimum requirements for a Federal Aviation Administration (FAA) Hearing Conservation Program (HCP) as required by 29 CFR 1910.95, Occupational Noise Exposure. Additional implementation guidance will be developed by responsible organizations to support this policy, and shall be followed.

2101. BACKGROUND. Exposure to high levels of noise can cause hearing loss. The nature and extent of the hearing loss depends upon the intensity and frequency of the noise and the duration of the exposure. Noise-induced hearing loss may be temporary or permanent. Temporary loss results from short-term exposure to noise. Normal hearing returns after a period of rest. If exposures continue for extended periods of time, the temporary losses may become permanent. Noise-induced hearing loss resulting from prolonged exposure is irreversible, but it can be arrested and it can be prevented. The OSHA noise standard and the HCP prescribed in this chapter are designed to identify potentially hazardous noise areas or occupations, to reduce the noise to acceptable levels, if feasible, and, if not, to provide proper protection and monitoring for those employees who are exposed.

a. Exposure criteria. The OSHA noise standard requires every employer to establish and administer a continuing HCP for all employees whose 8-hour time-weighted average (TWA) noise exposures equal or exceed an "action level" of 85 dBA. The OSHA noise standard established 90 dBA as the 8-hour TWA permissible noise exposure for continuous noise, with allowable increases of 5 dBA for each halving of exposure duration, up to a maximum of 115 dBA (Figure 21-l).

b. Engineering controls as first line of defense. The OSHA noise standard specifies that feasible administrative or engineering controls shall be utilized to reduce sound levels within the levels shown in Figure 21-1, and, if such controls fail to accomplish that reduction, personal protective equipment shall be provided and a continuing effective HCP administered. The employer must provide hearing protection for affected employees, institute workplace and/or employee exposure monitoring, provide employees with training, and establish an audiometric testing program.

2102. CANCELLATION. FAA Order 3910.04, Hearing Conversation Program, dated September 13, 1985. is cancelled.

2103. SCOPE. This chapter applies to all FAA personnel whose work duties include potential for exposure to workplace noise levels that meet or exceed those specified in the OSHA noise standard.

2104. GOALS AND OBJECTIVES. The goal of the FAA HCP is to safeguard employees' health by protecting employees from exposure to noise hazards in the workplace. This will be accomplished as far as feasible by accepted engineering control measures. When accepted engineering controls are not feasible, or while they are being established, appropriate hearing protection shall be used as specified in this chapter and associated guidance.

2105. DEFINITIONS.

a. Action Level (AL). An 8-hour time-weighted-average noise level of 85 dBA or, equivalently, a noise dose of 50 percent, at which the agency must notify affected employees, develop and implement employee exposure monitoring programs, administer continuing, effective hearing conservation programs, and make hearing protectors available to affected employees.

b. Administrative control. A procedure or policy exercised by a supervisor for protecting employees from harmful noise levels by limiting their exposure time.

c. **Area monitoring.** Measuring noise levels with sound level meters or noise dosimeters at different locations in the workplace and at different times during the work shift sufficient to make reliable estimates of employee noise exposures.

d. **Audiogram.** A chart, graph, or table resulting from an audiometric test showing an individual's hearing threshold levels as a function of frequency.

e. **Audiologist.** A professional, specializing in the study and rehabilitation of hearing, who is certified by the American Speech-Language-Hearing Association or licensed by a state board of examiners.

f. **Baseline audiogram.** The audiogram against which future audiograms are compared.

g. **Continuous noise.** Broadband noise of approximately constant level and spectrum, to which an employee is exposed for a period of eight hours per day, 40 hours per week.

h. **dBA.** Sound level in decibels read on the A-scale of a sound level meter. The A-weighing network discriminates against lower and higher frequencies (and for some of the middle frequencies) of an acoustic signal. The A-Weighing network correlates with the response of the human ear to noise at various frequencies.

i. **Decibel (dB).** A unit related to the logarithm of the ratio of a measured quantity to a reference quantity. It is commonly used to describe levels of sound power, sound pressure, electric voltage, electric power, etc.

j. **Engineering control.** A means of protecting employees from harmful noise levels by reducing the noise before it reaches the exposed employee by mechanical intervention or design criteria.

k. **Hearing loss.** A Standard Threshold Shift (STS) which is a change in hearing threshold by an average of 10 decibels (dB) or more at 2,000, 3,000, and 4,000 hertz (Hz) in either ear relative to the current reference baseline.

l. **Hertz (Hz).** Unit of measurement of frequency numerically equal to cycles per second (cps). 1 Hz = 1 cps.

m. **High noise area.** Any area where the cumulative noise exposure to employees is above 85 dBA TWA, or a 50% dose.

n. **Impulse noise.** Noise that is characterized by a sharp rise in sound pressure level to a high peak followed by a rapid decay (e.g., drop forge or gunshot).

o. **Intermittent noise.** Noise that ceases or subsides between events (e.g., aircraft flyovers).

p. **Noise dosimeter.** A device, worn by an employee that integrate measurements of sound pressure levels over a period of time in such a manner that it directly indicates the accumulated exposure (dose) and other indices that can be calculated from noise measurements.

q. **Noise measurement.** A measurement obtained through the integration of all continuous, intermittent, and impulse sound levels from 80 to 130 decibels for the duration of an employee's exposure.

r. **Noise Reduction Rating (NRR).** The NRR, which indicates a hearing protector's noise reduction capabilities, is a single-number rating (units are in dB) that is required by law to be shown on the label of each hearing protector sold in the United States.

s. **Otolaryngologist.** A physician specializing in diagnosis and treatment of disorders of the ear, nose and throat.

t. **Personal monitoring.** Measuring employee noise exposure with a noise dosimeter mounted on the employee and the dosimeter microphone positioned near the employee's ear.

u. **Qualified audiometric technician.** A technician who has been certified by the Council for Accreditation in Occupational Hearing Conservation, or one who has satisfactorily demonstrated competence in administering audiometric examinations, obtaining valid audiograms, and properly using, maintaining, and checking calibration and proper functioning of the audiometers being used. The audiometric technician must be supervised by an audiologist, otolaryngologist, or physician.

v. **Revised baseline.** An annual audiogram that has been substituted for the baseline audiogram, when, in the judgment of the audiologist, otolaryngologist, or physician who is evaluating the audiogram, the STS revealed by the audiogram is persistent, or the hearing threshold shown in the annual audiogram indicates significant improvement over the baseline audiogram. (Reference 29 CFR 1910.95(g)(9).

w. **Sound level.** The sound pressure level reported in decibels.

x. **Sound level meter.** A device that measures in decibels the intensity of sound at a given moment.

y. **Standard Threshold Shift (STS).** A change in hearing threshold relative to the baseline audiogram of 10 decibels or more at 2000, 3000, and 4000 hertz (Hz) in either ear.

z. **Time-weighted average (TWA) sound level.** That sound level, which if constant over an 8-hour exposure, would result in the same noise dose or sound level as is measured.

