U.S. Department of Health and Human Services

OCCUPATIONAL SAFETY AND HEALTH MANUAL

2016

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HHS Safety Program
Chapter 1
Introduction

1-1 Purpose

a. Superseding. This manual supersedes all previous editions of the U.S. Department of Health and Human Services (HHS) or U.S. Department of Health, Education, and Welfare Occupational Safety and Health Manual.

b. Intent. HHS believes a deliberate commitment to a culture of safety in the workplace not only creates a more positive and productive work environment for everyone, but it also provides the opportunity to set the very best safety example. **HHS requires employees, managers, and senior leaders commit to ensuring workplace safety. HHS's internal mission must be to foster a safe and healthy workplace.** The Department Occupational Safety and Health Manual prescribes HHS policies, responsibilities, and procedures to safeguard and preserve HHS resources worldwide, to include employees and property against accidental loss. This safety program manual, describes minimum standards, that when implemented assure regulatory and statutory compliance and provides for public safety incidental to HHS operations and activities.

1-2 References

Required and related publications and prescribed and referenced forms are listed in Appendix A.

1-3 Explanation of abbreviations and terms

Abbreviations and special terms used in this policy manual are explained in the glossary. For clarity throughout this document the term Department refers to the Department safety office, officer, policies and activities as described under the Department Chief of Occupational Safety and Health. The term(s) "Operational Division," "OPDIV," "OPDIV's," or "OPDIVs" refers to the specified operational divisions of the Department. The term "Health and Human Services" or "HHS" refers to all employees of the Department, its OPDIVs, and their entire sub organizations combined.

Responsibilities

A successful HHS safety program depends upon everyone fulfilling his or her safety responsibilities. Occupational safety and health responsibilities fall into two categories—"general" and "specific program-supporting" responsibilities. General responsibilities are the core safety duties and responsibilities that must be completed by agency staff for regulatory and statutory compliance. Specific program-supporting responsibilities are the site specific details and nuances that must be completed, in addition to the core responsibilities, to attain compliance with an agency's safety policy.

1-4 Delineation of Responsibility

a. The Secretary of the Department of Health and Human Services. The Secretary of HHS in accordance with the Executive Order (EO) 12196 and 29 C.F.R. 1960 will:

(1) Furnish to each employee employment and a place of employment which is free from recognized hazards that are causing or are likely to cause death or serious harm; and

(2) Serve as the Department designated agency safety and health official (DASHO) or designate in writing the DASHO who must be an Assistant Secretary or equivalent.

b. Designated Agency Safety and Health Official. The DASHO is the principal adviser and assistant to the Secretary of HHS for the safety component of protecting the workforce. In accordance with 29 C.F.R. § 1960.6(a), the DASHO will:

(1) Provide a safety and health management system structure at the Department, with sufficient authority and responsibility to plan and conduct an effective occupational safety and health program, including a full-time departmental safety manager and a department-level Occupational Safety and Health Council (DOSHC), and require similar program elements for each HHS OPDIV, including the Office of the Secretary;

(2) Provide that safety policies promulgated by the DOSHC are integrated at all OPDIVs and regional offices. Appoint other "safety and health officials" at appropriate levels within HHS with sufficient authority to effectively represent the interest and support of the DASHO in the management and administration of the occupational safety and health program;

(3) Provide that senior managers, safety and health officials, and other management officials plan, request resources, implement, and evaluate the occupational safety and health program budget;

(4) Assist in the preparation of budgets to ensure that adequate funds are made available for necessary safety and health staff, equipment, materials, and the training required to ensure implementation of an effective occupational safety and health program;

(5) Provide management officials and supervisors with orientation and other learning experiences that will enable them to manage the occupational safety and health programs of their agencies. Such orientation should include coverage of section 19 of the Occupational Safety and Health Act, Executive Order 12196, and 29 C.F.R. Part 1960, occupational safety and health standards applicable to the assigned workplaces, procedures for reporting hazards, procedures for reporting and investigating allegations of reprisal, and procedures for the abatement of hazards, as well as other appropriate rules and regulations;

(6) Provide that any performance evaluation of any management official in charge of an establishment, any supervisory employee, or other appropriate management official, measures that employee's performance in meeting requirements of the occupational safety and health program, consistent with the employee's assigned responsibilities and authority.

(7) Ensure the agency implements and, to the fullest extent possible, complies with all applicable Occupational Safety and Health Administration (OSHA) standards (e.g., 29 C.F.R. Parts 1910, 1926, and 1960;

(8) Establish procedures to assure that no employee is subject to restraint, interference, coercion, discrimination, or reprisal for filing a report of an unsafe or unhealthful working condition, or other participation in agency occupational safety and health program activities, or because of the exercise by such employee on behalf of himself, herself, or others of any right afforded by section 19 of the Act, Executive Order 12196, and 29 C.F.R. Part 1960;

(9) Annually establish goals and objectives for reducing, and eliminating occupational accidents, injuries, and illnesses and establish priorities for appropriate corrective actions deemed to be necessary;

(10) Establish and implement plans and procedures for evaluating the occupational safety and health program's effectiveness at all operational levels;

(11) Establish and implement annual HHS workplace inspections per 29 C.F.R. § 1960.25 and require that unsafe or unhealthy findings are posted until such conditions are corrected; and

(12) Require that HHS Office of Workers Compensation Programs (OWCP) to compile and analyze workers compensation data and disseminate reports to OPDIVs in a timely manner.

c. The HHS Department Chief of Occupational Safety and Health. The Department Chief of Occupational Safety and Health (DCOSH), manages the Department occupational safety and health program. Specifically, the DCOSH will:
(1) Integrate the safety component of safeguarding the workforce into department-level and department-wide policy, training, safety leadership development, organizational design, resource requirements, and employee issues;
(2) Monitor the safety performance of department organizations, agencies, installations, and offices;
(3) Develop/collect safety lessons learned and best practices and disseminate to the OPDIVs;
(4) Set and communicate, to the DASHO, annual occupational safety and health goals and objectives based on recommendations received from the DOSHC, findings from baseline hazard assessments, and trend analyses;
(5) Chair the HHS occupational safety and health council and brief the DOSHC regarding relevant council deliberations and recommendations;
(6) Identify, investigate, and where practical, advise leaders of remediation regarding hazards in equipment, material systems, science, and technology;
(7) Inform users of existing, new, or emerging hazards associated with equipment designs, maintenance, and operation; and
(8) In emergency situations, the DCOSH retains the authority to develop and implement interim occupational safety and health policies and procedures without the concurrence of the DOSHC until a full meeting of the DOSHC can be convened. In such cases, a full meeting of the DOSHC will be convened not more than 72 hours following the implementation of interim occupational safety and health policies.

d. Agency Chief Human Capital Officer (CHCO). The CHCO will:
(1) Ensure that all HHS Office of Workers' Compensation cases and records are properly maintained and managed;
(2) Ensure that the HHS client service center collects information for all worker compensation data and provides reports in accordance with requirements on a regular basis, or information as requested, and;
(3) Collaborate with the DCOSH and OPDIV safety program personnel to ensure the development and execution of safety and health training programs required to accomplish all of the Department's missions.

e. Department Occupational Safety and Health Committee (DOSHC). The DOSHC is established to monitor the performance of the Department occupational safety and health program and make policy recommendations to the head of the agency or the agency head's DASHO on the operation of the program. The DOSHC assists the Department to maintain an open channel of communication between employees and management concerning safety and health matters in agency workplaces. The committee provides a method by which employees can use their knowledge of workplace operations to assist Department management to improve policies, conditions, and practices. The DOSHC, which is comprises an equal number of management and non-management members, will:
(1) Monitor and assist in the development and operation of the agency's establishment committees.
(2) As the committee deems appropriate, monitor and review reports of inspections; internal and external evaluation reports, agency safety and health training programs, proposed agency

standards, agency plans for abating hazards, responses to reports of hazardous conditions, safety and health program deficiencies, and allegations of reprisal; and
(3) Monitor and recommend changes in the resources allocated to the entire agency safety and health program.

f. HHS Occupational Safety and Health Council (OSHC). The OSHC is established to advise both the DASHO and the DOSHC on occupational safety and health issues and recommend matters for consideration that affect departmental employees and operations, and to recommend policy development/modification and practices regarding compliance with the OSH Act, EO 12196 and OSHA standards. The OSHC, which comprises the senior safety program manager from each OPDIV or their competent designee, will:
(1) Provide guidance for implementing occupational safety and health measures in line with the Secretary's safety philosophy;
(2) Make recommendations pertaining to the establishment of departmental occupational safety and health policies and guidelines, and on a wide range of issues involving occupational safety and health;
(3) Have the authority to establish work groups to examine specific occupational safety and health issues;
(4) Recommend occupational safety and health policies, procedures and standards, and recommend their inclusion in the departmental safety and health manual;
(5) Recommend technologies, metrics and measures, and operational interoperability standards;
(6) Enhance the effectiveness of communication among HHS organizations on all matters concerning the safety and health of departmental employees, contractors, customers, systems, and facilities;
(7) Create efficiencies, balance, and program improvements throughout the Department; and
(8) Work cooperatively with the DOSHC to ensure that the requirements of the OSH Act, EO-12196, and OSHA standards are achieved and maintained.

g. OPDIV Head (Assistant Secretary, commissioners, directors, administrators, inspector general). OPDIV leadership will:
(1) Furnish to each employee employment and a place of employment which is free from recognized hazards that are causing or are likely to cause death or serious harm;
(2) Serve as the OPDIV's DASHO, or designate in writing the DASHO from the agency's senior staff, who should be a member of the Senior Executive Service (SES); and
(3) Ensure that procedures are in place for reporting hazardous conditions in the workplace and that the response to reported safety issues within the OPDIV is timely.

h. OPDIV DASHO. The OPDIV DASHO will ensure the OPDIV implements and to the fullest extent possible, complies with all applicable OSHA standards (e.g., 29 C.F.R. Parts 1910, 1926, and 1960, and this manual; furthermore the OPDIV DASHO will:
(1) Appoint qualified "safety officers and collateral duty safety officers" at appropriate levels within their OPDIVs with sufficient authority to effectively represent the interest and support of the OPDIV's DASHO in the management and administration of the occupational safety and health program;
(2) Ensure senior managers, safety officers and collateral duty safety officers, and other management officials plan, request resources, implement, and evaluate the occupational safety and health program budget in accordance with all relevant OMB regulations and documents;

(3) Ensure that the OPDIV's budget submission includes appropriate financial and other resources to effectively implement and administer the OPDIV's occupational safety and health program;
(4) Ensure that per 29 C.F.R. § 1960.11, "… any performance evaluation of any management official in charge of an establishment, any supervisory employee, or other appropriate management official, measures that employee's performance in meeting requirements of the OPDIV's Occupational Safety and Health Program, consistent with the employee's assigned responsibilities and authority";
(5) Ensure that management and supervisory evaluations measure performance in meeting requirements of the OPDIV's Occupational Safety and Health Program Manual;
(6) Ensure the OPDIV complies with all applicable OSHA standards (e.g., 29 C.F.R. Parts 1910, 1926, 1960), agency policies, SOPs, and this manual;
(7) Ensure that no OPDIV employee is subject to restraint, interference, coercion, discrimination, or reprisal per Chapter 1-4 *b*(8) of this manual;
(8) Review and approve, or designate a representative to review or approve, all new/proposed OPDIV-wide personnel actions involving safety and health related matters (e.g., performance plans, position descriptions) to assure continuity within the Department's occupational safety and health program;
(9) Ensure that the OPDIV's risk management and safety performance is systematically observed and assessed;
(10) Annually develop goals to reduce occupational accidents, injuries, and illnesses and establish priorities for appropriate corrective actions to be taken and include them in periodic employee guidance, newsletters, or other communication media;
(11) Ensure plans and procedures are in place for evaluating the occupational safety and health program's effectiveness at all operational levels;
(12) Establish priorities with respect to the factors that cause occupational accidents, injuries, and illnesses in the OPDIV's workplaces so that corrective actions can be taken in a timely manner;
(13) Require that workplaces deemed as hazardous by regulation, industry consensus standard, or by the agency having authority over the space, are inspected by safety officers or collateral duty safety officers, qualified contract safety and health professionals, or safety committee members; and
(14) Provide occupational safety and health training for supervisory employees that includes:
(a) Supervisory responsibility for providing and maintaining safe and healthful working conditions for employees;
(b) The agency occupational safety and health program;
(c) Section 19 of the OSH Act;
(d) Executive Order 12196 and 29 C.F.R. Part 1960;
(e) Occupational safety and health standards applicable to the assigned workplaces;
(f) Agency procedures for reporting hazards, reporting, and investigating allegations of reprisal, and agency procedures for the abatement of hazards; and
(g) Other appropriate rules and regulations.

