

Workplace Safety & Health Regulations

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

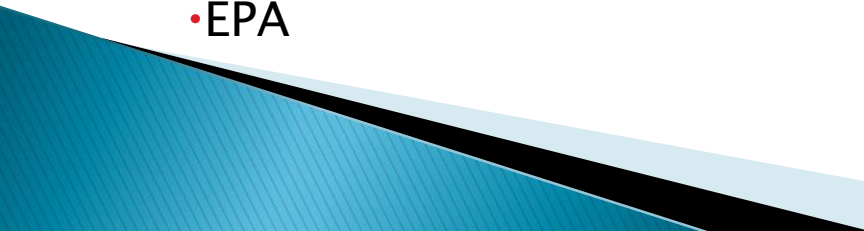
Workplace Safety & Health Laws

- ▶ 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
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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 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

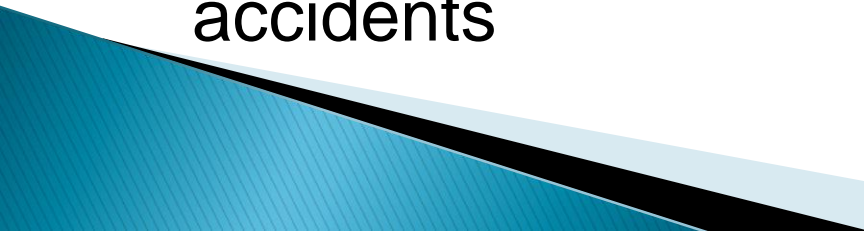
Date

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
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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
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Occupational Health & Safety Team Contacts

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Questions?

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