2106. KEY PROGRAM ELEMENTS. The program must be administered by a suitably trained HCP administrator (hereafter referred to as "program administrator.") A program administrator for each affected line of business shall be appointed in writing to administer overall implementation and oversight of the HCP for all applicable FAA lines of business, both at headquarters and in the regions/centers. The HCP administrator shall meet the requirements for a technically qualified safety professional as contained in 3900.19B, Chapter 1, paragraph 11h.

a. **Written Hearing Conservation Program.** Prior to a FAA employee's inclusion in the HCP, a written, worksite-specific hearing conservation program must be developed and implemented in accordance with the specific requirements of 29 CFR 1910.95. This program must be updated as necessary to reflect those changes in workplace conditions that affect noise exposure and/or the use of hearing protection devices, and must contain at least the elements in paragraphs 2106 b through h.

b. **Noise Evaluation and Monitoring.**

(1) Occupational noise exposure levels shall be monitored by a technically qualified safety professional in a manner that is consistent with 29 CFR 1910.95, and so as to identify employees who are exposed to levels equal to or greater than the 85 dBA, 8-hour TWA (50 per cent dose) Action Level (AL). Measurements shall be made with a sound level meter on the A-Weighing scale, slow response, or a dosimeter.

(2) All continuous, intermittent, and impulsive sound levels from 80 dB to 130 dB shall be integrated into the noise measurements. Although area monitoring is permitted, personal dosimetry monitoring is preferred. Employee representatives shall be permitted to observe monitoring procedures and shall be notified of the results.

(3) When monitoring reveals that the 8-hour TWA exposure level is:

(a) Less than 85 dBA (or 50 per cent dose), no further action is required.

(b) Equal to or greater than the AL, the affected employee(s) shall be provided hearing protection and placed in a Hearing Conservation Program.

(4) Measurement of potentially hazardous sound levels shall be conducted when any information, observation, or calculation shows that an employee could be exposed to a noise level in excess of 85 dBA TWA. This includes, but is not limited to times where there is a need to document representative noise exposures, where employees complain of excessive noise, or where it is difficult to understand a normal conversation when the speaker and listener face each other at a distance of two feet. Noise monitoring should be repeated whenever any changes to facilities, equipment, work practices, procedures, or noise control measures alter potential noise exposures.

(5) Any new equipment (including communication headsets), operation, job, or procedure with the potential for creating work shift noise levels above 85 dBA TWA shall be evaluated with regard to noise emissions prior to startup.

c. Noise Control.

(1) Engineering controls.

(a) Engineering controls shall be utilized, where feasible, to reduce employee noise exposures.

(b) Facilities and equipment shall be procured, designed, operated, and/or modified in such a manner as to minimize exposure to noise levels above 85 dBA. Consideration of noise exposures shall be made as early as possible in the procurement, design, and/or modification decisionmaking process.

(2) Personal hearing protection.

(a) Personal hearing protection is to be used where engineering controls are not feasible, are not practical, or fail to reduce noise exposure to levels below 85dBA TWA.

(b) Earmuffs and/or earplugs shall be required to be worn by employees exposed to continuous, intermittent, or impact noise in excess of 85 dBA TWA, without regard for duration of exposure or character of the noise source.

(c) Use of hearing protection shall be mandatory where requirements are posted, and their use shall be enforced by supervisors as specified in this chapter.

(d) Where applicable, communication headsets used by employees shall be equipped with either zener diode or other similar type of circuitry that limits feedback signals, or tones, to acceptable levels in accordance with OSHA guidelines without compromising clear communication.

(e) Earplugs and earmuffs shall be for the exclusive use of each employee and shall not be traded or shared.

(f) Hearing protectors shall attenuate noise exposure (at the ear) to a level of 85 dBA-TWA or below, based on the Noise Reduction Rating (NRR) of the protector. Estimation of the adequacy of hearing protector attenuation shall be performed according to OSHA-specified methods. The adequacy of hearing protector attenuation shall be re-evaluated whenever employee noise exposures increase to the extent that the hearing protector currently in use may no longer provide adequate attenuation. More

effective hearing protectors shall be provided when necessary. Refer to 29 CFR 1910.95 Appendix B (mandatory), "Methods for Estimating the Adequacy of Hearing Protector Attenuation" for additional information.

(g) When it is determined that hearing protection is necessary, employees will be offered a selection of suitable protection devices from which they will select the one for use.

(h) Special hearing protection equipment, such as sound-attenuating communication headsets, may be used in high-noise areas. These devices should be regularly inspected. Sound-attenuating headsets, which have been damaged, altered, or modified in any way that affects the attenuation characteristics, may not be used. Where replacement parts, such as earcup seals are available, the headsets may be repaired and reused. Where sound attenuating headsets are not permanently issued to individuals, such equipment must be cleaned before being reissued.

(i) Supervisors shall ensure that hearing protectors are available to employees in the HCP, that employees are trained in their use and care, and that the hearing protectors are worn.

(3) Administrative controls.

(a) Where the highest rated hearing protective equipment or engineering controls (or a combination of both) are not sufficient to attenuate noise exposure to less than 90 dBA TWA, an employee's duration of time spent in the noise hazard area shall be limited so as not to exceed the default maximum exposure limit (with hearing protection) of 90 dBA TWA.

(b) For employees who have demonstrated a persistent Standard Threshold Shift, this exposure limit is reduced to 85 dBA TWA in accordance with 29 CFR 1910.95.

d. Medical Evaluation.

(1) Audiometric testing.

