

# **VDH WORKFORCE OCCUPATIONAL HEALTH & SAFETY TRACKING**

CL Stilson & Steve Rykal

**VDH Occupational Health & Safety (OH&S) Team**

## OBJECTIVES

- Be able to explain of the importance of an agency-wide workforce repository tool to ensure safe and deployable staff
- Have a generalized understanding of how VDH plans to use VEOCI
- Understand what data will be tracked in VEOCI and how that data is obtained

## WHY IS IT IMPORTANT?

- Provide a quick & efficient way to ensure VDH staff can be safely deployed in a public health incident requiring an immediate and multi-district/office response.
- Ensure VDH staff OH&S metrics are properly collected and kept up to date.

## WHAT IS IT?

- VEOCI Portal: Virtual Emergency Operations Center
- Repository of OH&S metrics for all VDH employees & contractor staff
- Will have status dashboard on VDH internal webpage

## HOW WILL VDH BENEFIT?

Improve awareness of  
requirements & training

Improve safety by  
improving workforce  
readiness

Improve communication  
across agency

Reduce workload

## WHAT WILL BE TRACKED?

- Annual Bloodborne Pathogen Training
- Employee Health Inventory
  - Submitted forms/approved forms
  - Declinations/exemptions

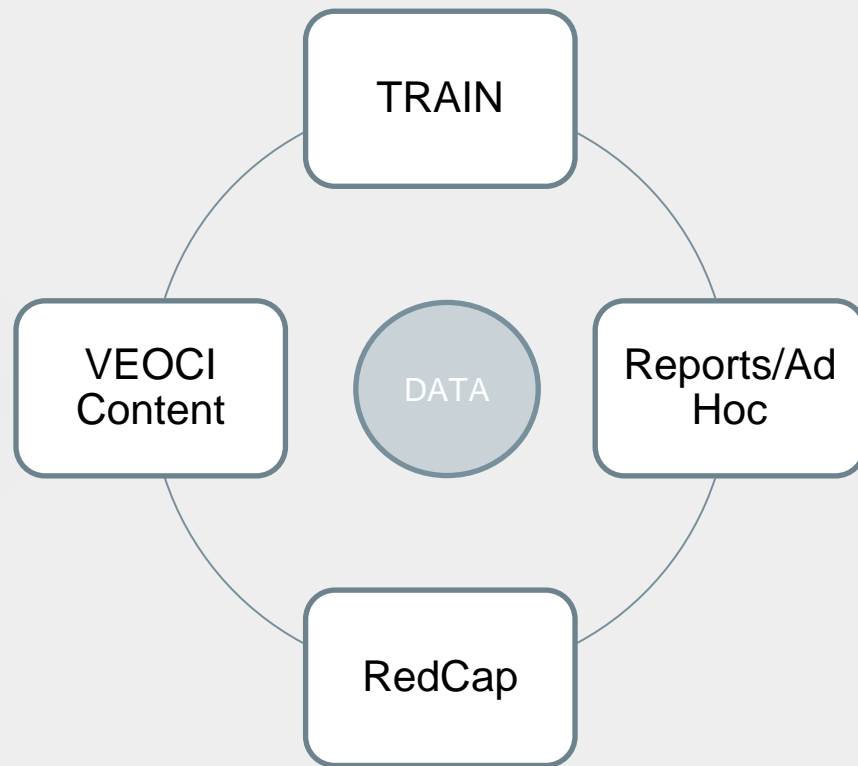
## WHAT WILL BE TRACKED

- Annual Respiratory Protection Training
- Respirator Medical Clearance Record
- Annual N95 Respirator Fit-test Completed
- N95 Respirator(s) Make/Model