*i. OPDIV Leadership (*senior managers, administrators, regional administrators, office directors, federal coordinating officers, senior managers in-charge). Leadership will:
(1) Implement and manage the occupational safety and health program in compliance with all applicable regulations;

(a) Plan, request resources, implement, and evaluate the occupational safety and health program budget in accordance with the regulations of the OMB and other relevant documents;
(b) Ensure managers, supervisors, and employees, including bargaining unit representatives, receive adequate training to safely perform their duties, and are given time to participate in the occupational safety and health program initiatives;
(c) Develop performance measures for all managers and supervisors to measure performance in meeting the requirements of the department's occupational safety and health program;
(d) Ensure that all supervisors and leaders receive occupational safety and health training and understand their occupational safety and health program responsibilities established in 29 C.F.R. Part 1960;
(e) Ensure that safety officers and collateral duty safety officers maintain records of training on occupational health topics for each employee; and
(f) Ensure serious events and unsafe and/or unhealthful working conditions are reported and abated as directed in this manual; and
(g) Ensure that the effectiveness of the occupational safety and health program initiatives are evaluated and that serious unsafe and/or unhealthful working conditions are abated immediately.

(2) Ensure that subordinate employees are encouraged to participate freely in the Department occupational safety and health program applicable to their workplace and file a report of an unsafe or unhealthful work condition without being subject to restraint, interference, coercion, discrimination, or reprisal;
(3) Leaders authorized to have a full-time safety position(s) will maintain current and qualified safety officers, or qualified safety technicians on the immediate office staff. Organizations without authorized safety positions, may assign safety responsibilities to one or more collateral duty safety officer(s) (CDSO). The CDSO(s) will be adequately trained, equipped, and competent to recognize and evaluate hazards of the working environment and to suggest general abatement procedures;
(4) Per 29 C.F.R. § 1960.25, at HHS, "competent" in the safety field is defined as possessing the skills, knowledge, experience, and judgment to perform assigned tasks or activities satisfactorily and in accordance with the applicable laws, rules, and policies stated in this manual. Experience and/or up-to-date training in occupational safety and health hazard recognition and evaluation should be considered in meeting this requirement; and
(5) Safety officers and CDSOs will have an established and recognized direct line of communication with their appointing official.

j. Supervisory and Operating Personnel Who Direct or Affect the Actions of Others. Supervisory personnel who direct or affect the actions of others will:
(1) Maintain a safe and healthful workplace;
(2) Inspect the work area for hazards;
(3) Promptly evaluate and take action as required to correct hazards;
(4) Take responsibility for accident prevention to the same extent that they are responsible for production, service, and mission accomplishment;
(5) Accept accountability for accidents and property damage, occurring in operations under their direct supervision and control;
(6) Ensure that employees are trained and competent to perform their work safely, efficiently, and effectively;

(7) Counsel and take action, as necessary, with employees who fail to follow safety standards, rules, and regulations, including the use of personal protective clothing and equipment, and seatbelts as set forth in the OSH Act; Executive Orders 12196, 13043, 13513, and HHS policies;
(8) Conduct regular safety meetings (such as safety awareness, training, and procedures review) with the employees they supervise;
(9) Protect employees, who identify hazards, raise safety and health concerns, or engage in authorized occupational safety and health activities, against reprisal;
(10) Initiate the necessary actions to facilitate accident notification, investigation, and reporting as soon as they become aware of the occurrence of an accident; and
(11) Establish accountability for occupational safety and health through the performance evaluation system and performance counseling sessions.

k. All Leaders. Leaders throughout the Department will:
(1) Set the example for their organization's occupational safety and health program and accident reduction activities through involvement and compliance in the leader's personal space;
(2) Protect personnel, equipment, and facilities under their supervision;
(3) Periodically review their activity's occupational safety and health program and accident reduction initiatives;
(4) Provide adequate resources for an effective occupational safety and health program, compliant with HHS policy and program requirements;
(5) Establish accountability for occupational safety and health through the performance evaluation system and performance counseling sessions;
(6) Implement occupational safety and health policies;
(7) Execute system safety responsibilities as defined in this manual when purchasing material, software, or equipment for all HHS operations;
(8) Coordinate modifications of all HHS systems, including software, with all appropriate program executive officers or program/product/project managers;
(9) Prohibit visitors from operating any HHS vehicle;
(10) Support suggested programs that demonstrate procedural improvements or identify quality deficiencies, malfunctions, or failures that create unsafe conditions or hazards; and
(11) Appoint CDSOs in writing, to assist the safety officers or to perform the duties of the safety officer when one is not assigned or present.

l. Safety and Occupational Health Managers and Specialists/Collateral Duty Safety Officer. *(CDSOs will perform many of the same duties as a trained and qualified safety officer in the accomplishment of their safety duties. However, it must be understood that CDSOs should not accept safety responsibilities beyond their educational/experiential level, but rather seek the expertise of the safety professionals appointed at the next higher level within their organizational structure.)* Safety and occupational health managers and specialists otherwise referred to in this manual as safety officers will at a minimum, do the following:
(1) As their primary duty, advise and assist leadership and staff on all safety matters, including:
(a) Developing safety policy;
(b) Developing safety goals, objectives, and priorities and integrating them into appropriate training guidance, based upon the identification of the most probable and severe types of occupational injury and illness expected, and the most likely reasons for these accidents;
(c) Recommending corrective actions/control options for leadership's selection;
(d) Effectively managing risk to minimize the accidental injury/illness of personnel and/or loss of equipment;

(e) Monitoring the various aspects of the agency's safety program (e.g., building evacuation) to protect the workforce against fire-related accidents;
(f) Advising leadership when a below-standard status that affects safety is detected in the agency's safety program; and
(g) Advising and assisting in the development of the director's training guidance based upon a safety assessment of the agency's safety program using diagnostic tools and programs administered or monitored by the safety officer.

(2) Assist the appointing official and staff in assessing the organization's safety performance after operations by:
(a) Collecting information about risk-management successes, shortcomings, and necessary improvements;
(b) Assisting the director in determining if the performance met the director's guidance (goals, objectives, and priorities); and
(c) Assisting employees/management in implementing corrective actions/controls selected by the director to improve performance.

(3) Monitor safety-related programs, including:
(a) Observing special events to detect and correct unsafe practices or activities;
(b) Upon request conducting/assisting with the conduct of or as a part of an audit reviewing job hazard analysis, prioritizing hazards in terms of accident severity, probability, and promptly advising the appropriate officials;
(c) Conducting safety meetings with the safety committee/council (at least quarterly);
(d) Reviewing accident reports and helping to implement corrective measures;
(e) Rehearsing, reviewing, and documenting the adequacy of the agency's emergency plans. This must be a systematic review, conducted at least biannually. The degree of response by elements in the emergency plan may be varied; however, an exercise requiring all elements to physically respond must be conducted at least annually;
(f) Maintaining accident (injury)-prevention and other appropriate safety literature and posters and making distribution a priority;
(g) Monitoring techniques and proficiency of personnel in handling weapons, ammunition, chemicals, biohazards, hazardous and toxic materials, and lasers;
(h) Managing the unsafe or unhealthful work condition reporting program;
(i) Reviewing the results of accident-prevention surveys and other inspection results, bringing noted deficiencies to the immediate attention of the director/manager and establishing follow-up procedures to correct deficiencies; and
(j) Managing the organization's safety awards program, conducted in consonance with the administration officer and according to ethical guidelines.

(4) Ensure managers and supervisors establish risk controls which are integrated into standard operating procedures (SOP) for functional areas and operations within the agency. The SOPs will include the following:
(a) Risk management (RM) procedures and responsibilities for all operations;
(b) Risk controls for hazards most frequently experienced;
(c) Delineation of authority to accept each level of risk;
(d) Emergency plans, including immediate actions, investigation procedures, reporting and records, and corrective action responsibilities; and
(e) Procedures and responsibilities for safety-related programs;

(5) Ensure managers and supervisors integrate RM procedures into the decision-making process to identify and control hazards during the execution phase;
(6) Ensure managers and supervisors identify the most severe and most probable hazards for each functional area and develop controls for each hazard;
(7) Provide control options to the supervisor of the affected work space for corrective action; and
(8) Ensure the manager implements and monitors the selected control measure(s) by means of a follow-up assessment.
m. The Employee. All employees will perform assigned duties in a safe manner and stop unsafe acts. Employees will:
(1) Be responsible for accident prevention through the application of proper procedures, techniques, and processes;
(2) Comply with this manual, the OSH Act of 1970, safety regulations, the HHS occupational safety and health program, work practices, and SOPs;
(3) Use all personal protective equipment (PPE) and protective clothing provided, including seatbelts, in accordance with training, hazard analyses, work instructions, and as required by the task at hand;
(4) Report accidents, near misses, unsafe conditions and hazards in the workplace as soon as possible to their management.
(5) After initial verbal report, provide a report of unsafe or unhealthful condition to the appropriate safety representative; and
(6) Make on-the-spot corrections of unsafe conditions as appropriate; and

1-5 Policy
The following principles will be effectively integrated into all occupational safety and health plans, programs, decision processes, operations, and activities:
a. Standards. Implement the standards promulgated by the OSH Act of 1970 as implemented in EO 12196, 13043, 13513; 29 C.F.R. Parts 1910, 1926, and 1960; and all standards incorporated by reference to provide a safe and healthful environment. HHS shall apply the more protective or stringent standard where a conflict exists between standards.
b. Culture. Instill in employees the need to prevent human errors and omissions affecting safety.
(1) Ensure that safety is a principal element in all operations; and
(2) Recognize safe behavior to include the promotion of best practices.
c. Reporting. Encourage employees to report unsafe conditions and workplace hazards and ensure that no employee is subject to restraint, interference, coercion, discrimination, or reprisal for exercising his/her rights to report unsafe, unhealthful, or hazardous conditions.
d. Priorities. Ensure that the safety and health of employees and the general public is an important consideration in the acquisition, use and disposal of equipment, facilities, and materials.
e. Remediation. Take appropriate action to expeditiously correct discrepancies with statutory requirements.
f. Be Proactive. Organizations will develop, coordinate, and exercise pre-accident or pre-emergency plans (see 29 C.F.R. § 1910.38), commit to trend analysis, and promote the use of leading indicators in the assessment and development of safety programs.

1-6 Safety Advancement

The requirements contained in this policy manual represent the minimum safety requirements. Therefore, safety professionals, employees, and HHS leadership at all levels are encouraged to constantly advance safety practices through the application of new technology, innovative best practices, and improved risk management tools.

1-7 Precedence of Standards

HHS shall comply with the safety standards promulgated by federal regulatory authorities. National consensus standards may be used, provided they are equal to or more stringent than federal standards. When requirements in this policy conflict with a standard such as the OSH Act, or provide a lower degree of protection, the more stringent standard will apply. When requirements in this policy are equal to or exceed such requirements in providing workplace safety, the HHS requirements will apply.

1-8 Obligation for Coordination and Collaboration

Whenever feasible, HHS OPDIVs will coordinate and collaborate with each other and other federal agencies to develop mutual standards, procedures, and processes.

Chapter 2
Strategic Planning, Department and OPDIV Safety Program Structure, Safety Program Evaluation, Councils, and Committees

Strategic Goals and Strategic Planning

2-1 Safety Program Planning

Because of the diversity of the OPDIV missions within the Department, it is important that each OPDIV's safety office develop, manage, and execute its own plan for its own unique missions. The Department safety office will provide overarching, more general strategic goals.

a. Strategic Goals. Each safety office will develop strategic goals, a strategic plan and a business plan to execute the strategic plan. Strategic planning will include strategies for addressing, eliminating, and remediating safety concerns or hazards.

(1) Strategic planning will determine the organizational direction and metrics.

(2) Planning within OPDIV safety offices will focus on the OPDIV's mission, vision, values, and goals. At a minimum, the strategic plan should encompass goals and objectives for four years, with a section that specifically addresses the focus of each year.

(3) Strategic planning will be conducted every four years depending on OPDIV's program status. Strategic planning should be conducted in time to identify the organizational goals and objectives, strategies, and an update of the action plan, including a timeline and budget for fiscal management to be achieved over multiple fiscal years.

(4) Progress in implementing the plan should be reviewed at least annually.

(5) The strategic planning package will be provided to the organization's DASHO for review and approval.

b. Safety Management Systems. At the operational level, HHS supports the use of safety management systems (e.g., VPP, ISO 18001, or ANSI Z10) as defined in Appendix E Terms.

2-2 Prioritization
All safety functions and tasks will be prioritized based on regulatory requirements and strategic planning. To identify the potential risk to the organization, the agency safety program manager will evaluate any safety functions and tasks identified as not being met or properly staffed. The organization's DASHO will be kept aware of safety program goals and shortfalls. The DASHO will receive the complete ranking of safety goals along with the strategy for accomplishing both the goals and mitigating programmatic shortfalls or gaps. DASHO awareness can be maintained through events such as quarterly briefings or safety manager participation in senior-level staff meetings.

HHS Safety Program Structure

2-3 Introduction
The HHS safety program is designed to provide the guidance and emphasis necessary to ensure that the Department's OPDIVs operate in as optimal, safe, and efficient environment as possible. This is achieved by creating and sustaining a culture of safety inclusive of both management and employees. Therefore, it is important that each OPDIV support the Department's safety programs. When possible, each organization's goals and objectives will be aligned to execute the Department's safety program in the most effective manner possible.