(a) The audiometric testing program shall be conducted in accordance with 29 CFR 1910.95(g) and (h), and the provisions of FAA Order 3900.19B, Chapter 12, Medical Surveillance Program, and shall include baseline and annual audiometry for all employees in the HCP. Requirements for testing are contained in the following mandatory appendices:

- 29 CFR 1910.95 App C, Audiometric measuring instruments.
- 29 CFR 1910.95 App D, Audiometric test rooms.
- 29 CFR 1910.95 App E, Acoustic calibration of audiometers.

(b) Testing shall be performed by a certified audiometric technician, under the direction of the medical officer in charge, or by a consultant who specializes in audiometric examinations.

(c) The medical officer in charge shall review audiograms in compliance with 29 CFR 1910.95(g) as needed to determine whether there is a need for further evaluation or referral.

(d) The audiometric tests performed for employees who hold Class 1 or 2 medical certificates shall be acceptable in satisfying this requirement.

(2) Baseline audiograms.

(a) Where feasible, baseline audiograms shall be obtained prior to an employee's first exposure to noise that equals or exceeds the action level. If not feasible, it shall be obtained as soon as

possible, but no longer than 6 months, after it becomes known that the employee is or will be exposed to noise that equals or exceeds the action level.

(b) Baseline audiograms obtained prior to the effective date of this chapter are acceptable baselines provided the medical officer in charge judges them valid.

(c) An annual audiogram may be substituted for the baseline at the discretion of the medical officer in charge in accordance with paragraph 29 CFR 1910.95(g)(9) of the standard.

(3) Annual audiograms.

(a) Annual audiograms shall be compared to the baseline audiogram to determine if an employee's audiogram is valid and if a standard threshold shift (STS) has occurred.

(b) If an STS is identified, the employee shall be informed of this fact in writing within 21 days of the determination and shall be fitted or refitted with adequate hearing protectors and required to wear them in noise areas that are equal to or greater than the AL. In addition, the employer may retest the employee within 30 days if an annual audiogram shows that an employee has suffered a STS.

(c) An annual audiogram may be substituted for the baseline at the discretion of the medical officer in charge in accordance with paragraph 29 CFR 1910.95(g)(9) of the standard.

(d) Upon termination or retirement, an exit audiogram shall be conducted.

(e) Annual audiograms conducted as part of air traffic controller medical exams will satisfy this requirement.

e. Training.

(1) All employees subject to the HCP and their supervisors shall receive training consistent with the requirements of 29 CFR 1910.95(k). Training shall include:

(a) The effects of noise on hearing.

(b) The purpose of hearing protection.

(c) The advantages, disadvantages, and attenuation of various hearing protective devices and instruction on selection, fitting, use and care.

(d) The mandatory requirement to wear hearing protection, and administrative actions which may follow for failure to wear the protection.

(e) The purpose of audiometric testing, an explanation of the test procedures, and the nature of the test results they are entitled to receive.

(f) Procedures to employ in donning and doffing hearing protection.

(2) Training shall be provided at the time of an employee's initial assignment to a task in an area with high noise levels, and refresher training shall be provided annually for each employee in the HCP.

(3) All training shall be properly documented in the appropriate official training information system. Documentation shall include a written certification record that contains the name or other

identifier of the employee trained, the date(s) of the training, and the signature of the person who performed the training.

(4) A general awareness program shall be provided for supervisory and managerial personnel whose employees are exposed above the action level, emphasizing their responsibility in the HCP.

f. Recordkeeping.

(1) Audiometric test results shall be maintained for the duration of the employee's employment. The audiometric record shall include:

(a) Name and job classification of the employee.

(b) Date of the audiogram.

(c) Examiner's name.

(d) Date of the last acoustic or exhaustive calibration of the audiometer.

(e) Employee's most recent noise exposure assessment.

(f) Date of the last hearing conservation training and the name of the person conducting the training.

(g) A copy of the STS notice.

(2) Noise exposure measurement records shall be maintained for a minimum of two years, or until the next noise exposure measurement tests are conducted and reported.

(3) All noise exposure measurement and audiometric records shall be provided upon request to employees, former employees, representatives designated by the employee, and OSHA in accordance with 29 CFR 1910.1020 and privacy act requirements.

(4) Employee training records may be destroyed when 5 years old or when superseded or obsolete, whichever are sooner, in accordance with approved records retention standards in FAA Order 1350.15.

g. Posting of Personal Hearing Protection Requirements.

(1) Caution signs, which clearly indicate the hazard of high noise levels and state the requirements to wear hearing protection shall be posted at the entrance(s) to, or the periphery of, noise hazard areas.

(2) Decals or placards with similar statements shall be affixed to power tools and machines where noise exposures may be anticipated to exceed 85 dBA TWA.

h. Contracts.

(1) All contracts issued for work involving anticipated noise exposure shall contain a provision that contractors must have a Hearing Conservation Program in accordance with OSHA and state requirements. The HCP Administrator or designated representative must approve the contractors HCP

before any work is initiated. Copies of contractors' safety programs shall be submitted in accordance with contract requirements.

(2) Contractors must provide their own appropriate audiometric testing, personal protective equipment, and training.

(3) Contractors must wear personal protective equipment where required.

Figure 21-1: PERMISSIBLE NOISE EXPOSURE

Sound Level, L (dBA)	Reference Duration, T* (hours)
80	32.0
81	27.9
82	24.3
83	21.1
84	16.4
85	16.0
86	13.9
87	12.1
88	10.6
89	9.2
90	8.0
91	7.0
92	6.1
93	5.3
94	4.6
95	4.0
96	3.5
97	3.0
98	2.6
99	2.3
100	2.0
101	1.7
102	1.5
103	1.3
104	1.1
105	1.0

Sound Level, L (dBA)	Reference Duration, T* (hours)
106	0.87
107	0.76
108	0.66
109	0.57
110	0.50
111	0.44
112	0.36
113	0.33
114	0.29
115**	0.25
116	0.22
117	0.19
118	0.16
119	0.14
120	0.125
121	0.11
122	0.095
123	0.082
124	0.072
125	0.063
126	0.054
127	0.047
128	0.041
129	0.036
130	0.031

$$* \; T = \frac{8}{2^{(L-90)/5}}$$

** 115 dBA is the maximum exposure limit

CHAPTER 22. FIRST AID PROGRAM

2200. GENERAL. This chapter establishes the requirements for a Federal Aviation Administration (FAA) first aid program. The purpose is to ensure consistency of procedures to make certain that all FAA employees will receive prompt and appropriate emergency medical services if a job-related injury or illness occurs in FAA administrative or field settings. First aid may consist of attention to minor injuries, which require no further treatment or emergency help for the severely injured until professional medical personnel can take over. It may also include the use of cardiopulmonary resuscitation (CPR) in response to medical emergencies. Additional implementation guidance will be developed by responsible organizations to support this policy, and shall be followed.