# Mock Sample Data Demonstration

Last Name	First Name	VDH Email	Due	Annual Resp Protection Training Completed	Annual BBP Training Completed	Workforce Health Inventory Form Submitted	Workforce Health Inventory Reviewed	Annual N95 Fit-test Completed	N95 Respirator(s) Fit-tested	Respiratory Medical Questionnaire Completed	Respirator Medical Clearance Record	VDH Supervisor	Comments/Follow-up
Your LHD													
Houlihan	Margaret	margaret.houlihan@vdh.virginia.gov		1/31/2023	9/26/2023	6/1/2015	6/15/2015	9/26/2023	3M 8110S	1/31/2021	2/1/2021	Henry Blake	
McIntyre	John	john.mcintyre@vdh.virginia.gov	RPP Training, BBP Training, Fit test	Not completed	9/26/2022	8/22/2019	8/31/2019	9/1/2022	3M 9205+ 3M 8210	8/31/2019	9/1/2019	Henry Blake	Staff member notified. Will complete overdue items by 11/15/23.
Pierce	Benjamin	benjamin.pierce@vdh.virginia.gov	RPP Training, BBP Training, Fit test	Not completed	9/26/2022	8/22/2019	8/31/2019	9/1/2022	3M 9205+ 3M 8210	8/31/2019	9/1/2019	Henry Blake	Staff member notified. Will complete overdue items by 11/15/23.
Burns	Frank	frank.burns@vdh.virginia.gov		1/31/2023	9/26/2023	6/1/2015	6/15/2015	9/26/2023	Unable to fit	1/31/2021	2/1/2021	Sherman Potter	Couldn't be successfully fit-tested to any N95 on hand. Will wear PAPR.
O'Reilly	Walter	walter.oreilly@vdh.virginia.gov		N/A	9/26/2023	3/10/2021	3/16/2021	N/A	N/A	N/A	N/A	Sherman Potter	
Kinger	Maxwell	maxwell.kinger@vdh.virginia.gov		N/A	9/26/2022	3/10/2023	3/16/2023	N/A	N/A	N/A	N/A	Sherman Potter	Staff member doesn't participate in Respiratory Protection Program

## WHERE DOES THE DATA COME FROM?



**TRAIN** Virginia

**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH

[HOME](#)
[COURSE CATALOG](#)
[YOUR LEARNING](#)
[CALENDAR](#)
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VDH: Bloodborne Pathogens Training

[Back](#)

History

Launch

Certificate

Completed

Verified

Web-based Training - Self-study

ID 1028520

Skill level: Introductory

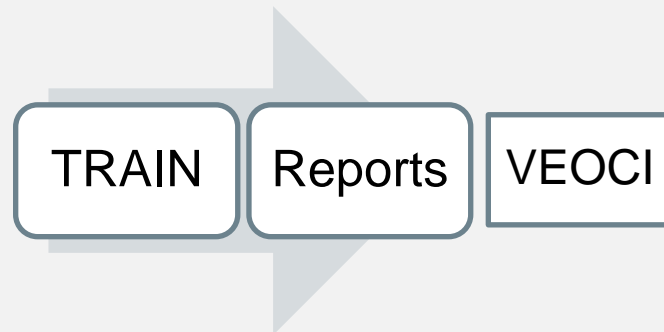
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★★★★☆

(7117)

CLICKING THE LAUNCH BUTTON WILL SEND YOU TO A VIDEO. AFTER WATCHING THAT VIDEO, YOU WILL FIND YOUR CERTIFICATE LISTED IN THE "YOUR LEARNING/YOUR CERTIFICATES" SECTION OF YOUR TRAIN ACCOUNT.

Whether you work in a hospital, nursing home or other healthcare facility, all employees need to be instructed on the proper procedures to limit their exposure from coming into contact with blood or bodily fluids during an emergency situation. This training program is designed to inform and educate any all employees who can be reasonable expected to have contact with blood or other bodily fluids in the performance of their work duties. You will be instructed on the proper procedures to protect yourself and to limit your exposure to bloodborne pathogens. In this training program we will familiarize you with the contents of the OSHA standard, bloodborne diseases, preventing the exposure, proper protective equipment, signs and labels associated with bloodborne pathogens, procedures to follow if exposed.



Attachment A  
VIRGINIA DEPARTMENT OF HEALTH  
EMPLOYEE HEALTH INVENTORY FORM

**EMPLOYEE DEMOGRAPHICS**

Name (Last, First, MI): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Position Title: \_\_\_\_\_ Employment start date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of initial health inventory/assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Office Location: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_

**IMMUNIZATION AND MEDICAL HISTORY**

**MEASLES, MUMPS, AND RUBELLA** – Indicate receipt of single antigen vaccines OR titers OR MMR vaccine [series](#).

Measles #1: \_\_\_\_/\_\_\_\_/\_\_\_\_ #2: \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Titer: \_\_\_\_\_

Mumps #1: \_\_\_\_/\_\_\_\_/\_\_\_\_ #2: \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Titer: \_\_\_\_\_

Rubella #1: \_\_\_\_/\_\_\_\_/\_\_\_\_ #2: \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Titer: \_\_\_\_\_

MMR #1: \_\_\_\_/\_\_\_\_/\_\_\_\_ #2: \_\_\_\_/\_\_\_\_/\_\_\_\_

**VARICELLA** – Indicate history of disease OR titer OR receipt of Varicella vaccine [series](#).

History of disease (diagnosis date): \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Titer: \_\_\_\_\_

Varicella #1: \_\_\_\_/\_\_\_\_/\_\_\_\_ #2: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Tdap** – Indicate receipt of most recent Tdap vaccine.