2-4 Safety Organization's Functions
a. Organizational Structure. The safety organization will be structured and staffed to administer a safety program that is based upon the organization's mission, goals, and objectives. The safety organization will:
(1) Execute tasks and functions addressing all aspects of safety and health;
(2) Support efforts to develop employee safety expertise through training, career development, and management procedures; and
(3) Provide safety and related loss control services to all levels of the Department to address necessary occupational safety and health responsibilities.
b. Senior Leader Responsibilities. Senior leadership is responsible for the safety of people, the environment, and the public at their location, facility, or campus. Formal agreements will be developed between host and tenant organizations to ensure that necessary occupational safety and health responsibilities are addressed.

2-5 Safety Management System Organizational Structure
a. Office Structure. The safety management system or organization will be structured and staffed to administer an OSH program through the leadership structure based upon the organization's mission, goals, and objectives as well as statutory requirements.
b. Personnel. Safety management systems and organizations will be established in accordance with the uniform criteria of this chapter and to ensure that each office or organization has trained and experienced personnel of sufficient knowledge and skills to accomplish the safety mission of each agency, campus, organization, or activity.
c. Resources. To the extent permitted under applicable appropriations, the safety management system or organization will be funded and fully resourced to execute all responsibilities and functions designated in this manual to assure safety program effectiveness.

d. Collateral Duty Safety Officers. All CDSOs must be appropriately trained. At a minimum, the CDSO will complete the OSHA 6000 course or equivalent within 90 days of appointment. Other recommended courses would include: OSHA 2250, 7105, 7500, 7505, 7845, and where available, an agency-approved managers and supervisors safety course. Equivalent CDSO training courses to include internally developed programs may be substituted.

2-6 HHS Safety and Health Program Structure

a. Assistant Secretary for Administration. The Assistant Secretary for Administration is the Secretary's proponent for occupational safety and health.

b. DASHO. The DASHO will exercise staff supervision over an organization's safety program, mishap risk management, and accident prevention activities.

c. Department Chief of Safety. The Department Chief of Occupational Safety and Health performs duties that include the full range of program management responsibilities. The Department Chief of Occupational Safety and Health may communicate directly to the DASHO. The Chief of Occupational Safety and Health will have all the necessary knowledge, skills, and abilities required to lead the Department's safety program.

d. Safety Personnel. The safety staff/safety organization will be staffed with professional safety personnel meeting the training requirements established in 29 C.F.R. 1960.56(a) and (b).

e. Collateral Duty Safety Officers. CDSOs may augment safety organizations to perform required safety and accident prevention functions in agency, industrial, and administrative activities. CDSOs will:

(1) Be appointed by senior leaders in writing;
(2) Have met or will meet the training requirements as described in 2.2.3(*d*);
(3) Give their safety duties proper priority;
(4) Report directly to their leadership on safety-related matters; and
(5) Coordinate activities with their agency or organization's safety office.

f. CDSO Authorized Time. Collateral duty personnel will be authorized use of official time for participating in occupational safety and health activities, including walk-around inspections, and other safety functions authorized by this manual to support their organization's mission.

Safety Program Evaluation

2-7 Performance Indicators

Indicators will be developed by each OPDIV's safety program based on their strategic goals, strategic plan, mission and regulatory guidance to measure how effectively their organization's safety program is performing. This policy does not intend to mandate performance indicators for general use, but to require the development of specific measures tailored to the needs of each OPDIV.

2-8 Metrics

Every OPDIV safety program will develop metrics consistent with its strategic goals, its strategic plan, and its mission.

a. Metric Types. These metrics will include both quantitative and qualitative measures that will provide the proponent of the program, as well as outside agencies, a means of evaluating the program. Examples of metrics that may be applied to safety are rate of accident occurrence, severity and cost, compliance with reporting requirements, corrective action tracking

mechanism, regular work site walk-through inspections for safety, employee/management training programs, management solicitation, and employee comments.
b. Metric Determination. Each OPDIV will determine the metrics used to measure the overall effectiveness of their safety program at meeting the standards described in this manual.
c. Metric Documentation and Review. Data for each metric must be recorded and reviewed with the agency DASHO as part of the DASHO's regular oversight process.

2-9 Program Audits, Internal OPDIV Reviews, and Annual Reports
a. Audit Schedule. Each OPDIV will be audited for its execution and integration of the OPDIV's safety programs and safety goals, and the Department's safety policies and goals. OPDIVs will conduct an annual internal review of their safety programs. The Department will conduct a programmatic audit of each OPDIV (using the checklist at Appendix C), at a frequency of not less than once every five years.
b. Audit Focus. These audits will not be compliance audits but rather programmatic audits to measure the overall effectiveness of management controls for integrating the Department's safety policies and goals into their business processes and mission execution. Compliance issues may be used as a measure of effectiveness but will not be the primary focus of the audit.
c. Annual Safety Report and Periodic Program Review.
(1) Each OPDIV will conduct and document an annual review of its safety program execution using performance indicators and metrics developed by DOL and HHS. Findings from this review will be provided in the annual safety and health report to the HHS Department safety office. Each year the format for the report will be provided by the U.S. Department of Labor (DOL) through the HHS Department safety office. OPDIVs will use the provided format to make their reports to the HHS Department safety office, which will consolidate all OPDIV reports into one HHS report to DOL.
(2) On a periodic basis, no less frequent than once every three years, each OPDIV will conduct, or have completed a safety programmatic review based upon internally developed metrics.
d. Employee Compensation Operations Management Portal (ECOMP). ECOMP is a DOL sponsored injury and illness reporting tool/data management program mandated for use by the Office of Human Resources. Each OPDIV will:
(1) Appropriately support ECOMP through proper training for record-keepers, employees, and managers on the use of the ECOMP program;
(2) Accurately report establishment activities for reporting purposes; and
(3) Support the timely submission of annual submitting its OSHA injury and illness recordkeeping information to the Bureau of Labor and Statistics through the ECOMP system.

2-10 Occupational Safety and Health Administration Inspections
In accordance with the provisions of Executive Order 12196 (EO 12196) and within the scope of OSH Act, occupational safety and health officials, acting as representatives of the Secretary of Labor, are authorized to conduct announced or unannounced inspections of all HHS workplaces, except those workplaces identified as requiring special clearance or medical vaccination. In such cases where special clearance or medical vaccination is required, U.S. Department of Labor officials must provide appropriate documentation showing they meet the established requirements prior to the conduct of inspections.

Safety Committees and Councils

2-11 Department Occupational Safety and Health Committee (DOSHC)

Occupational safety and health committees or councils will be established throughout the department to assist leadership in the planning, coordination, prioritization, and implementation of OSH programs. To aid the Department and OPDIV DASHOs in developing strategic policy, the DOSHC will be chartered to provide technical advice, participate in program development, and maintain various portions of this policy manual.

a. Committee Composition. The DOSHC will be composed of 10 members: five (5) Labor representatives and five (5) management representatives. Labor leadership and the HHS management will each appoint a co-chair. The co-chairs will alternate in chairing meetings of the DOSHC. Due to the varied nature of business to be considered by the DOSHC, subject matter experts, from within HHS, will be made available at the request of the DOSHC. Observers may only be invited to attend by consensus of the DOSHC.

b. Management members of committees will be appointed in writing by the DASHO.

c. The Department must submit information to the Secretary of the Department of Labor, concerning the existence, location, and coverage, in terms of establishments and populations, of the DOSHC, certifying that the committee meets the requirements of 29 C.F.R. § 1960.38(a). The information submitted should include the name and telephone numbers of the chair(s), and should be updated annually as part of the annual report to reflect any changes that may have occurred.

d. It is the mutual intent of HHS and Labor to appoint individuals as members of the committee who are HHS employees. However, both partners recognize and appreciate that certain circumstances may arise where one (1) member may be appointed from outside of HHS. The charter may also indicate that ex-officio members, who will not hold decision-making authority, may be asked to serve on the committee to represent the operational aspects of a specific division, branch, section, staff, and so forth.

e. Meeting Schedule. The DOSHC will have the option of meeting up to four (4) times per year or more, by mutual agreement, at the HHS headquarters. The DOSHC may also meet at alternative sites or via video conferencing or teleconferencing by mutual agreement.

f. Committee Meeting Agenda. The agenda of each committee meeting may include the:

(1) Review of safety and health reports, statistics, and incident reports;
(2) Review of employee safety suggestions;
(3) Review of safety rules, safety educational resources, and safety training;
(4) Review of safety and health policies, and special safety messaging;
(5) Dissemination of any safety recall information; and
(6) Discussion and resolution of other items and/or problems relating to safety and health.

g. Committee Training. To enable each committee member to perform his/her duties, each committee member will receive appropriate training to:

(1) Determine the kinds of safeguards needed to protect against hazards and prevent incidents and injuries;
(2) Perform inspections to identify unsafe physical conditions and work practices; and
(3) Locate and identify potential sources of incidents and injuries affecting the safety and health of all employees.

2-12 Occupational Safety and Health Council (OSHC)

a. Committee Function. The functions of the Department Occupational Safety and Health Council (OSHC) are to:

(1) Provide an opportunity for senior OPDIV safety officers to discuss current occupational safety and health issues and the implementation of the Department safety program to address those issues;

(2) Provide opportunities for advancing and recommending for integration the tenants of the Department's safety program into the Department's missions and goals;

(3) Provide an open forum for discussing and sharing new concepts, ideas, programs, and techniques for occupational safety and health;

(4) Recommend changes to this policy manual; and

(5) Synchronize the Department's occupational safety and health direction and initiatives.

b. Council Composition. The OSHC is composed of management and safety personnel from each OPDIV. The counsel provides technical advice to the DOSHC and to DASHOs for the technical execution of the Department's safety program. The Department's Chief of Safety will chair the OSHC. The senior safety and health manager, Office of the Secretary, will serve as scribe. The Vice Chair for the OSHC will be a voted position with the selectee serving a term of one year.

Chapter 3
Incident Reporting, Reporting Unsafe or Unhealthful Working Conditions

3-1 Occupational Health Programs

HHS follows the OSHA standards and other federal safety standards throughout the Department. In addition, HHS has adopted several supplemental standards and other regulatory OSH standards. An OPDIV may be required to develop specific standards based upon the uniqueness of their missions. Local regulations, standard operating procedures, and checklists will always meet or exceed, where applicable, the safety standards promulgated by federal regulatory authorities.

3-2 Hazard Reporting and Policy Regarding Protection from Reprisals

Detection of unsafe or unhealthful working conditions at the earliest possible time and prompt correction of hazards at the lowest possible working level are essential elements of the HHS's safety and health program. All HHS employees shall be encouraged to report unsafe or unhealthful working conditions to their immediate supervisor who will promptly investigate the situation and take appropriate actions to resolve the safety condition/issue per 3-9 in this manual. Supervisors will contact their OPDIV safety officer or collateral duty safety officer for assistance.

As stated in 29 C.F.R. 1960.46(a):

> ***"the head of each agency shall establish procedures to assure that no employee is subject to restraint, interference, coercion, discrimination or reprisal for filing a report of an unsafe or unhealthful working condition, or other participation in agency occupational safety and health program activities, or because of the exercise by such employee on behalf of himself or herself or others of any right afforded by section 19 of the Act, Executive Order 12196, or this part. These rights include, among others, the***

right of an employee to decline to perform his or her assigned task because of a reasonable belief that, under the circumstances the task poses an imminent risk of death or serious bodily harm coupled with a reasonable belief that there is insufficient time to seek effective redress through normal hazard reporting and abatement procedures established in accordance with this part."

3-3 Serious Incident Reporting

All safety-related incidents involving federal employees shall be reviewed and all incidents meeting the criteria of a serious incident will be reported to the designated Department point of contact (POC) as prescribed by the serious incident reporting policy found at the following HHS intranet link (http://intranet.hhs.gov/occupa_safety/Serious%20Incident%20Reporting.html).

a. Employee Actions. Employees on site after an incident shall take steps, to the extent they are trained, to protect people and property including requesting medical or security assistance, insolating the hazard(s), and stabilizing the incident.

b. Initial Incident Documentation. As soon as practical, employees should notify their supervisor of any incident that occurs. Information to be provided should include:

(1) name(s) and organizations of person(s) injured;
(2) time of incident;
(3) location of incident;
(4) description of what occurred,
(5) description of injuries and/or damage;
(6) steps taken to provide medical treatment and/or contain the incident;
(7) whether emergency responders were called, and
(8) evaluation of resources required at the scene.