2201. BACKGROUND. Management guidelines for provision of medical services and first aid are found in the U.S. Department of Labor, Occupational Safety and Health Administration's (OSHA) standards 29 CFR 1910.151 and 29 CFR 1926.50. First aid programs must correspond to the occupational hazards which can reasonably be expected to occur in the workplace.

2202. SCOPE. This program applies to all FAA personnel. FAA contractors and sub-contractors must comply with the requirements of 29 CFR 1910.151 and 29 CFR 1926.50. These requirements should be emphasized in bid specifications and contract language.

2203. DEFINITIONS.

a. Designated First Aid Responder. An employee with current training in basic first aid measures and basic life support techniques who, as a part of his or her job-related duties which are stipulated in writing (e.g., in the position description or performance plan), will respond to a workplace emergency situation and provide first aid or cardiopulmonary resuscitation (CPR) if necessary. There are two categories of designated responders: those who render assistance on a regular basis such as clinic or dispensary employees, and those who render occasional assistance as a collateral duty. These individuals are covered under the agency bloodborne pathogens (BBP) policy. (See Chapter 17). Collateral duty employees will be designated only after careful consideration by the responsible program office and agreement of the subject employee.

b. Voluntary First Aid Responder. An employee who, in an unanticipated "Good Samaritan" act, assists another employee with an illness or injury. This type of assistance is voluntary and not required as part of an employee's job description. These actions are not considered by OSHA to constitute "occupational exposure" and so are excluded from coverage by the BBP standard. However, FAA will allow a medical consultation based upon current medical protocols for an employee involved in an exposure incident as a result of performing a "Good Samaritan" act in the workplace.

c. Responsible Program Office. Any FAA organization having direct responsibility for the occupational safety and health of its employees. More information regarding occupational safety and health responsibilities may be found in Chapter 1 of Order 3900.19B.

2204. KEY FIRST AID PROGRAM ELEMENTS

a. General Requirements.

(1) Local emergency response systems shall be the primary source of emergency first aid. In areas where accidents resulting in suffocation, severe bleeding, or other life-threatening injury or illness can reasonably be expected, a 3 to 4 minute response time, from time of injury to time of administering first aid, is required. In other circumstances, i.e., where a life-threatening injury is an unlikely outcome of an accident, a 15-minute response time is acceptable.

(a) If employees can be taken to an infirmary, clinic, or hospital, or if outside emergency assistance can arrive within the allotted times, the FAA is not required to train employees in first aid.

(b) In the absence of professional medical care in near proximity to the workplace to be used for the treatment of all injured employees, a person or persons shall be adequately trained to render first aid.

(c) If employees work in rural areas where there is no coverage by a local emergency medical response system (EMRS), the FAA must make provisions for acceptable emergency transportation. This could be any government or privately-owned vehicle (POV) that is available for use in an emergency situation to transport an injured employee to the nearest medical facility.

(2) If the facility or worksite is located where the local emergency medical response system can be utilized, employees of the facility shall be instructed in how to access the system, e.g., by dialing 9-911, to obtain an outside telephone line to summon emergency medical assistance.

(3) Where the eyes or body of any person may be exposed to injurious or corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use.

(4) The FAA may offer classes in CPR to employees. These classes are voluntary and any employees who attend and become certified are not required to perform CPR if a workplace emergency occurs. For designated responders, basic adult CPR retesting should occur every year and first aid knowledge and skills should be reviewed every three years.

b. Equipment.

(1) Guidelines for first aid kit contents shall be obtained from the American National Standards Institute Z308.1, American National Standard, Minimum Requirements for Workplace First Aid Kits. Guidelines for the use of CPR barrier devices and over-the-counter drug products in first aid kits may be found in the Appendix to Z308.1.

(2) The necessity for, and placement of, emergency shower and eyewash stations must be determined by the responsible program office. Refer to ANSI Z358.1, American National Standard for Emergency Eye Wash and Shower Equipment, for additional requirements.

c. Administrative Guidelines.

(1) Health Clinics and associated employee awareness programs will be administered by the Office of Aviation Medicine (AAM). AAM personnel will provide medical evaluations and advice in support of this policy as indicated.

(2) Employee training called for by the requirements of this chapter will be obtained from nationally recognized organizations and training service vendors. Selection of vendors should be guided by requirements identified and prioritized for FAA occupational safety and health training by ANS. The training will be funded and scheduled by the responsible program office. Training records will be maintained by the responsible program office.

(3) The Office of Environment and Energy (AEE) will provide periodic program evaluations.

(4) All incidents resulting in first aid treatment should be reported in the same manner as any other occupational injury or illness as described in Order 3900.19B, Chapter 7.

(5) Current bargaining unit agreements in regard to first aid services will be honored.

CHAPTER 25. FAA PERSONAL PROTECTIVE EQUIPMENT

2500. GENERAL. This chapter establishes minimum requirements for the selection, use and maintenance of personal protective equipment (PPE) by FAA employees. Engineering controls are the preferred course to address any exposure; however, PPE shall be provided when engineering controls are not adequate or when it is necessary by reason of hazards of processes or environment. Examples of such hazards are chemical hazards, biological hazards, radiological hazards, physical hazards, mechanical irritants, or electrical hazards encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation, or physical contact. A significant component of this program is the requirement to assess all workplaces to determine if hazards are present, or likely to be present, which necessitate the use of PPE. This chapter includes requirements for compliance with the U.S. Department of Labor, Occupational Safety and Health Administration's (OSHA), Personal Protective Equipment Standard, 29 CFR 1910, Subpart I. The reader is advised to refer to this subpart for additional details as appropriate.