Tdap: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Td** – Indicate receipt of most recent Td vaccine.

Td: \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEPATITIS B** – Indicate receipt of Hepatitis B vaccine series, and booster doses or titers, if applicable.

Hepatitis B #1: \_\_\_\_/\_\_\_\_/\_\_\_\_ #2: \_\_\_\_/\_\_\_\_/\_\_\_\_ #3: \_\_\_\_/\_\_\_\_/\_\_\_\_

Initial Titer (if at high risk of exposure): \_\_\_\_\_

*If initial titer outside recommended window of 30-60 days and/or <10mIU/mL: (Dose #4): \_\_\_\_/\_\_\_\_/\_\_\_\_*

*Titer (30-60 days post dose #4): \_\_\_\_\_*

*If titer after dose #4 is still <10mIU/mL: Dose #5: \_\_\_\_/\_\_\_\_/\_\_\_\_ #6: \_\_\_\_/\_\_\_\_/\_\_\_\_*

*Titer (30-60 days post dose #6): \_\_\_\_\_*

*If titer after dose #6 is <10mIU/mL, check HbsAg and counsel according to results.*

*Comments: \_\_\_\_\_*

IMMUNIZATION FORM

VEOCI



SUBMIT/REVIEW

VEOCI



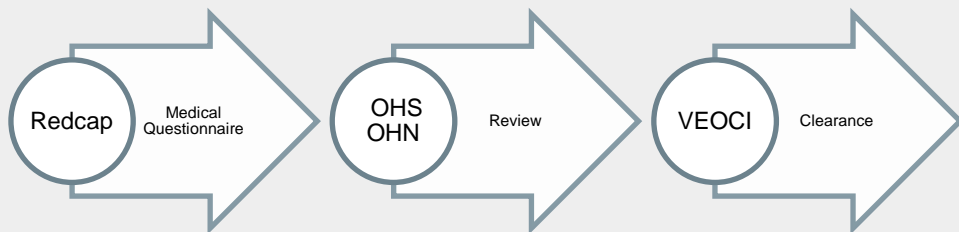
DECLINATION/EXEMPTIONS

RedCap

VEOCI

## ANNUAL RESPIRATORY PROTECTION TRAINING





Record ID 206  
Page 1

## VDH Respirator Medical Clearance

Completed by the PLHCP Reviewing the Respirator Medical Eval Questionnaire.

### Medical Recommendation for Respirator Use

(Completed by the PLHCP)

First Name	Steve
Last Name	Rykal
Email Address	steven.rykal@vdh.virginia.gov
Position Title	Occupational Health & Safety Specialist
Office or Department	<input checked="" type="checkbox"/> Office of Emergency Preparedness
This individual may use the following type(s) of respirator(s) without restrictions:	<input checked="" type="checkbox"/> Filtering Facepiece N-95 (N, P, or R) or PAPR w/loose fitting hood (powered air-purifying respirator)
This individual may use the following type(s) of respirator(s) with restrictions or limitations.	<input checked="" type="checkbox"/> N/A
Specific restriction(s) or limitation(s):	N/A
This individual:	<input checked="" type="checkbox"/> N/A
A follow-up medical evaluation is required.	<input checked="" type="checkbox"/> No
This individual shall complete a new Respirator Medical Evaluation Questionnaire in:	<input checked="" type="checkbox"/> 24 Months
This individual has been provided a copy of this recommendation for their records.	<input checked="" type="checkbox"/> Yes
PLHCP Printed Name	CL Stilson RN
PLHCP Signature	

**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH

### RESPIRATOR FIT TEST RECORD

Employee Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ District/Office: \_\_\_\_\_

Conditions Affecting Respirator Fit (add comment): ☐ Facial Hair ☐ Glasses ☐ Dental Issues ☐ Other

