

Workplace Safety & Health Regulations

VDH Occupational Health & Safety Team
Emergency Preparedness Summit
September 28, 2022

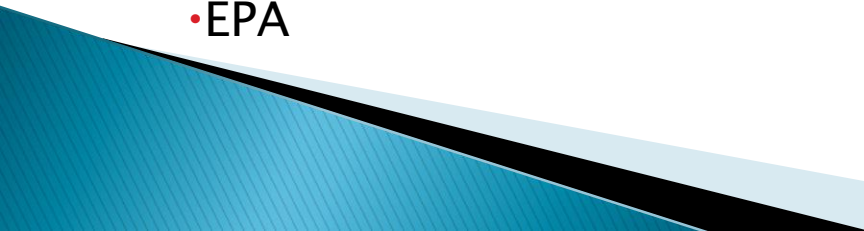
Workplace Safety & Health Laws

- ▶ Occupational Safety and Health Administration (OSHA)
 - Authorized to create, modify, or revoke safety and health standards
 - Issues rules and regulations governing workplaces
 - General Duty Clause
 - Employer – workplace free from recognized hazards
 - Employee – must follow all safety rules
- ▶ State plans must include public employees
 - Virginia is a “state plan” state


Virginia Department of Labor & Industry

- ▶ Virginia Occupational Safety and Health (VOSH)
 - Conducts inspections of workplaces
 - Responds to complaints from employees
 - Issues citations with civil penalties
 - Provides consultation services on safety & health
- ▶ Virginia Standards
 - 9 Unique Standards more strict than OSHA Standards
 - Administrative Regulation Manual (16 VAC 25-60)
 - §32.1-45.1 Deemed Consent

Incorporated & Consensus Standards

- ▶ Centers for Disease Control and Prevention
 - CDC
 - ▶ National Institute for Occupational Safety and Health
 - NIOSH
 - ▶ Food & Drug Administration
 - FDA
 - ▶ American National Standards Institute
 - ANSI
 - ▶ National Fire Protection Association
 - NFPA
 - ▶ Environmental Protection Agency
 - EPA
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Workplace Safety & Health Laws

- ▶ Employers must determine which OSHA standards apply to their workplace
 - ▶ Employers must report certain serious workplace injuries and illnesses directly to VOSH/OSHA within a specified timeframe
 - Work-Related Fatality
 - Hospitalization of an employee for a work-related injury or illness
 - Amputation
 - Loss of an eye
- 

Workplace Safety & Health Laws

- ▶ Employers are required to investigate and keep records of occupational injuries/illnesses
 - VDH Accident & Injury Investigation Report
 - WC's First Report of Injury (VWC Form-FROI)
 - Work-related injuries/illnesses are recorded on the OSHA 300 Log
 - Post the Summary of Work-Related Injuries and Illnesses (OSHA 300A)
 - Must be posted annually from February 1 - April 30

OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Form approved OMB no. 1218-0176

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name _____

City _____ State _____

Identify the person				Describe the case		Classify the case																				
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:					Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:													
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M)														
								Job transfer or restriction	Other recordable cases			Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses									
(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)															
Page totals						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)

* Include Sharps Injury Log & Privacy Case List

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year _____



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0178

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ Zip _____

Industry description (e.g., Manufacture of motor truck trailers)

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive

Title

Phone


Date

What is an **Accident**?

- ▶ Unplanned and unwanted event
- ▶ Is controllable
- ▶ Stops the normal course of events
- ▶ Causes property damage and/or bodily harm



Why we Investigate?

- ▶ Identify the causes and hazards
 - Eliminate or reduce the hazard by taking corrective action
 - Recommend preventive actions (Safety Committees)
 - ▶ Expose deficiencies in process and/or equipment.
 - ▶ Maintain/Improve employee morale & Confidence
 - ▶ Save \$
 - ▶ The law requires an investigation of serious accidents
- 

VDH Accident Investigation Form

VDH Accident & Injury Investigation Report

Complete all sections within 24 hours of injury or illness.

I. EMPLOYEE'S SECTION – Unless it is an emergency situation, please complete Section I immediately after the injury/accident ¹.

Name: _____ DOB: _____ M F M S
(last, first, middle) (Gender) (Marital Status)

Emp ID: _____ Home Address: _____ # of dependents: _____

Outside Employment? Yes No VSDP? Yes No State Health Insurance? Yes No Date: _____
Provider: _____

Job Title: _____ VDH Hire Date: _____ Hire date in current job: _____

Home/Cell Phone: _____ Classified Hourly Hours Worked: _____
Work Phone: _____ Employment Type ² (Specify) Daily Weekly

Address Where Injury Occurred: _____

Names of any witnesses³: _____ Person to whom reported: _____

Date of Injury: _____ Time of Injury: _____ AM/PM Date/Time Reported: _____
Time began work: _____ AM/PM

Describe fully how injury or illness occurred: _____

Describe nature of injury or illness, including injuries, parts of body affected and if machine, tool or object caused injury or illness: _____

Signature: _____ Date: _____

VDH Accident Investigation Form

(continued)

II. SUPERVISOR'S SECTION – Upon notification of an accident/injury, offer the employee a Panel Physicians Form, First Script card and complete Section II. Attach the Panel Physicians Form and send both forms to your work unit representative within 24 hours. If you do not agree with the employee's account under Section I please explain in the Additional Comments section of this form.