2501. GOALS AND OBJECTIVES. The FAA shall ensure that all workplaces are surveyed for hazards and that, where required, appropriate PPE is provided to FAA employees to address those hazards.

2502. SCOPE. This chapter applies to all FAA personnel. FAA contractors and subcontractors must comply with the minimum requirements of this program.

2503. KEY PROGRAM REQUIREMENTS.

a. General Requirements.

(1) Hazard Assessment. Technically Qualified Safety Personnel (for definition see Chapter 1, paragraph 11h) shall assess the workplace to:

(a) Determine if hazards are present, or are likely to be present, which would require the use of PPE.

(b) Determine what PPE would be appropriate based on the hazard and the capacity of the PPE to protect the employee from the hazard.

(2) Selection and Use of PPE. If hazards are present, or likely to be present, employees shall use and care for assigned PPE in accordance with the training provided in paragraph 2503a(3)(a). In addition, immediate supervisors shall:

(a) Based on the hazard assessment and recommendations of the Technically Qualified Safety Personnel, select and require each affected employee to use the types of PPE that will protect the affected employee from the hazards identified in the hazard assessment.

(b) Communicate selection decisions to each affected employee so that the employee understands the hazard or likely hazard, and why the particular PPE was chosen.

(c) Ensure that any employee-owned PPE or PPE provided by the FAA is adequate to protect the employee and that it is properly used, tested, stored, and maintained.

(d) Verify that the required workplace hazard assessment was performed and documented by a certificate that identifies the workplace evaluated; the person certifying with a signature that the evaluation was performed; and the date(s) of the hazard assessment.

(e) Verify that each affected employee assigned PPE has been properly trained in accordance with subparagraph 2503a(3) below, prior to using PPE.

(f) Immediately dispose of all defective, damaged, inappropriate, or noncompliant PPE in accordance with this chapter, applicable OSHA regulations and guidance, and the manufacturer's instructions.

(3) Training.

(a) The FAA manager shall ensure that the employee's immediate supervisor provides training to each FAA employee who is required by this chapter to use PPE. Each employee shall be trained to know when PPE is necessary; what PPE is necessary; how to properly wear and adjust PPE; the limitations of PPE; and the proper care, maintenance, useful life, and disposal of the PPE.

(b) After the training is completed, each employee shall demonstrate to the satisfaction of the immediate supervisor an understanding of the training specified above, and the ability to use PPE properly, before being allowed to perform work requiring the use of PPE.

(c) When there is reason to believe that any employee who has received PPE training does not have the understanding and skill required by paragraph (3)(a) above, the supervisor must see that each such employee is retrained until he or she does have the understanding and skill required.

(d) Circumstances where retraining is required include situations where changes in the workplace, work tasks, or in the type of PPE to be used, render previous training obsolete.

(e) The FAA shall verify that each affected employee has received and understood the required training, which shall be documented by a written certificate, signed by the employee, that contains the name of the employee trained; the date(s) of training; and the subject of the training.

(4) Payment for Protective Equipment.

(a) All protective equipment required by this chapter shall be provided at no cost to employees. Exception: The FAA is not required to pay for safety-toe protective footwear, or for prescription safety eyewear, provided that all three of the following are met:

(i) The footwear and eyewear are permitted to be worn offsite.

(ii) The footwear or eyewear is not used at work in a manner that would make it hazardous for use off the job, e.g., contaminated by chemicals which could be tracked into the home.

(iii) The footwear or eyewear is not designed for special use on the job.

(b) Current bargaining unit agreements in regard to personal protective equipment will be honored.

b. Requirements for Eye and Face Protection

(1) FAA supervisors shall require that each affected employee uses eye or face protection when exposed to eye or face hazards from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, potentially injurious light radiation, or biohazardous materials (e.g., blood or other bodily fluids) which may be transferred by splashing or aerosolization or as dried particulate matter. Refer to ANSI Z87.1, American National Standard for Occupational and Educational Eye and Face Protection, for additional requirements.

(2) FAA supervisors shall require that each affected employee uses eye protection that provides side protection when there is a hazard from flying objects. Detachable side protection (e.g., clip-on or slide-on side shields) are no longer acceptable.

(3) FAA supervisors shall require that each affected employee who wears prescription lenses while engaged in operations that involve eye hazards wears eye protection that incorporates the prescription in its design. Eye protection such as safety goggles that can be worn over the prescription lenses without disturbing the proper position of the prescription lenses or the protective lenses is allowed.

(4) FAA supervisors shall require that each affected employee uses eye and face protective equipment for protection from injurious light radiation, with filter lenses that have a shade number appropriate for the work being performed.

(5) Eye and face PPE shall be distinctly marked to facilitate identification of the manufacturer.

(6) Areas in which eye/face protection is required (e.g., battery rooms, soldering stations) be posted with signs which read: "DANGER: EYE AND FACE PROTECTION REQUIRED."

(7) Unvented or indirectly vented chemical splash goggles and face shields are to be used whenever there is a hazard from liquid chemical splashes.

(8) Eye and face protective equipment shall be maintained in a clean condition and stored in such a manner that it does not become contaminated or dirty.

c. Requirements for Head Protection

(1) FAA supervisors shall require that each affected employee wears a protective helmet (hard hat) when working in areas where there is a potential for injury to the head from falling objects or other overhead hazards in accordance with 29 CFR 1910.135 and ANSI 89.1, American National Standard for Personnel Assurance Protection-Protective Headwear for Industrial Workers-Requirements.

(2) FAA supervisors shall require that each such affected employee wears a protective helmet designed to reduce electrical shock hazard when near exposed electrical conductors that could contact the head.

(3) Areas in which protective helmets are required shall be posted with signs that read: "DANGER: HARD HAT AREA."

d. Requirements for Protective Footwear. FAA supervisors shall require that each affected employee uses protective footwear when working in areas where there is a danger of foot injuries due to falling or rolling objects, or objects piercing the sole, or where such employee's feet are exposed to electrical hazards. Footwear shall comply with 29 CFR 1910.136 and ANSI Z41, American National Standard for Personal Protection-Protective Footwear.

e. Requirements for Hand Protection.