3-4 Reporting Serious Incidents and Official Inspections

a. Reporting. OPDIV Heads are responsible for ensuring that serious incidents are reported to the Office of the Assistant Secretary for Administration (ASA). Notifications should be made via designated OPDIV points of contact such as the fleet, facility, environmental, or safety program manager. In addition to the specific incidents listed in this chapter, the ASA should be notified of any incident that may receive media, congressional, or departmental interest. Except as indicated, an OPDIV will notify the ASA points of contact by a phone call AND by e-mail expeditiously, but no more than eight hours following an incident.

b. Inspections. An OPDIV must report all notices of violation issued during any inspection. These must be reported to the ASA point of contact for safety via e-mail within 24 hours of the inspection. The report should include the following information:

(1) Name of OPDIV inspected and point of contact;
(2) Facility inspected;
(3) Name of inspecting agency;
(4) Date of inspection; and
(5) A brief description of the inspection including:
    (a) Scope of the inspection;
    (b) Purpose of the inspection;
    (c) Compliance deficiencies noted;
    (d) Citations or possible citations to be received; and
    (e) Suggested corrective action.

c. Request for Information. The HHS Occupational Safety/Health and Environmental Office will contact the OPDIV should additional information concerning the inspection be necessary.

3-5 Reporting Serious Incidents

To keep HHS headquarters informed, as a proactive measure, and to ensure the most expedient response, serious incidents (as defined below) are to be reported to the representative ASA offices by the designated OPDIV POCs as described in this manual at 3-4*a*.

Serious incidents are defined as one or more of the following:

a. Fatality. Fatal accidents involving federal employees, non-federal employees, patients in HHS medical facilities, and employees of federal contractors while performing their assigned work duties.

b. Catastrophe. The hospitalization of three or more persons.

c. First Aid. Treatment of five or more persons, including federal employees, non-federal employees, patients in HHS medical facilities, and employees of federal contractors, in a single event while performing their assigned work duties.

d. Property Damage. Property damage is damage amounting to $25,000 or more (other than vehicles). Vehicular damage is damage in excess of $5,000, or if the vehicle is totaled, or whenever there is a fatality or catastrophe related to the property damage. Also, report drivers cited with felony traffic violations while operating a government-operated vehicle (GOV).

e. Radiation Exposure resulting in any over exposure.

f. Biological or Chemical Exposure when in the judgment of competent authorities, the exposure is considered serious.

g. Non-HHS Agencies. Whenever an HHS organization alerts another governmental (federal, state, or local) agency to the existence or suspected existence of a chemical, biological, radiological, nuclear, or an explosive exposure event.

h. Facility Evacuation. Activation of an Occupant Emergency Plan resulting from:

(1) Actual smoke/fire;

(2) Shelter-in-place or evacuation due to suspicious package, vehicle/bomb threat; and

(3) Any criminal act of hostility/violence (e.g., active shooter, assault, rioting, or terrorism).

3-6 Reporting Environmental Incidents with Serious Safety Concerns

Spills or releases of hazardous substances where safety is a serious concern and the safe remediation of the spill is beyond the capabilities of the organization's assets will be reported expeditiously by the agency safety POC to the ASA point of contact by a phone call AND by e-mail. Examples include:

a. Spilling a Reagent. Spilling a reagent that, due to its hazardous nature, and the chemical and quantity spilled, cannot be safely cleaned up by available assets and requires assistance from outside the agency;

b. Chemical Exposure Requiring Decontamination. Coming in contact with a chemical that requires decontamination because the contact represents an acute impact to human health;

c. Incompatible Chemicals. Chemicals that are incompatible and contact with the agent is due to container failure or a spill; and

d. Hazardous Chemical Spills Released into the Environment. Report chemicals that have spilled, are released into the environment, or are threatened to be released into the environment because of an accident, mishap, or unauthorized deliberate act when such release exceeds the limitations established by the EPA to include:

(1) Hazardous chemicals that are released down a drain;
(2) Hazardous chemicals that are released into the air; and
(3) Hazardous chemicals that are released on the ground outside of a building.

3-7 Reporting Facilities Incidents
Facility incidents often include specific hazards to employees near the event. Facilities events such as unanticipated utility outages, any loss of power (where backup generated power is not available or fails to pick up the load), or the loss of other utilities at critical buildings or facilities that may in any way pose an actual danger to the employees/occupants or surrounding public should be reported per Chapter 3-3 of this manual. Structural failures of buildings that cause, or could cause serious accidents, mechanical or electrical equipment malfunction, or failure(s) that causes or could cause serious accidents should also be reported per Chapter 3-3 of this manual.

3-8 Injury Reporting
HHS follows the requirements for injury and illness recordkeeping described by OSHA in 29 C.F.R. Part 1904 and uses the Employees' Compensation and Operations Management Portal (ECOMP). OPDIVs will dedicate resources and personnel as necessary to ensure the success of this reporting tool. The Department's Workers' Compensation Program is managed by the Office of Human Resources.

3-9 Employee Report of Alleged Unsafe or Unhealthful Working Conditions
a. When to Report. An Employee Report of Alleged Unsafe or Unhealthful Working Conditions may be submitted for any condition, action, or set of circumstances that compromise the safety of HHS personnel, equipment, or property. Alleged unsafe or unhealthful working conditions should be reported immediately and then corrected at the lowest level possible. Alleged unsafe or unhealthful working conditions include inadequacies, deficiencies, or unsafe practices related to:
(1) Physical condition of the work space;
(2) Specific work procedures;
(3) Indoor air quality;
(4) Maintenance of the building systems;
(5) Ample and clear egress;
(6) Housekeeping;
(7) Fire hazards; and
(8) Negative impacts upon the work space due to external influences.
b. Who May Report? Any employee may submit an Employee Report of Alleged Unsafe or Unhealthful Working Conditions. The signature and address of the individual submitting the report are desirable, but not mandatory, unless the individual wishes to have a copy of the completed report returned. An Employee Report of Alleged Unsafe or Unhealthful Working Conditions is not required when an accident report will be prepared as a part of an investigation associated with a reported injury or occupational illness.
c. Routing the Report.
(1) The Employee Report of Alleged Unsafe or Unhealthful Working Conditions will be submitted to the safety officer, collateral duty safety officer, or designated safety representative.
(2) An Employee Report of Alleged Unsafe or Unhealthful Working Conditions pertaining to other organizations will be transferred as soon as possible from the safety officer receiving the report to the one having official control.

(3) The Employee Report of Alleged Unsafe or Unhealthful Working Conditions will be forwarded to the Chief of Occupational Safety and Health, 200 Independence Ave., SW, Washington, D.C. 20201.
(4) An Employee Report of Alleged Unsafe or Unhealthful Working Conditions pertaining to operations will be routed as follows:

(a) In cases involving local vendors, work closely with the contracting officer representative; and

(b) In cases involving visitors or pedestrians, refer the matter to security and the public affairs office;

(5) When forwarding the correspondence, request that the results of the investigation, including corrective actions taken, are returned to the sender. The correspondence will state that the Employee Report of Alleged Unsafe or Unhealthful Working Conditions information is used for accident prevention and safety purposes only.
(6) A copy of the report will be returned to the originator, provided the report includes the originator's name and address.
(7) A copy of each report should remain on file for a minimum of two years.

d. Managing Report Functions.

(1) Managers and supervisors ensure that procedures are established to manage the Employee Report of Alleged Unsafe or Unhealthful Working Conditions function, including:

(a) Emphasizing the importance of the Employee Report of Alleged Unsafe or Unhealthful Working Conditions as a risk management tool;

(b) Promptly reporting and investigating hazards;

(c) Suspending work as appropriate until the hazard is abated;

(d) Promptly correcting hazards;

(e) Forwarding the Employee Report of Alleged Unsafe or Unhealthful Working Conditions to the next higher safety office within the OPDIV when recommendations exceed the capabilities of the organization; and

(f) Reviewing, acknowledging, and addressing, the Employee Report of Alleged Unsafe or Unhealthful Working Conditions within 10 working days of the date the report was received.

(2) Safety officers are responsible for administering Employee Report of Alleged Unsafe or Unhealthful Working Conditions management procedures within their organizations, including:

(a) Actively promoting the Employee Report of Alleged Unsafe or Unhealthful Working Conditions procedures;

(b) Ensuring that forms are developed and are readily available, normally on an intranet site or as paper copies in the safety office;

(c) Receiving Employee Report of Alleged Unsafe or Unhealthful Working Conditions, analyzing hazards, and recommending control options to the managers and supervisors;

(d) Ensuring that the Employee Report of Alleged Unsafe or Unhealthful Working Conditions is promptly forwarded to managers and supervisors for action and returned to the safety officer within 10 working days of the date the report was received;

(e) Ensuring that the completed action is returned to the originator within 20 working days of the date the report was received. If the action cannot be completed within 20 working days, ensuring that an interim report is returned to the originator every 10 working days until the action is completed; and

(f) Ensuring that Employee Report of Alleged Unsafe or Unhealthful Working Conditions forms are prepared for verbally reported hazards.

Chapter 4
Accident Investigation and Reporting

4-1 Introduction
This chapter provides policies and procedures for initial notification, investigating, reporting, and submitting reports of Department of Health and Human Services accidents and incidents.

4-2 Policy
Department policy is to investigate and report accidents to prevent like occurrences. The policy is based on the premise that accidents can be prevented. All department accidents will be reviewed and recordable accidents investigated, analyzed, and reported (to include immediate notification of serious incidents as specified in section 3-4 of this manual).

4-3 Department of Health and Human Services Accidents
An HHS accident is defined as an unplanned event, or series of events that result in one or more of the following:
a. Illness. Occupational illness to HHS personnel or HHS-supervised contract personnel;
b. Injury. Injury to on-duty HHS personnel or HHS-supervised contract personnel;
c. Property Damage. Damage to HHS property; or
d. Non-HHS. Damage to public or private property and/or injury or illness to non-HHS personnel caused by HHS operations (the Department had a causal or contributing role in the accident).

4-4 Accident and Incident Types
Accident types are used to determine the appropriate reporting procedures. Reporting in this case refers to reporting to OSHA. If an OPDIV is compelled to report to OSHA, it will also trigger the requirement to report to the ASA, per section 3-6 of this manual. Accident types are as follows:
a. Fatality. All fatal accidents involving federal employees, non-federal employees, patients of a HHS-administered medical facility, and employees of federal contractors;
b. Catastrophe. The hospitalization of three or more persons including federal employees, non-federal employees, patients of an HHS-administered medical facility and employees of federal contractors in a single event; and
c. Other Incidents. Accidents that do not meet the criteria as described in *a* through *c* of this section may still require reporting to the ASA per section 3-6 of this manual.

4-5 What to Report
Managers and supervisors should attempt to complete accident investigations at the lowest level. Managers and supervisors should make use of the expertise in their OPDIV's safety office for incidents of a more complicated nature. Supervisors will report to the OPDIV safety office any events that result in one or more of the following:
a. Occupational Injuries and Illnesses. Occupational injuries and illnesses will be reported in compliance with 29 C.F.R. Part 1904. Managers and supervisors will report:
(1) Injury or occupational illness (fatal or nonfatal) to HHS personnel, including foreign nationals, fellows, volunteers whether paid or unpaid, students, PHS Commissioned Corps

officers, or supervised contractors who are employed by the Department when the injury or illness occurs, and the employee is engaged in the performance of their official duties;
(2) Injury or illness to non-HHS personnel as a result of HHS operations;
(3) Persons who are missing, and/or presumed dead, due to a natural disaster or potential accident, will be reported as accident fatalities;
(4) Occupational injuries and illnesses reported by a contractor or subcontractor where accident reporting to the Department is contractually required;
(5) Injury or occupational illness to on-duty contractors supervised by HHS personnel on a day-to-day basis;
(6) Fatal accidents involving members of the visiting public when involved in authorized official or recreational activities on HHS facilities or grounds, installations, and properties; and
(7) Incidents involving violence in the work environment. Such incidents will also be reported to the U.S. Department of Labor in accordance with 29 C.F.R. § 1904.5.
b. Damage to HHS Property Due to Unsafe Work Practice or Procedure. This includes government-furnished material (GFM), or government-furnished property (GFP), or government-furnished equipment (GFE) provided to a contractor.
c. Damage to Public or Private Property. Damage to public or private property caused by HHS operations (the Department had a causal or contributing role in the accident). Note that supervisors will investigate property damage events and make a determination as to whether the event is an accident due to unsafe work practices or procedures or some other category of loss.