Was the employee doing something **other** than required duties at the time of the accident? Yes No If "yes," please explain: _____

When did you **first** learn of accident/illness? _____ Address where accident/illness occurred (if different than one above): _____

Did accident/illness occur on: Employer premises? Yes No State Property? Yes No
Initial Medical Treatment: No Medical Treatment Was a 3rd party responsible for accident/injury? Yes No
 Onsite First Aid Emergency Room Date and hour of incapacity: _____
 Clinic/Urgent Care Overnight Hospital Admittance Probable Length of incapacity: _____

Was employee offered a panel of physicians? Yes No Was employee paid in full for day of injury/illness? Yes No Was employee paid in full for day of incapacity? Yes No
If medical attention was provided by someone other than the selected panel physician, please state physician's name, facility and address: _____

Describe any UNSAFE acts and conditions: _____

Based on your investigation, what was the cause of the accident? *(Give details and attach additional sheet(s) and photographs if necessary)*

How could this accident have been prevented? *(i.e., protective equipment worn, equipment repaired, procedure changed, etc.)*

What corrective action has been taken to prevent future accidents? *(i.e., housekeeping contacted, training provided, obstacles removed, etc.)*

Supervisor's Name: _____ Work Phone: _____
(please print)

Signature: _____ Date: _____

¹ In an emergency situation, seek immediate medical attention and then notify supervisor.

² Form to be used for hourly and classified employees only.

³ Attach additional sheet(s) if necessary.

of attachments, if applicable

Workplace Hazards

Employers must control workplace hazards:

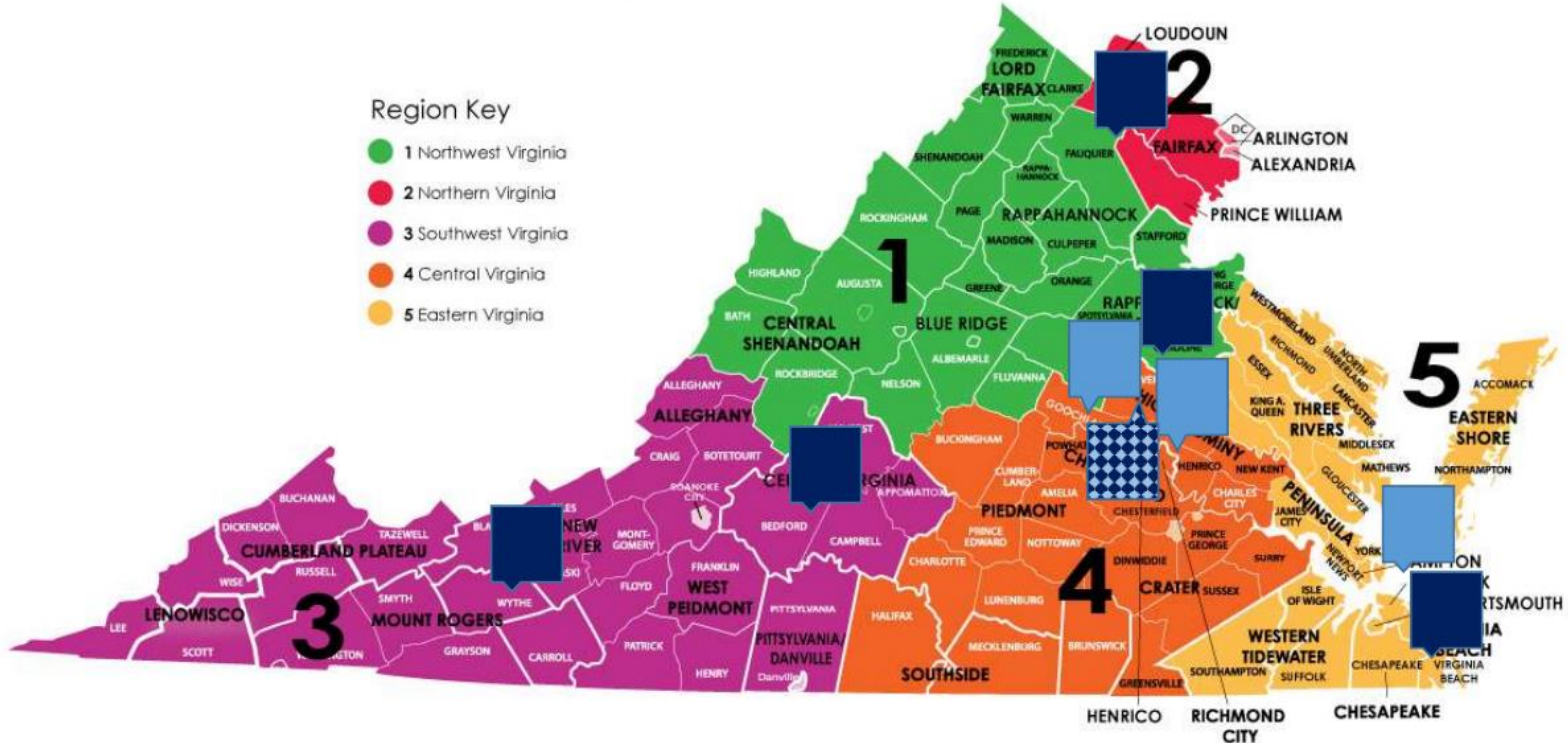
- ▶ **Engineering Controls**
 - Design (guards, insulation, etc.)
 - Enclose or Isolate the Process
 - Substitutions (less hazardous substance)
- ▶ **Administrative Controls**
 - Job Rotation
 - Adjust Methods
- ▶ **Personal Protective Equipment (PPE)**
 - Considered last as a control choice

Occupational Health & Safety Team Locations

VIRGINIA DEPARTMENT OF HEALTH Regions, Districts and Counties

Region Key

- 1 Northwest Virginia
- 2 Northern Virginia
- 3 Southwest Virginia
- 4 Central Virginia
- 5 Eastern Virginia



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Occupational Health & Safety Team Contacts

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Questions?

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