(1) FAA supervisors shall select and require employees to use appropriate hand protection when employees' hands are exposed to hazards such as those from skin absorption of harmful substances; severe cuts or lacerations; severe abrasions; punctures; chemical burns; thermal burns; vibration; or harmful temperature extremes.

(2) FAA supervisors shall base selection of the appropriate hand protection on an evaluation of the performance characteristics of the hand protection relative to the tasks(s) to be performed, conditions present, duration of use, and the hazards and potential hazards identified.

f. **Requirements for Electrical Protective Devices.** Requirements for electrical protective devices are generally more technical and specific than those for other PPE. Please refer to 29 CFR 1910.137 for more detailed requirements.

(1) **Design Requirements.** Insulating blankets, matting, covers, line hose, gloves, and sleeves made of rubber shall meet the following design requirements:

(a) **Manufacture and Marking.**

(i) Blankets, gloves, and sleeves shall be produced by a seamless process.

(ii) Each electrical protective device shall be clearly marked as to the appropriate class or type.

(iii) Other relevant markings, such as the manufacturer's identification and the size of the equipment may also be provided.

(iv) Markings shall be nonconducting and shall be applied in such a manner as not to impair the insulating qualities of the equipment.

(v) Markings on gloves shall be confined to the cuff portion of the glove.

(b) **Electrical Requirements.**

(i) Electrical protective equipment shall be capable of withstanding the a-c proof-test voltage or the d-c proof-test voltage specified by OSHA in 29 CFR 1910.137(a)(2)(i – ii).

(ii) Equipment that has been subjected to a minimum breakdown voltage test may not be used for electrical protection.

(iii) Material used for Type II insulating equipment shall be capable of withstanding an ozone test, without visible effects. The ozone test shall reliably indicate that the material will resist ozone exposure in actual use. Any visible signs of ozone deterioration of the material, such as checking, cracking, breaks, or pitting, is evidence of failure to meet the requirements for ozone-resistant material.

(c) **Workmanship and Finish.**

(i) Electrical protective equipment shall be free of harmful physical irregularities that can be detected by the required tests or inspections.

(ii) Surface irregularities that may be present on all rubber goods because of imperfections on forms or molds or because of inherent difficulties in the manufacturing process and that may appear as indentations, protuberance, or imbedded foreign material are acceptable if the indentation or protuberance blends into a smooth slope when the material is stretched, or if foreign material remains in place when the insulating material is folded and stretches with the insulating material surrounding it.

(2) **In-Service Care and Use.** All protective equipment required by this chapter shall meet the following criteria:

(a) Electrical protective equipment shall be maintained in a safe, reliable condition.

(b) All electrical protective equipment shall be used, stored, maintained, periodically inspected, repaired, replaced and tested in accordance with the manufacturer's instructions and applicable OSHA requirements and guidance.

(c) FAA supervisors shall either certify that equipment has been tested as required in paragraph 2503f(2)(b) or obtain such certificates from the manufacturer of the safety equipment. The certificate shall identify the equipment that passed the test and the date it was tested. *Note*: Marking of equipment or entering the results of the tests and the dates of testing onto logs are two acceptable means of meeting this requirement.

g. Other Requirements for Protective Equipment. Specific requirements for respiratory protection, hearing protection, and protective clothing for exposure to blood and body fluids are covered in other chapters of this Order.

CHAPTER 31. OFFICE SAFETY PROGRAM

3100. GENERAL. The purpose of the Office Safety Program is to protect Federal Aviation Administration (FAA) employees from injury caused by FAA office hazards. All organizations are obligated to provide employees with safe working conditions. This chapter presents the key program elements needed to fulfill that obligation.

3101. SCOPE. This chapter applies to facilities operated by the FAA for office work. It does not include office space set up in employees' homes to facilitate telecommuting.

3102. STANDARDS.

a. Congress enacted the Occupational Safety and Health (OSH) Act of 1970 "to assure so far as possible every working man and woman in the Nation safe and healthful working conditions and to preserve our human resources." Section 19 (Federal Agency Safety Programs and Responsibilities) mandates that "the head of each agency shall (after consultation with representatives of the employees thereof) ... provide safe and healthful places and conditions of employment, consistent with the standards set under section 6." However, the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) has issued no standards specifically for the protection of workers from office safety hazards.

b. While there are no OSHA standards which specifically address office hazards, there are standards in 29 CFR 1910, such as Subpart D, Walking-Working Surfaces; Subpart E, means of Egress; Subpart K, Medical and First Aid; Subpart J, General Environmental Controls; and Subpart L, Fire Protection which are applicable to all workplaces, including offices. This order includes chapters for many of the applicable standards, and more are planned.

c. Consistent with the OSH Act, Executive Order 12196, Section 1-201(a), requires each Federal agency to "furnish to employees places and conditions of employment that are free from recognized hazards that are causing or are likely to cause death or serious physical harm."

d. Finally, as part of the Department of Transportation, the FAA is instructed, in the Department's OSH Management Manual (DOT M 3902.7B, 7/13/95), to have an OSH program which includes the identification of hazardous conditions and work practices in all workplaces.

3103. KEY PROGRAM ELEMENTS.

a. Plan. A regional/center/headquarters Office Safety Program Plan shall be developed, implemented, and maintained. It shall be made available for inspection by employees and their authorized representatives. The Plan must include, at a minimum, the program elements identified in this paragraph (subparagraphs c through f below).

b. Program Administrator. A program administrator shall be designated to manage the regional/center/headquarters Office Safety Program. This person must meet the requirements of a "qualified person." For the purposes of this chapter, "qualified person" means a person capable by education and/or specialized training of recognizing, evaluating, and prescribing mitigation for office safety hazards. The program administrator may coordinate program activities with other qualified persons in the region/center/headquarters.

c. Periodic Inspections. Formal inspections to identify hazardous conditions and/or work practices shall be conducted annually in all FAA office workplaces, as provided for in FAA Order 3900.19B, Chapter 2. Such inspection shall be conducted by technically qualified safety personnel, as defined in FAA Order 3900.19B, paragraph 11h. Participation of employee representatives shall be encouraged. Hazards discovered shall be remediated or mitigated.

d. Employee Awareness. All FAA employees who work in office spaces must be provided with information about office hazards and the prevention of injury in their office environment. The method of information delivery (e.g., training sessions, printed messages, etc.) shall be determined by the program administrator, or by another qualified person designated by the program administrator. The information conveyed must be appropriate to the specific facility. Figure 31-1 presents a suggested topic list.

e. Hazard Reporting Procedure. The Office Safety Program Plan must provide for, and publicize, a procedure whereby employees are encouraged to report hazards. The procedure must be consistent with the provisions of FAA Order 3900.19B, Chapter 9, Reports by Employees on Hazardous Conditions, and ensure that reported hazards are addressed in a timely manner.

f. Program Evaluation. The Office Safety Program Plan shall include a section addressing periodic evaluations of the Office Safety Program, to be developed by the program administrator. Written documentation should include a description of implementation activities and an assessment of their effectiveness. Office Safety may be reported as a component of a more comprehensive OSH evaluation report.