4-6 Non-reportable Events
The following events are not necessarily reportable through safety channels as accidents but may still be of interest to safety personnel as hazards or for trending or awareness purposes.
a. Fair Wear and Tear. Malfunctions or failure of parts that are normally subject to fair wear and tear and have a fixed useful life less than the complete system or unit of equipment are not considered accidents if the malfunction or failure is the only damage and the sole action is to replace or repair that component part. (The only exception is that all fires or fire damage involving vehicle component parts must be reported.) Additionally, when a malfunction or failure of a component part results in damage to another component, this paragraph does not apply.
b. Intended or Expected Damage. Damage to HHS equipment or property that is planned, intended, or expected during authorized testing or intentional destruction is not considered an accident. "Planned and intended" means that the damage was specifically required to accomplish the objectives of a formally authorized test or was the desired outcome of an authorized destruction or disposal of property. This includes damage to test fixtures designed to provide protection. Any unplanned and unintended damage incurred during these operations will be reported as an accident.
c. Criminal Events. Property damaged as a result of vandalism, riots, civil disorders, or felonious acts such as arson are examples of criminal events not reportable through safety channels. Damage to HHS aircraft, vehicles, or any other property that occurs after an aircraft or vehicle has been stolen is not reportable as an accident. Damage to HHS aircraft, vehicles, or any other property, which occurs when an individual misappropriates an aircraft or vehicle not authorized to be flown, driven, or operated by the individual, will not be reported as an accident.
d. Shipping Incidents. Accidents occurring during the transportation of HHS material by commercial carriers.

e. Leased or Loaned Equipment. HHS equipment leased, or loaned to contractors, other government agencies, or foreign governments, when the lessee has assumed the risk of damage or loss.
f. Civil Aviation Assets. Civil aircraft owned by civil operators and accomplishing contract air missions for the HHS.
g. Non-occupational Diseases. Injuries associated with non-occupational diseases, when the disease, not the injury, is the proximate cause of the lost time, such as diabetes and its resultant complications, like loss of vision. Complications of the injury (e.g., the infection of a cut aggravated by a work-related activity) that result in lost time are reportable.
h. Suicide or intentionally self-inflicted. Suicide or attempted suicide or intentionally self-inflicted injuries.
i. Prior Injuries or Illness. Injuries sustained before employment by the United States government, unless specifically aggravated by current tenure of service.
j. Illnesses Caused by Organisms and Toxins. Illnesses caused by specific organisms and toxins (such as food-borne disease), unless the disease is directly related to or the result of the worker's employment.
k. Minimum Stress and Strain Injuries. Minimum stress and strain (simple, natural, and nonviolent body positions or actions, as in dressing, sleeping, coughing, or sneezing.) These are injuries unrelated to accident producing agents or environments normally associated with active participation in daily work. The exception would be when, through investigation, it is determined that such events can be directly attributed to conditions in the workplace or job-related activities.
l. Hospitalization Solely for Administrative Reasons. For treatment where the patient is retained beyond the day of admission solely for administrative reasons. Hospitalization for observation or administrative reasons not related to the immediate injury or occupational illness.
m. Natural Causes. Death due to natural causes unrelated to the work environment.
n. Directed Use of Prescription Drugs. Adverse reactions resulting directly from the use of drugs under the direction of competent medical authority.
o. Use of Alcohol. Death or injury resulting solely from the use of alcohol, illegal drugs, or other substances.
p. Pre-existing Musculoskeletal Injuries. Pre-existing injuries musculoskeletal disorders unless aggravated or accelerated by federal employment.

4-7 Initial Notification and Reporting of HHS Accidents
Persons involved in, or who are aware of an HHS accident will report it immediately, regardless of the severity of the injury or property damage sustained, to their immediate supervisor or someone in the emergency response system (security officer, safety personnel) for that location or organization.
a. Initial notification. The supervisor who first becomes aware of any serious HHS accident will immediately notify their local safety point of contact.
b. Report to the U.S. Department of Labor. The safety POC shall report to the HHS Department Chief of Safety and U.S. Department of Labor, within eight hours after the death of any HHS employee from a work-related incident, or the in-patient hospitalization of three or more employees, due to a work-related incident.
(1) An agency representative must orally report the fatality/multiple hospitalization by telephone or in person to the area office of the OSHA, U.S. Department of Labor, which is nearest to the site of the incident.

(2) The representative may also use the OSHA toll-free central telephone number, 1-800-321-OSHA (1-800-321-6742).
(3) Per 29 C.F.R. § 1960.70 agencies will provide the U.S. Department of Labor, Office of Federal Agency Programs with a summary report of each fatal and catastrophic accident investigation.
(4) A copy of the report will be maintained on file in the agency safety files per 29 C.F.R. Part 1904 and an additional copy will be provided to the Department safety office.
c. Reporting/incidents. All accident reports may be submitted using the agency's accident reporting tool, but must be submitted electronically with originals maintained on file as appropriate.
(1) Occupational safety and health program injury/illness log.
(a) HHS facilities and/or the responsible safety office for the employees will maintain the required information to meet the OSHA recordkeeping requirements.
(b) Using the standards outlined in the OSHA regulations, OPDIV facilities and/or OPDIV safety offices in the employee's chain of command are responsible for ensuring that injuries and occupational illnesses to HHS personnel, as defined in this manual, and contractors, as specified in paragraph 4-5a, are recorded. Note that although a report is required, accident reports will not be counted as HHS accidents unless the contractor, fellow, volunteer, student, or PHS Commissioned Corps officer is directly supervised by an HHS full-time employee. Safety offices are further responsible for maintaining an OSHA Form 300 (Log of Work-Related Injuries and Illnesses) in accordance with the OSH Act standards. At the end of each calendar year, safety offices will post OSHA Form 300A (Summary of Work-Related Injuries and Illnesses), from February 1 to April 30 of the year following the year covered by the form. The senior management official of the facility or agency will certify and sign the accident log annually. These records will be retained for five years in accordance with 29 C.F.R. § 1904.33(b).
(2) Contractor accidents involving HHS property and personnel.
(a) *Government contractor involvement.* If an HHS agency administers the contract and the accident involves reportable damage to that HHS agency's equipment or injury to that HHS agency's personnel, that agency administering the contract is the convening authority. The convening authority will ensure the accident is investigated and reported in accordance with this manual and the terms of the contract. If an HHS agency administers the contract and the mishap involves reportable damage or injury to another HHS agency, the HHS agency headquarters administering the contract will ensure that all mishap information is sent to all involved agencies with an informational copy to The Department's safety office. If another federal agency administers the contract and the mishap involves reportable damage or injury to HHS resources, the HHS agency headquarters that owned the resources will request that the contracting agency investigate and report the mishap.
(b) *Mishaps involving non-accepted HHS equipment.* The HHS agency headquarters that negotiates the contract for the equipment is the convening authority. The convening authority is responsible for the safety investigation and reporting of any mishap, although the equipment may not be under the operational control of the HHS agency. The loss is recorded as a mishap to the HHS account.
(3) A completed report must be submitted as soon as conditions permit, no later than 60 calendar days, and will serve as the official accident report. No follow-up is required.

4-8 Accountability for HHS Accidents

a. Order of Precedence. The purpose of accountability in this manual is to address the most likely organization to affect corrective actions. Accidents normally will be charged in this order of precedence:

(1) The agency or element having operational control of the equipment or facility;

(2) The agency having operational control of the most responsible person; or

(3) The agency or organization to which the injured person(s) is assigned.

b. Exceptions to the above include, but are not limited to, the following:

(1) *Design-induced failure or malfunction.* A HHS accident caused solely by design-induced failure or malfunction will be recorded as a "material" accident. The agency experiencing the failure or malfunction is required to submit a report to the Department's safety office.

(2) *Environmental factors.* Accidents caused solely by environmental factors (e.g., high winds, hail, lightning) will be reported and recorded as an "environmental" accident. The accidents will be processed by the agency having operational control unless the accident could have been avoided by management action. If in the investigation of the accident it is determined the accident could have been avoided by the agency taking preventive action, the accident will be charged to the activity having operational control of the equipment or the activity to which the persons involved in the accident are assigned.

(3) *Special Cases.*

(a) Accidents involving persons on detail will be charged to the activity or agency headquarters to which the person is permanently assigned. "Permanently assigned" means assigned by current SF Form 50–B (Notification of Personnel Action).

(b) If a conflict in determining accountability between HHS agencies cannot be resolved within leadership channels, the agencies involved will submit a formal request for a decision to the Department DASHO. The request will include a summary of circumstances, statements of involved leaders, and recommendations. These actions are separate from accident investigation requirements and will not restrict or impede the investigation and reporting process. The final determination for accountability will be made by the Department DASHO.

4-9 Actions When Criminal Activity is Determined

a. Notify Appropriate Policing Authority. If evidence of intentional criminal activity is discovered during the initial investigation, immediately notify the Federal Protective Services (FPS) (in cases where FPS does not have jurisdiction, contact the local policing authority for assistance), the agency DASHO, and the Department safety office through the established channels as described under serious incident reporting in this manual.

b. Physical or Common Source Evidence. If the evidence is physical or is a common source item, FPS investigators will be notified. The evidence will be surrendered to FPS personnel, and the investigator will provide the documents necessary to establish the chain of custody.

c. Witness Statements. If the evidence is based upon witness statements obtained on a promise that the information would be used within HHS only for accident prevention purposes, the investigator will provide a list of personnel interviewed and copies of all common source materials. The investigator will not discuss individual statements or specific comments that led to the suspicion of criminal activity.

4-10 Accident Investigation Appointing Authority

a. Appointing Accident Investigators. The agency DASHO, having authority over the installation or agency responsible for the operation, personnel, or material involved in an accident, is responsible for appointing accident investigators for all serious incidents.

b. Multiple Agencies. When personnel or material involved in an accident are from agencies under the authority of different DASHOs, the convening authorities concerned should agree on who will appoint the investigators. Their decision should be based on their relative degrees of involvement as well as considerations of administrative convenience. If an agreement cannot be reached, the decision will be made by the Department DASHO.

c. Request to Have Another Agency Investigate. When an accident occurs away from the responsible unit's home station, the DASHO who would normally appoint the investigator may request the DASHO for the HHS facility closest to the accident, or upon which the accident occurred, to conduct the investigation. Coordination for such a transfer of authority should include specific agreement on the party responsible for funding the cost of the investigation.

4-11 Accident Investigations to Be Conducted

a. Accidents to Be Investigated. The following accidents will be investigated.

(1) All fatalities.

(2) Any accident, regardless of severity of injury or cost of property damage, that the OPDIV head or the DASHO believes may involve a potential hazard serious enough to warrant investigation.

b. Aviation Accidents. All aircraft accidents (flight, flight-related, aircraft ground) will be investigated.

c. Other Accidents. While the following accidents may not require a formal investigation, they will be investigated for the purposes of collecting data for trend analysis.

(1) First aid cases.

(2) Minor vehicle collisions where the cost of repair is less than $2,500 should be investigated and addressed by the local fleet manager.

-12 Review of Fatality and Catastrophic Accident Investigation Reports

All fatality and catastrophic accident investigation reports will be reviewed by the OPDIV DASHO.

a. ***Initial Review.*** The initial reviewing official for most accidents will normally be the supervisor directly responsible for the operation, material, or persons involved in the accident. This official will review the accident report, provide written concurrence or non-concurrence with the findings/recommendations, ensure that factual data are circulated within the organization, ensure that recommendations that can be put into effect at the organization level are implemented, and forward the original report through the appropriate designated chain of command to the OPDIV DASHO, as dictated by OPDIV policy or this manual.

b. ***DASHO Approving Authority.*** When an OPDIV DASHO, or their designated representative, is a reviewer for an accident investigation, a written concurrence or non-concurrence for each finding and recommendation made by the accident investigator will be noted on the report.

4-13 Processing Accident Reports
Accident reports (for all serious incidents) including all appropriate forms and supporting documents will be transmitted electronically to the Department safety office. Copies will be retained by the OPDIV's safety office.

4-14 Changes to Accident Reports
A change to an accident report will be submitted when:
a. An event occurs that changes the severity of an accident; and
b. Additional information is discovered that was not known when the initial report was submitted. Changes to reports will not be submitted for changes in number of days lost or property damage estimates.

4-15 Maintaining Accident Records
All accident report records required by this manual and maintained by HHS will be retained at least 10 years. In the absence of specific guidance from this manual, maintain records in compliance with 29 C.F.R. Part 1904.

4-16 Deviations
Occasionally, the safety accident reporting requirements of this manual may be incompatible with mission accomplishment. In such cases, HHS OPDIV heads may request deviation from the specific requirements through the Department safety office. Examples may include, but are not limited to, situations such as during widespread natural disasters and while deployed to remote or austere environments.

4-17 Accident Information
a. Accident Report Use. Safety accident investigation reports are official documents. These will be used solely for accident prevention purposes. These reports and their attachments, or copies and extracts, will not be enclosed in any other report or document unless the sole purpose of the other report or document is accident prevention. Common-source documents, photographs, and those documents (other than witness statements) containing purely factual information are available to other HHS-authorized investigations as an exception to this rule.
b. Privileged Documents. Safety accident reports may not be used as evidence or to obtain evidence in any disciplinary, administrative, or legal action such as the following:
(1) Determining or defending the determination of misconduct or line of duty status of HHS personnel;
(2) Determining liability in claims for or against the government;
(3) Determining pecuniary liability; or
(4) Any other adverse personnel action.

4-18 Release of Information from Safety Accident Investigation Reports
a. FOIA Requests. All requests under the provisions of the FOIA for information from, or copies of, safety accident investigation reports will be referred through the FOIA office.
b. Employee Requests. Requests for access to accident reports from employees, organizations, and OPDIVs are governed by the restrictions in this paragraph. The procedures below will be followed in response to these requests.