Respirator Type(s): ☐ Filtering Facepiece (N-95) ☐ Half-Face ☐ Full-Face ☐ SCBA

(1) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_ (2) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_

Fit Test Method(s): ☐ Qualitative (QLFT) ☐ Quantitative (QNFT) QNFT Protocol: CNC (PortaCount)

QLFT Test Protocol: ☐ Bitrex™ ☐ Saccharin ☐ Isoamyl Acetate ☐ Other: \_\_\_\_\_

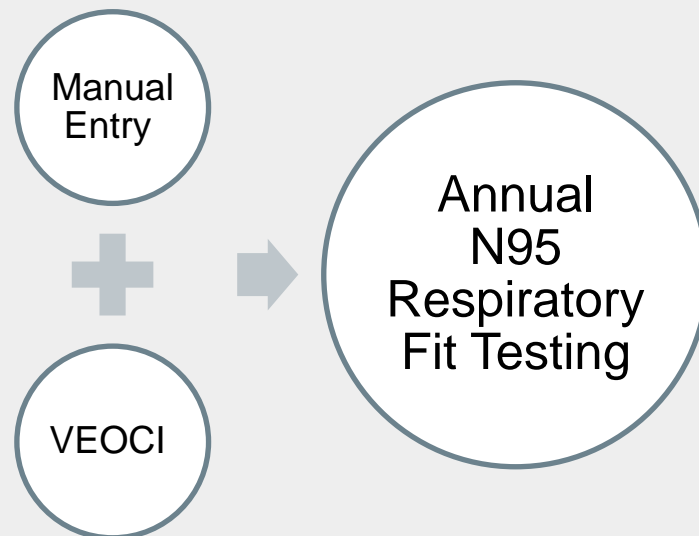
QLFT Threshold Sensitivity Check: ☐ 10 ☐ 20 ☐ 30

QNFT Fit Test Device Used: \_\_\_\_\_

Face/Respirator User Seal Checks Completed: ☐ Positive Pressure ☐ Negative Pressure

Results from Selected Protocol

Exercise	QLFT Fit	QNFT Fit
Normal Breathing	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	(overall fit factor)  <input type="checkbox"/> Pass <input type="checkbox"/> Fail (attach device results)
Deep Breathing		
Turning Head Side to Side		
Nodding Head Up and Down		
Talking – Rainbow Passage		
Bending Over		
Normal Breathing		





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## VEOCI Login Page

# VEOCI VDH LANDING PAGE

**Virginia Department of Health**

Welcome to Veoci. We're glad you're here. Here are a few links to help you get started:

- [Access our Getting Started Guide](#)
- [Manage Account Settings](#)
- [Edit Your Profile](#)
- [View My Tasks](#)

**RECENTLY ACTIVE ROOMS**

- Chempack Management
- COOP Program Administration
- OEP Planning
- PPHR Support and Collaboration
- Vaccine Unit
- 2020 EP&R Flu Vaccination Exercises

**BOOKMARKS**

- Chempack Management
- PPHR Support and Collaboration
- OEP Planning
- COOP Program Administration

**MORE**

**What's New**

Veoci is excited to announce that we have launched our New Mobile App! View our Mobile App Walkthrough and Mobile Guide resources to learn more!

[Find App Resources on the Helpdesk!](#)

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## REVIEW

What is VEOCI?

What are 3 ways  
VDH will benefit  
from an agency  
wide portal?

What items will be  
tracked in VEOCI?

What other software  
platforms will be  
used to collect the  
data tracked in  
VEOCI?

Where will the data  
come from for BBP  
training?

Where will respirator  
medical  
questionnaires be  
kept? What about  
the clearances?

How can a fit test be  
entered in VEOCI?

What should be  
included in annual  
respiratory training?

Will VEOCI be able  
to track makes and  
models of  
respirators?

## QUESTIONS/COMMENTS/FEEDBACK?



# VEOCI Navigation Tutorial

[download.veoci.com/QEB5Q75IVRerLi73/navigating\\_veoci.mp4](https://download.veoci.com/QEB5Q75IVRerLi73/navigating_veoci.mp4)

***THANK YOU!***

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**Steve Rykal:** [steven.rykal@vdh.virginia.gov](mailto:steven.rykal@vdh.virginia.gov), 804-840-3695

**VDH OH&S Team**