Figure 31-1. EXAMPLES OF OFFICE SAFETY TOPICS

A. Hazards

1. Falls: *Falls are the most common type of office accident, accounting for the greatest number of disabling injuries. They typically result from slips, trips, and falls from chairs and elevations.*

   a) Slipping: *Immediately clean up all liquid spills, pencils, paper clips, and other items that present a slipping hazard.*

   b) Tripping

      (1) Cords in aisles: *Keep all electrical cords and phone cords out of traffic paths to prevent tripping. If this is absolutely impossible, securely tape the cord throughout its length to the walking surface or use a rubbercord ramp specifically designed to minimize the risk of tripping.*

      (2) Clutter: *Aisles and walkways need to be kept free of obstructions. All employees need to practice good housekeeping.*

      (3) Steps: *Differences in floor elevation need to be clearly marked, and handrails should be provided where there are four or more risers. Stairs need to be well lighted and free of defects or obstructions. Unless made of unpainted wood, they should have anti-slip treatment.*

      (4) Defective (torn) carpet: *Rugs and mats with holes, tears, or other disrepairs which constitute a hazard shall be repaired or removed.*

   c) Dangerous climbing: *Use step stools and ladders with braking devices, and not chairs, to reach objects which are too high to reach without assistance.*

   d) Chairs

      (1) Leaning back: *Excessive leaning or tipping while seated in a chair can result in falls.*

      (2) Defective chairs: *Chairs should be periodically inspected and taken out of service if found to be defective.*

2. Falling objects

   a) Top-heavy file cabinets: *Avoid overloading the top drawers of file cabinets. Open only one drawer at a time. Don't store heavy materials on top of cabinets.*

b) High furniture: *All furniture, such as bookcases, over 64" in height should be secured to the wall.*

3. Collisions

a) Open drawers: *Keep desk drawers, file drawers, and pull-out writing surfaces shut when not in use.*

b) Running, horseplay: *Never run in the office. Horseplay can cause injury and should not be tolerated.*

c) Walking: *Carry only what you can reasonably handle while keeping your balance and a clear view of where you are going. Do not walk and read at the same time.*

4. Cuts

a) Sharp objects: *Put away sharp objects which are not in use. For guillotine paper cutters, make sure the blade is left down and locked when not in use.*

b) Sharp edges: *Guard the sharp edges of furniture.*

c) Electric fans: *Electric fans located within 7 feet of the floor must be guarded (with not over ½-inch mesh) to prevent contact with the blades.*

d) Paper: *Paper has sharp edges and can cause painful cuts. Use a sponge or other wetting device for envelopes.*

e) Staples: *Use caution when unjamming a stapler. Never put your fingers into an automatic stapler.*

f) Proper waste disposal: *Broken glass and similar sharp material should not be mixed with other contents of wastebaskets, unless the glass is wrapped separately and labeled prominently.*

5. Electrical

a) Ungrounded appliances: *All electrical equipment should be grounded in accordance with the National Electrical Code.*

b) Frayed wires: *All electrical cords should be examined on a routine basis. Do not use electrical cords if the cord insulation is broken or separated from the plug or the machine. The outlet covers and receptacles should also be examined for defects.*

6. Fire evacuation

a) Unobstructed egress: *Office doors shall be free of obstructions at all times to permit egress.*

b) Sprinkler heads: *Under no circumstances should materials be stacked within 18 inches of ceiling sprinkler heads or Halon nozzles.*

c) Diagram displayed: *A plan or diagram of designated emergency egress routes shall be posted in a place readily available to employees. Information about the locations of fire extinguishers and related equipment shall also be made available.*

d) Fire drills: *Fire drills must be conducted at least annually.*

e) Microwave: *Attend the microwave when heating potentially combustible materials, such as bags of popcorn.*

7. Other

a) Furniture hand traps: *When closing drawers in desks or filing cabinets, make sure your hands are held against the drawer face; grasp the handle if possible.*

b) Toner dust: *Only personnel who have been instructed in the proper toner replacement techniques should perform this duty.*

B. Use of proper tools: *Use tools only for the specific purpose for which they are designed, e.g., a staple remover to remove staples.*

C. Crime: *Be aware of potential situations where assaults may occur, such as in employee parking lots after hours. Implement measures such as escort requests where there is a reasonable fear of incident.*

D. Reporting of building problems: *All employees need to be informed of the proper contact to make for emergency and non-emergency problems they may discover in their workplace.*

Appendix B

FAA Federal Worker 2000 Implementation Plan

U.S. Department of Transportation
Federal Aviation Administration

Memorandum

Subject: ACTION: Implementing the Federal Worker 2000 Presidential Initiative - Better Management of Our Safety and Health and Workers' Compensation Programs

Date: FEB 11 2000

From: Administrator

Reply to Attn. of: Maryanne Solak
x7-9020
FAX: x7-5121

To: The Secretary
THRU: The Deputy Secretary

This memorandum forwards the Federal Aviation Administration's (FAA) implementation plan for meeting the Federal Worker 2000 initiative. This memorandum submits both the first year and subsequent 4-year plans for meeting the President's goals as outlined in the Secretary's memorandum dated December 28, 1999.

The FAA has established a cross-functional committee involving occupational safety and health, workers' compensation, budget, aviation medicine, training, security, and labor unions. This committee has outlined a four-point approach consisting of program management, training and education, claims processing improvements, and prevention efforts. This plan is a "living document" that will continue to be worked through our National Occupational Safety, Health, and Environmental Compliance Committee. We will forward you revisions to the plan as they occur. Continuing improvement and refinement will be an ongoing initiative.