(1) The requester must state the reason the information is needed and the purpose for which it will be used. If the requester's purpose is not solely for accident prevention, (e.g., a collateral investigation will be conducted), the requester will state the reason the collateral investigation will not satisfy the requester's need.
(2) If the requester's sole purpose for requesting the report is accident prevention, the entire report may be released with a warning that further disclosure by the requester is not authorized.
(3) If the requester intends to use the information for any purpose other than accident prevention, only common source data, the names of witnesses, photographs, diagrams, and the results of scientific or technical tests will be disclosed. The following information will not be released:

(a) The report's findings, recommendations, and the investigator's analysis;
(b) The content of witness statements, both confidential and non-confidential, if they were obtained on a promise they would not be used for purposes other than accident prevention; or
(c) Medical records, unless the release is approved by the Office of the General Counsel.

c. Other Information. In addition to OSHA reporting forms, a copy of the non-privileged portions of safety accident investigation reports, in which an HHS employee is injured or property is damaged in an HHS employee work area, may be provided to the exclusive representative of the employee involved and to the appropriate safety and health committee, if requested. This information is provided for purposes of safety/accident prevention only.

4-19 Injury and Accident Rates

HHS accident rates include recordable injuries and lost time cases. Recordable and lost time case accident rates will be determined according to the specific directions found in 29 C.F.R. Part 1904.

Chapter 5
Training Requirements

5-1 Introduction

This chapter establishes the training requirements for safety support during HHS operations and is intended to reduce occupational injury and illness.

5-2 Required Safety Training

Per OSHA regulation, HHS personnel will receive general safety awareness training and task-specific training in those areas needed for the safe and efficient execution of their work tasks. This training will specifically address:

a. The PPE required;
b. General safety requirements particular to the operation;
c. Risk mitigation techniques and controls;
d. Special safety requirements;
e. Lessons learned from previous operations;
f. Procedures for reporting and responding to accidents; and
g. Identification of all known and perceived hazards.

5-3 Risk Management in Training

a. Responsibility. Leaders and managers are responsible for integrating risk management into all HHS processes and operations. Occupational safety and health staff will provide expert advice

for risk management training, tools, and other related assistance. Risk reduction through the application of controls by training, procedures, cautions, and warnings help reduce accident probability.

b. Incorporation. OPDIVs will ensure that the risk management process is incorporated into training plans.

5-4 Occupational Safety and Health Training

All HHS employees will receive the training and education necessary to achieve the skills listed in this paragraph. This training, as a minimum, will be in accordance with 29 C.F.R. 1960.

a. Safety Personnel Training. Each OPDIV will provide occupational safety and health training for safety and health specialists through courses, laboratory experiences, field study, and other formal learning experiences to prepare them to perform the necessary technical monitoring, consulting, testing, inspecting, designing, and other tasks related to program development and implementation. Additionally, training regarding hazard recognition, evaluation and control, equipment and facility design, standards, analysis of accident, injury, illness data, and other related tasks is also provided.

b. Employee Training. Each agency will provide appropriate safety and health training for employees including specialized job safety and health training appropriate to the work performed by the employee (e.g., clerical, printing, welding, crane operation, chemical analysis, and computer operations) and, when applicable, the representational functions performed by the employee. Such training also will inform employees of the agency's occupational safety and health program, emphasizing employees' rights and responsibilities.

5-5 Leadership Training

HHS leaders, executives, directors, managers, and supervisors will be provided specialized training to enable them to properly execute their occupational safety and health and risk management leadership responsibilities.

5-6 Executives and Senior Leaders

Executives and senior leaders are required to take the Managers and Supervisor Safety Awareness Training (MSSAT Part 1) or equivalent. The course provides the senior leader with a thorough understanding of the OSH Act, EO 12196, and 29 C.F.R. Part 1960 and complies with the requirements stated in 29 C.F.R. § 1960.55. The Managers and Supervisors Safety Awareness Training course leverages multimedia, web-based distance learning technology, and, as such, is accessible and easily retained for everyday use.

5-7 Managers and Supervisors

Managers and supervisors are required to complete the Managers and Supervisors Safety Awareness Training curriculum (MSSAT Parts 1, 2a, 2b, 3a, and 3b). These courses provide managers and supervisors with the tools to manage their safety programs effectively and to incorporate risk management into all planning and activities. The Managers and Supervisors Safety Awareness Training course leverages multimedia, web-based distance learning technology, and, as such, is accessible and easily retained for everyday use. The course is accessible through the HHS University online.

5-8 Occupational Safety and Health Officers

a. Continuation Training. Occupational Safety and Health officers must remain abreast of current developments in dynamic occupational safety and health as well as the HHS philosophy and vision to achieve world-class performance.

b. Individual Safety Officers. Each individual is responsible for his or her own career planning and personal development. Paramount to success is the establishment of individual career goals, ascertaining what training and development is needed to achieve those goals, then actively seeking out and pursuing the training and development required. In addition, individuals are strongly encouraged to obtain as much education as possible to include advanced degrees and professional certification.

5-9 Collateral Duty Safety Officer (CDSO)

a. Minimum Training. Collateral duty safety officers are required to complete an Occupational Safety and Health Administration OTI 6000 course or comparable internally developed and administered agency run course. The CDSO course establishes the Department's standard for trained and qualified collateral duty safety officers. The course will require approximately 32 hours of course work.

b. Newly Assigned CDSO personnel. OPDIVs will ensure newly assigned CDSO personnel are scheduled to complete the CDSO course or its equivalent as described in 5-9a of this manual within 90 days of appointment.

c. Additional Training. OPDIV managers, supervisors, and leaders must provide additional training to CDSO personnel to ensure they can sufficiently perform their CDSO duties for their organizations. Training should include HHS, local, and state occupational health requirements; evaluation and abatement of hazards; procedures for reporting and investigating allegations of reprisals; the recognition of potential hazardous conditions and environments; required occupational safety and health standards; and other appropriate rules and regulations that will assist the CDSO in performing their duties.

5-10 Educational Material

Safety education and promotional materials such as posters, films, technical publications, pamphlets, incentive items, and related materials are proven cost-effective safety awareness tools and therefore should be budgeted for and used at all levels of the Department to promote safety.

5-11 Specialized Training Requirements

HHS agencies with specialized missions in the medical and scientific work environments will ensure that their employees receive the required training according to the regulations, guides, and recognized practices of the specific industry.

Chapter 6
Occupational Safety and Health Program (Workplace Safety)

6-1 Introduction

This chapter describes policy and responsibilities for implementation of the OSH program mandated by federal or state regulations and to reduce risk of accidental losses, injuries and occupational illness to the HHS workforce as required by EO 12196 and 29 C.F.R. Parts 1960 and 1910. The OSH programs will be implemented for all HHS operations.

6-2 Policy

a. Standards. OSHA, other federal safety standards and national consensus standards shall be applicable to and integrated into all procedures describing the use of HHS-owned or operated equipment and systems. These standards shall apply to the conduct of operations in all HHS workplaces.

b. Minimum Safety Program Elements. OPDIV heads will ensure that written procedures are developed and implement functions and, where required, written procedures as part of their safety program and system to fulfill the following HHS and OSHA requirements:

(1) Ergonomics;
(2) Hazard communications;
(3) Respiratory protection;
(4) Indoor air quality;
(5) Personal protective equipment;
(6) Materials handling training;
(7) Bloodborne pathogens;
(8) Confined space entry program;
(9) Emergency action plans and fire prevention plans;
(10) Fall protection;
(11) Control of hazardous energy (lockout/tagout);
(12) Process safety management;
(13) Hazardous waste operations and emergency response (as applicable);
(14) Hazardous chemicals; toxic and hazardous substances;
(15) Inspecting and abating hazards;
(16) Reporting of unsafe and unhealthful conditions; and
(17) Conducting job hazard analysis.

c. Funding. The HHS occupational safety and health program shall be adequately funded to ensure its effective implementation to reduce accidental losses in all workplace operations.

d. Training. All personnel shall be trained on all aspects of the HHS occupational safety and health program and at every level of the activity that affects their workplace.

e. Hazard Remediation. All workplace hazards shall be addressed in accordance with the traditional hierarchy of hazard controls. The hierarchy of controls will be used as a means of determining how to implement feasible and effective controls. The following five hazard control strategies shall be employed:

(1) Elimination
(2) Substitution
(3) Engineering controls
(4) Administrative controls
(5) Personal protective equipment.

The idea behind this hierarchy is that the control methods at the top of the list are potentially more effective and protective than those at the bottom. Following the hierarchy normally leads to the implementation of inherently safer systems, ones where the risk of illness or injury has been substantially reduced.

6-3 Installation-Level Processes

Processes will be developed at and for the campus or facility level to:

a. Purpose. Reduce the risk of accidents, injuries, and occupational illness in campus and facility operations;
b. Campus/Facility Program. Structure and resource safety offices to adequately support all functions required to plan, develop, coordinate, evaluate, and implement HHS occupational safety and health systems and programs in accordance with federal and state statutes and this policy;
c. Program Maintenance. Evaluate campus or facility occupational safety and health programs annually;
d. Standards. Implement Department and OSHA policies and programs in the workplace to protect personnel, equipment, and facilities;
e. Safety Program Proficiency. Train all personnel so they sufficiently and fully understand the purpose, policy, procedures, and responsibilities of the HHS occupational safety and health system or program designed for the office or facility in which they work;
f. Basic Program Element for Federal Workplaces. Ensure that workplaces are free from recognized hazards that are causing or are likely to cause death or serious physical harm;
g. Remediation. Correct safety deficiencies that are likely to cause an accident, injury, or occupational illness; and
h. Risk Assessments. Integrate safety priorities for hazard correction into the work control process.

Chapter 7
Workplace Inspections

7-1 Introduction
Under the OSH Act, employers are required to furnish each employee employment and a place of employment that is free from recognized hazards that are causing or likely to cause death or serious physical harm. General workplace inspections per the standards established in 29 C.F.R. Part 1910 and 41 C.F.R. Part 102 is one method to identify hazards in work areas.

7-2 Intent
This chapter provides policy on HHS safety program management with special emphasis on hazard recognition and workplace inspections. It implements the requirements of the OSH Act and prescribes HHS policy to protect and preserve department personnel and property against accidental loss, provides for safe and healthful workplaces and assures regulatory compliance. It also provides for public safety incident reporting to HHS operations and activities. Procedures and other guidance for workplace inspections and hazard reporting and recording are provided online at the HHS safety page.

7-3 Policy
a. Periodic Inspections. Supervisors and their safety officers or CDSOs are responsible for conducting periodic documented inspections of their work area to identify hazards. These periodic inspections, conducted at least annually, of work areas may be conducted by safety committee members accompanied by the safety officer or CDSO. When hazards are reported by employees or identified through accident investigations and safety inspections, they will be evaluated and tracked. Once a hazard is evaluated, prompt action is required to correct significant-risk hazards.

b. Safety Program Awareness. Supervisors are to inform all HHS personnel of occupational safety and health rules and regulations, to include the use of protective clothing and equipment provided for their protection. Supervisors are to ensure adherence to established procedures, taking appropriate disciplinary action where deemed necessary.
c. Employee Responsibilities. Employees are responsible for complying with HHS occupational safety and health rules, procedures, regulations, and standards, using and maintaining the personal protective clothing and equipment that has been provided for their safety, and reporting any unsafe or unhealthful working conditions and accidents to their immediate supervisor.
d. Management and Employee Cooperation. Management and employees will work together to identify and correct hazardous conditions in accordance with locally established procedures for correcting hazards based on a "worst-risk-first" basis.
e. Employee Access to OSHA. Employees have the right to request that an OSHA or a NRC representative conduct an inspection if they believe hazardous conditions are present in the workplace. (Note that employees should contact the local safety office to resolve any safety hazards prior to contacting OSHA or the NRC, but are not required to do so.)

7-4 Safety Inspections
a. Integrating Safety. Each time the supervisor or an employee enters the workplace, they will conduct a visual safety inspection. Conducting inspections of this type will help integrate safety into the daily routine.
b. Documented inspections. Formal documented inspections (e.g., using a checklist) will be accomplished annually to ensure a complete and total evaluation of the workplace, based upon the type and nature of the work, as well as determining the PPE required.
c. On-the-Spot Corrections. When possible, recognized hazards will be corrected on-the-spot.
d. Remediating and Recording Hazards. Submit work orders or service orders for hazards that cannot be corrected on-the-spot. All work orders for significant-risk hazards shall also be reported to the supporting safety office and added to the hazard tracking system log if one is maintained.

7–5 Standard HHS Occupational Safety and Health Inspections Requirements
a. Competent Inspectors. Qualified occupational safety and health professionals or specially trained personnel, competent to conduct the inspection using the appropriate standards will conduct workplace safety inspections at least annually.
b. Special Hazards. Facilities and operations involving special hazards will be inspected more frequently as determined by qualified occupational safety and health personnel.
c. Inspection Checklists and Equipment. Inspectors will be provided all relevant information regarding the workplace to be inspected and should create a plan for what is to be inspected. Formal safety inspections will require the use of checklists which may be provided by the local safety office.
d. Inspection Coordination. The inspections for tenant activities will be coordinated with the facility management personnel and in accordance with any tenant agreement.
e. CDSO Guidance. Collateral duty safety personnel trained, qualified and appointed, must perform these inspections for worksites. Collateral duty safety personnel should conduct their inspections based on mission, risk, and leadership guidance.
f. Inspection Access. Personnel conducting the inspections will have access to diagnostic equipment and to personnel necessary to identify, document, and analyze the significance of the

hazards discovered during the inspection. Current reference materials pertinent to the worksite, such as standards, regulations, SOPs, hazard analyses/job hazard analyses, risk assessments, safety data sheets, and technical manuals will be readily available.

g. Inspection Notice. The inspections may be conducted with or without prior notice. No-notice inspections will be used when local safety and health personnel determine they will provide a significantly more meaningful assessment of actual operating conditions and practices. However, appropriate representatives of HHS employees and recognized employee organizations will be notified when management receives prior notice of an inspection.

h. Supervisory and Union Participation. A representative of the official in charge of a workplace and an authorized representative of HHS employees will be given the opportunity to accompany the inspector during the physical inspection of workplaces. In the employee representative's absence, the inspector will consult with a reasonable number of employees.

i. Re-inspection. Follow-up inspections are essential to ensure that hazards are corrected.

j. Joint Inspections. Occupational safety and health inspections will not typically be conducted in conjunction with any other visit or inspection.

