

Memorandum

U.S. Department
of Transportation
**Federal Aviation
Administration**

Subject: **INFORMATION**: Annual Occupational Safety and Health Report to the Department of Labor Date:

From: Acting Assistant Administrator for Policy, Planning, and International Aviation, API-1 Reply to
Attn. of:

To: Office of Security and Administrative Management, M-70

Attached for your information is the annual Occupational Safety and Health report for FY 1997, for the FAA.

If you have any questions or concerns, please contact Sue Green at 267-9548.

Louise E. Maillett

Attachment

FY 1997
AGENCY FISCAL YEAR 1997 ANNUAL REPORT ON
OCCUPATIONAL SAFETY AND HEALTH

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I. SAFETY AND HEALTH PERFORMANCE MEASURES

A. Lost-time Injury and Illness Rates and Costs

1. How are your lost-time injury and illness rates and worker's compensation costs proceeding over time?

Since 1994 the costs have been dropping. We had a slight increase (0.2 percent) in 1997. However, our rates and costs were below the Government-wide increase. These costs are cumulative in nature, in that all claimants receive a full cost of living increase each year that averages about 3 percent.

- Is the long-term trend (past 10 years) up or down?

Over the past 10 years the costs have risen.

- Is the short-term trend (past 3 years) up or down?

Over the past 3 years the costs have dropped.

2. Why are these trends occurring?

- What processes were changed? How did these changes affect your rates?

We have been able to keep the costs from escalating over the past 3 years through improved national coordination, assistance from a contractor, and a new computer system called the Workers' Compensation Information System (WCIS). We began educating our staff and are beginning to educate our supervisors and employees about the program and how it is administered. This has led to better case processing and reduced costs. We also reviewed many of our long-term cases and began monitoring our cases more closely through our WCIS system. The data from this system has been given to the various lines of business (LOB) in the FAA. An internal chargeback procedure, where each LOB is now paying for its own claimants, has helped focus attention on the program. These actions, combined with a year of contractor support, helped keep our rising workers' compensation costs down.

- What are the top five causes of injuries and illnesses?

- 1) Traumatic injury--unclassified
- 2) Traumatic mental disorder; stress; nervous condition
- 3) Traumatic back strain
- 4) Lacerations and cuts
- 5) Traumatic strain, multiple

B. Hazard Abatement

1. Does your agency have an active program to recognize, evaluate, and control workplace safety and health hazards? If so, please describe.

In 1994 the FAA initiated an agency-wide effort to identify and evaluate occupational safety and health (OSH) hazards at all facilities using a systematic inspection process performed by an independent and objective third party, the U.S. Army Corps of Engineers. To date, approximately 71 percent of the operational field organizations (Systems Management Offices) have been inspected as part of this process.

At the field level, hazards are identified and evaluated through annual inspections, review of accident reports, safety complaints, and through the WCIS system. Hazards are acted upon promptly. Various regional database systems are used to track, compare, and evaluate health and safety

2. How does management assure that abatement has taken place?

- Please describe or attach a description of your automated abatement tracking system.

Currently, various regional database systems are being used to track deficiencies and the abatement of those deficiencies. A national management tracking database system, Safety and Environmental Assessment Management System (SEAMS), is being modified to track corrective actions of all deficiencies identified during inspections. This database contains findings and recommendations based on results from the FAA's Environmental Compliance Assessment Program and Occupational Safety and Health Compliance Assessment Program (ECAP/OSHCAP).

- How do you track abatement due dates? How do you record actual correction dates?

Currently, each region has their own system for tracking and recording of abatements and corrections. The FAA is now working on another component of SEAMS to record and track this data. This component should be in place by the end of this year.

3. Do you prioritize the abatement actions? Please explain the hazard abatement and funding properties to fix the backlogs.

In the inspection process described above, deficiencies are ranked based on a system using hazard severity and risk probability (the same system presently utilized by the Department of Defense). Field organizations prioritize abatement activities based on this information in conjunction with other factors. Funding for abatement is acquired through the standard budgeting process.