For additional information on workers' compensation or safety and health, your staff may contact Ms. Maryanne Solak or Ms. Victoria Hershiser, respectively. Ms. Solak can be reached on (202) 267-9020 and Ms. Hershiser can be reached on (202) 267-8425.

Jane F. Garvey

Jane F. Garvey

Attachment

FEDERAL WORKER 2000 IMPLEMENTATION PLAN

The FAA is employing a four-part approach to address the Federal Worker 2000 Presidential Initiative that consists of program management, training and education, claims processing improvements, and effective prevention efforts for all employees and supervisors. Each approach is categorized by short-term and long-term initiatives and identifies the corresponding Presidential goal to which it pertains. The Presidential goals are as follows:

- Reduce the overall occurrences of injuries by 3 percent per year, while improving the timeliness of reporting injuries and illnesses by agencies to the Department of Labor (DOL) by 5 percent per year.

- For those worksites with the highest rates of serious injuries, reduce the occurrence of such injuries by 10 percent per year; and

- Reduce the rate of lost production days (i.e., the number of days employees spend away from work) by 2 percent per year.

Responsibility for workers' compensation resides in 14 human resource offices, including 1 national Office of Workers' Compensation Program (OWCP) Manager, 2 contractor personnel who program and maintain the Workers' Compensation Information System (WCIS), and 12 benefits specialists who handle workers' compensation on a collateral basis. In addition, each region, headquarters, and center has a designated Occupational Safety and Health (OSH) professional and, with the exception of the Technical Center, a Regional Flight Surgeon (RFS). For this project, a cross-functional agency team was assembled with representatives from the lines of business, human resources, safety, budget, medical, security, unions, and others. The team is meeting weekly via teleconferences to develop the strategies necessary to fulfill the Federal Aviation Administration's (FAA) responsibilities under the initiative. Continuing refinement and improvement are an ongoing initiative.

FAA Order 3900.19B, the FAA Occupational Safety and Health Program, was updated and signed by the Administrator in April 1999. This order establishes the policy framework and assigns responsibility for an effective agencywide employee safety and health program. The goal of the program is to ensure that FAA employees are provided with places and conditions of employment that are free from recognized hazards that cause or are likely to cause death or serious physical harm.

PROGRAM MANAGEMENT

Short-Term Initiatives

- Analyze accident data to determine safety program focus and to develop intervention strategies. **(Goal 1)**

- Ensure that only claims involving lost days or medical reimbursements are submitted to OWCP. This will reduce the submission of unnecessary claims. **(Goal 2)**

- Review DOL quarterly report to identify cases belonging to other agencies/modes that are inadvertently charged to the FAA. **(Goal 1)**

Long-Term Initiatives

- Share effective strategies between regional, center, and headquarters stakeholders. Information includes controversion techniques, light duty programs, categorizing claims to concentrate on immediate resolution, and requesting valid medical information to support current OWCP claims. **(Goal 1)**

- Develop medical intervention strategies to encourage coordination with employees' private medical providers to facilitate timely return to work. This, in conjunction with the light duty program, ensures that employees who can work are given the opportunity to do so rather than continue to receive OWCP compensation. **(Goal 2)**

- Identify additional light duty assignments under the agency's return to work initiative. Develop a partnership among the lines of business, medical, human resource, union, and safety personnel to encourage sharing of light duty success strategies. **(Goal 3)**

- Work with cross-functional group to identify meaningful reporting requirements for safety and OWCP and develop additional ad hoc reporting capabilities in WCIS/Safety Management Information System (SMIS). **(Goal 1)**

TRAINING AND EDUCATION

Short-Term Initiatives

- Educate employees of their responsibility for observing safe work practices, promptly reporting unsafe and/or unhealthful working conditions and work-related injuries/illnesses/accidents, and attending applicable occupational safety and health-related training. **(Goal 1)**

- Provide appropriate safety and health information and training to employees at the targeted high injury sites (Westbury and Cleveland) and to other at-risk employees to help prevent new injuries and increase visibility for the occupational safety and health program. **(Goal 2)**

Long-Term Initiatives

- Develop a training plan for supervisors and managers so they are informed of their responsibilities under the occupational safety and health program. **(Goal 1)**

- Develop and implement supervisors' training. Emphasis should be on enforcement of safety rules and regulations; DOL requirements; compensation timeframes; the need to controvert questionable claims; and responsibilities for followup. Supervisors must ensure that workplaces are inspected to identify, document, and correct hazards; that all employees are trained in safety awareness; and that all work-related injuries, illnesses, and accidents are reported and investigated to determine why they occurred. **(Goal 1)**

- Continue to provide appropriate safety and health training for all employees. This may be accomplished by distributing literature, providing safety orientation classes, and sending reminders via Broadcast Messages, etc. **(Goal 1)**

- Promote the agency light duty program. Work with successful agencies (Veterans Affairs, Postal Service, etc.) and regions (Southern, Southwest, and Northwest Mountain) to gain ideas and adopt creative ways to bring employees back to work on a temporary or permanent basis. **(Goal 3)**

CLAIMS PROCESSING

Short-Term Initiative

- Pilot electronic submission of injury and illness claim forms to DOL at three test sites (ASO, ASW, and headquarters). **(Goal 1)**

Long-Term Initiative

- Expand electronic submission of claim forms to include all sites (regions, centers, and headquarters). **(Goal 1)**

PREVENTION

Short-Term Initiative

- Mobilize, inform, and guide the supervisors, designated OSH professionals, and the lines of business on OWCP and related safety issues. This can be accomplished by holding telecons and providing training materials to be used at headquarters and in the field for safety orientation and remediation. **(Goal 1)**

Long-Term Initiatives

- Emphasize injury prevention at all worksites by focusing efforts on identifying workplace hazards, following up on corrective actions needed, and increasing employee awareness of the safety program. **(Goal 2)**

- Integrate OWCP issues into the national and regional Occupational Safety, Health, and Environmental Compliance Committees to maintain program emphasis and to ensure coordination between management and the bargaining units to reduce on-the-job OWCP claims and associated costs. **(Goal 2)**