7-6 Inspection Findings

Unresolved significant findings from HHS occupational safety and health inspections must be posted using a notice of unsafe or unhealthful working condition or equivalent. All posted notices will describe the nature of the finding(s) and the interim protective measures. Abatement plans will be developed to correct all unsafe or unhealthy working conditions per 29 C.F.R. § 1960.30.

a. Receiving Notices. Copies of each notice of unsafe or unhealthful working conditions, including a written report of the basis for the notice, will be given to the appropriate official in charge of the workplace and any participating employee representative.

b. Posting Notices. The official in charge of the workplace where the finding was discovered will post the notice immediately upon receipt of the report. Where it is not practical to post the notice at or near the hazard, it will be posted in a prominent place where all affected personnel will readily see it.

c. Duration. The notices will remain posted for three working days or until correction, whichever is later. All notices will be kept on file by the OPDIV safety office for a period of five years after the date of abatement.

7-7 Written Reports of Findings

Written reports of findings resulting from standard HHS occupational safety and health inspections will be provided to the head of the activity of the organization inspected. These reports will cite hazards and safety management deficiencies and will recommend corrective actions.

7-8 HHS Employee Hazard Reporting

a. ***Standard to Follow.*** Follow the procedures for employee reports of hazards located in 29 C.F.R. § 1960.28 and 29 C.F.R. § 1960.46.

b. ***Document to Use.*** Reports under these procedures will be completed on a Report of Alleged Unsafe or Unhealthful Working Conditions in accordance with this policy.

7-9 Occupational Safety and Health Inspections

a. Workplaces. Inspection of any workplace to include contractor workplaces on federal property by federal and state agencies will be accomplished per applicable regulations.

b. Reason for Inspection. Workplace safety inspections and occupational health assessments may be in response to a complaint from an HHS employee or employee representative; they may be scheduled as part of OSHA's annual evaluation of agency programs, OSHA target program, or in response to a fatal accident.

c. Federal and State Inspector Access. Federal and state OSH officials will be immediately admitted to conduct inspections at selected workplaces in a reasonable manner, during normal working hours.

d. Opening/Closing Conferences and Clearance to Closed Areas. Federal and state OSH officials will initially report to the agency headquarters or designated representative and will be accompanied at all times on the HHS campus or facility. They will be required to show proof of appropriate security clearance if entry into closed areas is required. A closing conference with leadership will be arranged before the federal and state OSH officials' departure. Employee representatives will be invited to attend the opening and closing conferences.

e. Records Requests. Upon request, federal and state OSH officials will be provided available safety and health information on worksites to be visited. Such information may include data on HAZMAT in use, copies of recent agency inspection or survey reports, accident reports, and abatement project information.

f. Notice of Unsafe or Unhealthful Condition. When federal and state OSH officials issue a notice of unsafe or unhealthful conditions (OSHA–2H Form), local safety officials should treat such notices in the same manner as similar internal notices and provide for abatement of significant deficiencies. OPDIVs that receive an OSHA–2H will immediately transmit copies to the Department Safety POC per the serious incident reporting requirements.

g. Internal Communication. Response to OSH inspection reports will originate at the local level. OSHA officials will elevate unresolved conflicts through their channels to the Department. This provision, however, will not inhibit normal internal communication with the Department safety POC to inform higher echelons of the results of OSH inspections and the coordination of responses.

Chapter 8
Safety Recognition Program

8-1 Introduction

The purpose of this chapter is to recognize agencies, organizations, divisions, and individuals for their contributions and enhancements to HHS safety programs.

8-2 Promotion of Safety

Safety recognition enhances HHS morale and improves safety awareness through the promotion of individual and organizational accident prevention measures and successes.

8-3 Recognition Guidance

This section describes HHS level of safety recognition and should not be viewed as a substitute for OPDIV recognition programs. OPDIV-level recognition is encouraged and should be used as the selection process for determining nominations to Department-level recognition.

a. Criteria and procedures. Criteria and procedures for nominating organizations and individuals for recognition in this chapter are governed by and subject to the Department awards program policies and procedures set forth in HHS Human Resource Manual Instructions 451-1, dated January 2010, as from time to time updated and amended, and as otherwise described in section 8-4 of this manual. The procedure for nomination is to provide a memorandum on official OPDIV letterhead to the Department Chief of Occupational Safety and Health.
b. Nomination, Selection, and Presentation. Nomination and detailed selection criteria are described on the HHS intranet page at http://intranet.hhs.gov/occupa_safety/index.html.

8-4 Department of Health and Human Services Safety Recognition Levels
a. Department Headquarters Safety Recognition. This recognition is awarded each fiscal year by the Department DASHO to OPDIVs that demonstrate significant improvements, sustained excellence, and leadership in accident prevention programs. Criteria for this recognition will include accomplishment of established recordable and lost-time case rate goals, accomplishment of annual workplace safety inspections, and maintenance of various safety program administrative actions such as delegations, timely reporting of serious incidents, and attendance at the DOSHC meetings. Selection for this award will be made by the Department DASHO and the Department Chief of Occupational Safety and Health.
b. HHS Individual Recognition for Excellence in Safety. This recognition is awarded each fiscal year to individuals who, in each of five categories: safety officer, collateral duty safety officer, manager/supervisor, employee, and contractor, make the most significant contribution to accident prevention. Criteria for this recognition are based upon the contributions of the individual that, in the judgment of the OPDIV safety office, were instrumental to the enhancement or success of the safety program. Each OPDIV shall select an OPDIV winner and submit no more than one candidate for each category to the HHS level. The DOSHC will make the final selection for the HHS-level award.
c. Chief of Occupational Safety and Health Recognition. The Department Chief of Occupational Safety and Health awards this recognition to individuals who have made significant safety contributions to their OPDIV's emergency readiness through service or contributions to emergency preparedness and readiness programs. Criteria for this award are based upon the contributions of the individual that, in the judgment of the OPDIV safety office, were instrumental to the enhancement or success of the program. Each OPDIV shall submit no more than one candidate for this award annually.
d. Health and Human Services Safety Guardian Recognition. The Department DASHO presents this recognition to individuals who, through extraordinary individual action in an emergency situation, prevent an imminently dangerous situation, prevent injury to personnel, or minimize or prevent catastrophic damage to HHS property. OPDIVs may nominate individuals for this recognition on a case by case basis. The Department Chief of Safety and the Department DASHO will evaluate the nominations. Nominees not selected may be submitted for reconsideration for an HHS Vigilant Employee Safety Recognition.
e. Vigilant Employee Safety Recognition. The Department Chief of Occupational Safety and Health presents this recognition to employees who demonstrate "exceptional vigilance" in safeguarding HHS operations or personnel. OPDIVs may nominate individuals for this award on a case-by-case basis. The Department Chief of Occupational Safety and Health will evaluate the nominations.

8-5 HHS OPDIV and Organization-Level Recognition

Leaders at all levels should recognize the safe performance of individuals and subordinate organizations. Leaders are encouraged to develop recognition levels that are tailored to promote the accident prevention accomplishments within their sphere of activity, interest or operation. Managers and Supervisors may use memorandums of record, or locally produced certificates or trophies. See 8-3*a* of this manual.

8-6 Promotion of Safety Recognition Program

Leaders at all levels will promote the safety recognition program using all available means. Typical methods for promoting the safety recognition program are articles in the agency and division's newsletters, posting flyers/posters concerning the program, including the program in organizational training opportunities and announcements in local electronic media.

8-7 Commissioned Corps Awards

Leaders at all levels are encouraged to utilize the Commissioned Corps Awards to recognize outstanding Commissioned Corps officers performance. More information regarding the Commissioned Corps awards program can be found at http://dcp.psc.gov/PDF_docs/CCPM_P67.pdf.

Chapter 9
Emergency Planning and Response

9-1 Introduction

This chapter prescribes HHS safety policy for planning emergency response to save lives; protect the health and safety of the public, responders, and recovery workers; and to exchange information.

9-2 Policy

a. Risk Management. Risk management will be applied to all emergency response scenarios to identify required appropriate equipment and response procedures to increase efficiency and effectiveness. This is to eliminate adverse and risky conditions that will degrade emergency response operations.

b. Resources. The National Response Framework and the National Incident Management System contain mechanisms for expedited and proactive federal, state, and local government support to ensure that critical lifesaving assistance and incident containment capabilities are in place to respond quickly and efficiently to catastrophic incidents. The emergency preparedness standards prescribed in these sources, as well as executive orders, presidential directives, and individual state/territory statutes, will be used together with this manual to formulate an organization's emergency response plan.

c. Authority. The requirements of 29 C.F.R. §§ 1910.38 and 1910.39 will be complied with.

9-3 Concept of Operations

a. The Stafford Act. For those events that rise to the level of an incident of national significance, the Department of Homeland Security provides operational and/or resource coordination for federal support to on-scene incident command structures. The National Response Framework outlines in the National Incident Management System how the federal government implements the Robert T. Stafford Disaster Relief and Emergency Assistance Act

(The Stafford Act). The Stafford Act outlines how the federal government will assist the local and state governments when a disaster or emergency overwhelms their ability to respond effectively to save lives; protect public health, safety, and property; and restore their communities.

b. Local and Global Missions. Designated HHS personnel are capable of rapidly responding to a broad spectrum of emergencies on short notice. Local response elements within the Department assist with internal or specialized incidents at HHS facilities while pre-designated deployment teams may assist globally during natural disaster relief efforts.

c. Incidents Covered. Incidents are handled at the lowest organizational and jurisdictional level. Police, fire, public health and medical, emergency management, and designated agency personnel are responsible for incident management at the local level. The National Incident Management System provides a consistent nationwide template to enable federal, state, local, and tribal Governments as well as private sector and nongovernmental organizations to work together effectively. Such coordination assists in the preparation for, prevention of, response to, and recovery from domestic incidents, regardless of cause, size, and complexity, including events such as employee injuries, building emergencies and even acts of catastrophic terrorism.

9-4 Occupant Emergency Programs

The purpose of the program is to safeguard lives and property during emergency situations. All HHS-owned, leased, and operated buildings will have in place an occupant emergency program per 29 C.F.R. §§ 1910.38, 1910.39 the appendix to 29 C.F.R. Part 1910 Subpart E, and 41 C.F.R. § 102-74.230, when the resident HHS tenant is the primary tenant in terms of square footage or personnel. When HHS is not the primary tenant, the HHS component(s) will comply with the requirements of the OEP administered by another federal agency primary tenant.

a. Primary Tenant. Where HHS is not the only federal agency tenant, a primary tenant must be determined. The primary tenant is determined by measuring which agency occupies more square footage in the building.

b. Designated Official (DO). The "designated official" is the highest ranking official of the primary occupant agency of a federal facility, or, alternatively, a designee selected by mutual agreement of occupant agency officials. In cases where HHS is the primary tenant, the senior ranking HHS employee will assume the responsibilities of the DO, as defined in 41 C.F.R. § 102-74.230, unless a mutual agreement between the tenants selects another agency to take the role.

c. Responsibilities of the DO. The designated official will ensure:

(1) The OEP for the building is developed and implemented;

(2) The Occupant Emergency Organization (OEO) is staffed, trained, and equipped;

(3) De-confliction of OEPs between neighboring buildings; and

(4) The OEP includes accountability of all building occupants, to include contractors, volunteers, and occupants from other agencies.

d. Designation of the DO by the DASHO. When the HHS tenant has the role of DO by virtue of being the primary tenant and no tenant agreement exists to assign that role to another federal agency tenant, the DO will be designated in writing by the OPDIV DASHO. The DO shall acknowledge the designation and a record of the designation and acknowledgment will be kept on file in the OPDIV safety office.

e. When Only HHS Tenants. If the building is occupied by more than one HHS OPDIV tenant and no other federal agencies tenants, then the DASHO of the largest HHS OPDIV tenant by square footage will be responsible for designating a DO.

f. Minimum Requirements of an Occupant Emergency Plan (OEP). All Occupant Emergency Plans (OEP) will be published according to Section 508 accessibility requirements. Designated officials should ensure that the OEP is provided to all employees via any available media. Additionally, the OEP will at a minimum include:

(1) An overview of roles and responsibilities, to include the designated official, the Occupant Emergency Organization, managers and supervisors, and building security (if applicable).