C. Safety and Health Program Measures and Evaluation

1. How do you evaluate/measure the success or failure of field unit accident, injury, and illness prevention programs?

At the national level, Safety and Health Programs are evaluated using various programs and measures. Among the systems used are annual inspections, unsatisfactory condition reports, incident reports, customer surveys, training activity levels, and minutes of the Occupational Safety and Health and Environmental Compliance Committee (OSHECCOM) meetings.

At the regional level, the primary measures of success are the numbers of inspections and abatements, accidents and injury reports received. OSHA 200 logs and the WCIS are reviewed and compared to previous reports to establish trends. Success is measured by reduction in incidents and accidents, overall inspection findings, statistics on the numbers of people trained in key program areas, personal protective equipment (PPE) issued, number of reported unsafe conditions, number of OSHECCOM's established, and level of management participation in OSHECCOM meetings.

The FAA uses the SEAMS software and OSHCAP findings database to review and evaluate the status of safety programs.

- Audits against the requirements of 20 CFR Part 1960.
Conducted by headquarters?
Conducted by field units?

The FAA is developing national program evaluation protocols and schedules to evaluate occupational safety and health programs at the regional and field levels.

- Injury and illness reports

The FAA is developing national program evaluation protocols and schedules to evaluate occupational safety and health programs at the regional and field levels.

- Other (please describe)

Not applicable

2. What action(s) does the Designated Agency Safety and Health Official (DASHO) take if a problem is indicated by the information obtained above?

The DASHO coordinates with the appropriate LOB to work out a resolution.

3. How was OSH addressed in your agency's strategic plan to address the Government Performance and Results Act?

Goal 9I of the current FAA Strategic Plan states "Ensure a safe and healthful workplace for FAA employees." This is the focus and goal of the FAA's Occupational Safety and Health (OSH) program, and is carried out through various Orders and guidance documents.

II. PROGRAMMATIC FOCUS

A. Lock-out/Tag-out Program

FAA Order 3900.49 provides agency guidance on Lockout/Tagout (LO/TO) programs. A nationwide LO/TO system retrofit will be acquired for the existing FAA Terminal Doppler Weather Radar facilities. Technical support and design input is provided on an on-going basis to national program offices responsible for developing and deploying new systems. In addition, awareness videos on LO/TO were issued to all regions and sample written confined space programs were provided as regional guidance. Funding for educational materials and equipment is being provided to the regions.

Training in LO/TO has been provided to instructors at the FAA Academy. Technical courses given to field technicians and supervisors include LO/TO information. Additional local training is provided at the field level. Regional guidance documents have been developed, including written LO/TO programs tailored to existing facilities and equipment. As an example, at one of our locations specific LO/TO programs have been developed for each facility at the Mike Monroney Aeronautical Center. Also, specific guidance on equipment is conducted via workshops and on-the-job training.

B. Confined Space Program.

The FAA developed sample written Confined Space Entry programs to use as regional guidance. Funding was provided for training materials and equipment such as blowers, multi-gas meters, and PPE.

At the regional level, guidance documents have been tailored to the specific needs of facilities. Confined space equipment and "hands-on" training is provided, including use of blowers and multi-gas meters. Confined space permit systems are used and some confined space entry work is contracted out. Regional safety personnel are working with appropriate offices to be sure proper standard operating procedures are incorporated into contractor work orders. Regional safety teams survey facilities to identify confined space hazards.

C. Positive Programmatic Achievements (Please describe any positive programmatic achievements, including training.)

FAA SEAMS SOFTWARE

A major program office accomplishment was completing distribution of the SEAMS software and database to the regional Offices. This allows the regions to review the safety findings resulting from the OSHCAP inspections and follow up on correcting these deficiencies. Identifying such problems leads to abating hazards for employees, and lowering injury and safety issues and incidents. We completed and distributed a pre-construction checklist aimed at controlling potential health and safety hazards to employees during construction and maintenance projects. We also developed a National Occupational Safety and Health Program Management Plan.

SAFEDOT

The FAA participated in DOT's Safety Awareness for Employees of DOT (SAFEDOT) program by developing FAA policies on safety belt use, speeding, impaired driving, and aggressive driving. Further, at various FAA facilities including Washington headquarters seatbelt checks were initiated. FAA safety managers observed 72 percent (360 out of 500 drivers) compliance in wearing seat belts on the grounds of FAA facilities.

LIAISON ACTIVITIES

The FAA collaborated with the National Institute for Occupational Safety and Health (NIOSH) and the American Society of Heating, Refrigerating and Air-Conditioning Engineers on environmental quality standards for aircraft cabins. The FAA participated with the development of NIOSH's National Occupational Medicine Research Agenda (NORA). NORA facilitates long-term planning by prioritizing occupational safety and health research needs. FAA also worked with private industry (Raytheon, Inc.) on noise levels inside agency aircraft; and with other organizations in development of radiation training courses, and provided support to address union and employee health concerns.

SUPERVISOR SAFETY TRAINING

FAA supervisor training efforts have matured to the point that individual offices within the FAA have begun to incorporate supervisor safety and health requirements into their programs. For example:

- The FAA's Air Traffic Services organization included OSH responsibilities for supervisors in its computer based course on unique personnel issues developed last year. This course is now available to all Air Traffic supervisors.
- The FAA Center for Management and Development incorporated OSH responsibilities in their existing correspondence course for supervisors, and it is now available to all FAA supervisors.
- To support these and other offices, the FAA developed a handbook, "Occupational Safety for Management Inspectors" and a videotape, "Safety Review for FAA Supervisors" in 1997.

III. SPECIAL ACCOMPLISHMENTS (Please describe the major success story of occupational safety and health in your agency during the reporting period)

ADVANCES IN FAA'S OCCUPATIONAL MEDICAL SURVEILLANCE PROGRAM

- The FAA developed a new Occupational Medical Surveillance Program policy in 1997 which includes policy requirements for medical surveillance; industrial hygiene surveillance of FAA workplaces; organizational responsibilities; and establishment of a National Occupational Medicine Surveillance Program Oversight Team at headquarters for resolving national programmatic issues related to medical surveillance.
- The FAA's Federal Air Surgeon committed support to the agency medical surveillance program, and allocated considerable resources for OSH training. The regional Flight Surgeons and nurses took more formal occupational health training during FY97 than ever before. Training including courses sponsored by the Occupational Safety and Health Administration Technical Institute, the American Occupational Health Conference, the American College of Occupational and Environmental Medicine, the Aviation Safety Manager's Course, Prevention 97, Occupational Hearing Conservation, the American Industrial Hygiene Conference & Exposition, and the Alaska Governor's Conference on Safety & Health.

- The FAA's Civil Aeromedical Institute in Oklahoma City received first place in the preventive medicine category at the American Medical Association's International Health and Medical Film Festival. The "Freddie" was awarded for the production of an outstanding video concerning bloodborne pathogen issues for aircraft accident investigators.
- The FAA developed a Medical Monitoring Tracking System (MET) through informal collaboration with occupational medicine physicians from OSHA, the Public Health Service, Kennedy Space Center and the American College of Occupational and Environmental Medicine. MET was designed to enhance communication and coordination among the various organizations within the FAA which support the medical surveillance program. MET provides a standardized method to request and track medical monitoring examinations and provides accountability of program activity. MET is a low cost system that uses existing agency computer resources and the FAA Intranet. Full implementation of MET is planned for FY 98.
- The FAA conducted an internal epidemiologic review of Fatal Occupational Injuries (FOI). The agency rate of FOI was found to be considerably lower than that of the aggregate national workforce.