(2) Communication strategies to be used during an emergency for notification, to include Public Address System announcements, bullhorns, emails, phone trees, and/or mass notification systems. It is recommended to have redundant communication abilities in place.

(3) Evacuation protocols, to include detailed maps with assembly areas ("rally points") and accountability procedures.

(4) Shelter-in-place (SiP) considerations for active shooter, earthquake, suspicious package, and bomb threat; and

(5) Specific procedures for persons with disabilities. The OPDIV safety office will ensure there are adequate procedures for employees to self-identify for evacuation assistance.

g. Occupant Emergency Organizations (OEO). It is anticipated that the DO will delegate the authority to select, train, and manage the OEO to managers, supervisors, and employees throughout the building as necessary to efficiently organize an effective team. Members of the OEO will be trained at least annually and will be assigned equipment that makes the OEO member readily identifiable to HHS employees.

h. Review of the OEP. Each OEP will be reviewed annually and updated at least biannually.

i. Exercising the OEP. Every building should practice evacuation and/or shelter-in-place procedures at least annually to ensure that employees are familiar with the plan. An after-action review will be conducted.

9-5 Chemical, Biological, and Radiological Preparedness

a. High-Risk Characteristics. Facilities in which chemical, biological, and radiological activities are conducted will develop a written plan to safely and adequately respond to emergencies arising from catastrophic incidents. To determine if a radiation safety function is required see Appendix B.

(1) Plans and their supporting procedures will conform to the requirements stated in federal, state, and local directives.

(2) A risk assessment will be conducted before developing the emergency response plan to ensure that all potential emergency hazards and situations are identified and mitigated. The risk assessment will consider all types of controls and specifically PPE required and the types of training necessary to use it effectively.

(3) Facility staff will be included in the plan development process to the maximum extent possible to enhance comprehensiveness.

(4) Emergency and security personnel will be trained and equipped to cope with hazards that may be encountered in the performance of their duties.

(5) Training will be sufficient to enable personnel to function without waiting for guidance from supervisors.

b. Reporting. Reporting will be in accordance with Chapter 3 of this manual.

c. Plan Components. Emergency response plans will include the following:

(1) Pre-accident or pre-emergency planning;
(2) Personnel roles, lines of authority, and communications;
(3) Responsibilities and training requirements for emergency responders (e.g., supervisors, emergency room coordinators, and emergency response team members);
(4) Emergency alerting and response procedures;
(5) Personal protective equipment and emergency equipment;
(6) Decontamination procedures;
(7) Evacuation routes, procedures, and assembly points;
(8) Procedures to account for employees;
(9) Medical support requirements, emergency medical treatment, and first aid;
(10) Incident facility security requirements;
(11) Procedures for reporting incidents to local, state, and federal governmental agencies;
(12) Names or job titles of persons or departments to be contacted for further information or explanation of duties under the plan; and
(13) Review of response and follow-up.

d. Plan Currency. The facility's emergency response plan will be reviewed at least annually and, as necessary, be amended to keep current with new or changing facility conditions or information.

e. Coordination with Non-departmental Agencies. Local, regional, state, and federal emergency support and coordinating agencies (e.g., law enforcement, fire departments, and health departments) will be informed of chemical, biological, and radiological activities at Government-owned facilities. Agreements will be made with these agencies to identify and ensure the availability of support, including equipment and training, necessary to provide effective emergency response and to ensure compliance with applicable statutes and regulations and the facility's emergency response plan.

f. Alarm Systems. An employee alarm system will be installed in accordance with 29 C.F.R. § 1910.165 to notify employees of any necessary emergency action.

(1) Agreements should be in writing.
(2) Agreements will be reviewed annually or upon a change in operations that could affect existing emergency response plans and updated as necessary.
(3) The emergency response plan will be compatible and integrated with the disaster, fire, and/or emergency response plans of the local, state, and Federal agencies

g. Drills. Emergency response plans will be exercised prior to adoption and at least annually thereafter to ensure the adequacy of response plans and responder training, responder familiarity with response procedures and equipment, the adequacy of support agreements, and the availability and adequacy of emergency equipment and medical support.

h. Exposure Considerations. If a mishap results in a potential or confirmed exposure or release of chemical, biological, or radiological material, or exposure or possible exposure to a radiation threat, emergency procedures will be immediately initiated to protect personnel and the environment and to limit the spread of contamination. Hazardous conditions created by the emergency shall be eliminated and the affected areas will be decontaminated before normal operations are resumed. Medical surveillance will be initiated as soon as possible for all individuals present in the potentially affected area at the time of the mishap.

i. HAZMAT.

(1) Standing operating procedures will address emergency procedures related to any mishap involving HAZMAT, including biological material.

(2) Notification and evacuation procedures will be covered in detail, as well as measures to contain the material.
(3) Local, regional, state, or federal emergency support and coordinating agencies, such as law enforcement, fire departments, health departments, and governments will be informed of HAZMAT activities, including biological programs. They will be informed of the appropriate support necessary, to include any equipment and training necessary, to provide effective emergency response and ensure compliance with community "right to know" statutes and regulations. Agreements with external agencies, when possible, shall be formalized.
(4) If a mishap with a HAZMAT including a chemical or biological material occurs all personnel except those responsible for emergency operations will evacuate the immediate area.
(5) Special medical surveillance will be started as soon as possible for all workers present in the potentially affected area at the time of the mishap.
j. Chemical Operations. All activities with a chemical mission will establish a central control point to coordinate all chemical mishap emergency activities and conduct periodic exercises of the emergency response plans.

Chapter 10
Indoor Air Quality

10-1 Policy
Indoor air quality (IAQ) relates to air quality and other environmental factors (lighting, cleanliness, ventilation, American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) standards, moisture control, daylighting, low-emitting chemicals and materials, etc.) that could affect the health of occupants in office workplaces. HHS is committed to providing all HHS workers a safe place of employment and will take reasonable actions to keep the workplace free of recognized hazards. The goal of this policy is to protect the health and well-being of HHS personnel; prevent work-related injury and illness; and prevent harm to the environment.

10-2 Scope
This policy is for use at all HHS facilities, leased and owned, covering HHS workers, and for implementation under the direction of each OPDIV director.

10-3 Roles and Responsibilities
Individuals and activities have specific responsibilities regarding the maintenance of a safe and healthful indoor environment. Examples would include:
b. Construction and renovation projects. Contracted construction/renovation projects will have, written into the statement of work, language requiring the use of low volatile organic compounds (VOC) or other low-emitting chemicals whenever possible, especially when regarding use in or adjacent to occupied areas or when the possibility of entrainment into the fresh air supply exists.
(1) The Operation and Maintenance Department (OMD), with the guidance of the safety officer, will address key factors during the pre-planning phase of a renovation or construction project, including:
(a) Identification of potential chemical and physical sources of odor and dust, including dusts or odors produced from construction and demolition activities, construction products, and construction equipment.

(b) Adherence to HHS design standards, which specify use of low VOC-emitting furnishings, carpeting, flooring, and other interior finishes.
(c) Review of Safety Data Sheets (SDSs) for each product specified for use on the project to gain awareness of potential pollutants that are a recognized hazard. A copy of the SDS for each chemical product used during the project shall be provided to the safety officer prior to pre-construction meetings or prior to the product being introduced on site.
(d) Clear identification of:
1. Occupied areas potentially affected by the project;
2. Times and locations occupants are most likely to encounter airborne pollutants; and
3. Acceptable amount and duration of exposure occupants may experience, identification of control options, and assessment of available control measures.

(2) Specific recommendations for control measures may include:
(a) Control of the pollutant source (e.g., using no or low volatile organic compounds - emitting products, controlling dust, or using electric-powered equipment, rather than combustion source equipment.
(b) Protection of the heating ventilation and air conditioning (HVAC) systems (e.g., shutting down of HVAC, sealing off all openings, using a temporary filter with an approved minimum efficiency reporting value rating of 6 on grills and diffusers, and replacing filters following project completion).
(c) Prohibiting vehicle idling or use of combustion source-powered equipment operating near entryways, loading docks, air intakes, and operable windows.
(d) Interruption of the pollutant pathway (e.g., using high-efficiency particulate absorption (HEPA) filtered exhaust systems to create a negative pressure in the work area, sealing off work areas, or using vapor barriers to prevent water intrusion, condensation, and other moisture problems). Negative air machines should be exhausted outside buildings or equipped with a carbon filter for construction odors.
(e) Housekeeping practices, including dust control measures and cleanup.
(f) Scheduling and conducting activities that could produce high emissions (painting, roofing repair) to minimize occupant exposure to indoor contaminants.
(g) Proper storage and protection of building materials and products to prevent employee exposure before or during the construction phase of the project.

*c. **Building Operations, Maintenance, and Custodial Activities.*** Operation and maintenance departments will ensure that maintenance and custodial tasks performed in HHS-owned and leased facilities are accomplished using, to the greatest extent possible, fragrance-free and low-hazard/toxicity chemicals and cleaning products while adhering to the standards of repair and cleanliness demanded by their contracts. Building maintenance and custodial personnel will employ industry acknowledged best practices that cause minimal interruption to workers and protect them from known hazards. Excepted use of chemicals not fitting the definition of low VOC, low-emitting, or fragrance free should be limited to periods of minimal occupancy or planned and announced in advance for employee safety. The OMD will operate and maintain all HHS facilities using industry best practices to minimize interruption of employee work activities and protect them from hazards.

(1) The OMD will ensure that the buildings' HVAC systems are maintained in accordance with HHS and GSA standards for HHS facilities.

(2) The OMD and selected building contractor will ensure that routine maintenance that may adversely impact building occupants is conducted during off-hours, whenever possible. This

particularly applies to those activities that may create large amounts of dust, use of hazardous chemicals (when no safer alternatives are available), or generate loud noise. Emergency repairs and maintenance will be conducted as required. Building occupants will be informed of any potential environmental impacts and expected timelines.

(3) The safety officer will assist the OMD in the identification and remediation of any toxic contaminants (e.g., lead-based paint, asbestos, microbial contamination, hazardous chemicals) expected or discovered during renovation, demolition, or maintenance activities in accordance with safety and environmental guidelines. The building manager or COR is responsible for notification of planned projects. The Safety Officer will ensure required industrial hygiene sampling is accomplished to safeguard HHS employees from exposure to the contaminants in concentrations higher than acceptable limits as established by the Occupational Safety and Health Administration, or levels adopted from consensus standards (i.e., the American Conference of Governmental Industrial Hygienists, or the National Institute of Occupational Safety and Health) as determined appropriate to the OPDIV.

(4) Pest management, for buildings and lawn care, should emphasize non-chemical management strategies whenever practical, and the least-toxic chemical controls when pesticides are needed. Integrated pest management practices must be used. Pest control products used in and around a building will be documented and the SDS will be made available for building occupant review, upon request. Dead pests must be removed from the premises promptly.

(5) HHS will ensure that products used in the workplace, such as soaps, cleaning products, paints, etc. are safe and odor-free or emit low levels of VOCs to the fullest extent feasible. Environmental Protection Agency-approved disinfectants, and green cleaning products will be used within HHS-owned and leased facilities. HHS will ensure the use of housekeeping practices, which are deemed safer for building occupants and the environment. Specifically, OMD will require housekeeping staff at HHS-owned and leased facilities to:

(a) Keep storage and janitorial rooms clean and properly maintained.

(b) Keep air-handling rooms free of stored materials. If rooms are used as storage spaces, ensure that proper airflow, clearances, and cleanliness standards are enforced. Keep maintenance and operational supplies in order and properly labeled in a clean, dry room to prevent contamination of the air and infestation of insects and rodents.

(c) Be trained by supervisors or through their contract company in the proper usage, handling, and labeling of cleaning products and hazardous chemicals as required by the OSHA Hazard Communication Standard (29 C.F.R. § 1910.1200).

(d) Keep waste containers away from air intakes and assure their regular emptying.

d. Building Managers. HHS building managers will ensure that all affected parties receive relevant IAQ information in a timely manner when materials (e.g., cleaning supplies, chemical products containing known irritants with high VOC levels), are used in HHS office buildings and when maintenance activities that may affect the building's environmental quality occur.

(1) Notification of proposed work and work schedule and describing the type of inconvenience it may cause is critical to the success of most projects.

(2) Notification will be accomplished by the building or facilities manager. Specifically, occupants will be advised of potential odors, noise, dust generation, and so forth, and whenever possible, at least 48 hours in advance of the work being conducted.

(3) To the extent feasible, such work should be scheduled for non-duty hours (e.g., weekends, off-hours). This will allow individuals with pre-existing medical conditions or chemical

sensitivities that could be aggravated by construction activities to make alternate arrangements to work away from the affected site.
(4) This notification shall be provided for new construction projects, renovation projects, demolition projects, and maintenance and operation activities conducted in HHS facilities.
(5) The safety office will communicate with potentially affected building occupants regarding any potential environmental impacts with new or remodeling projects.
e. Building Occupants. Building occupants will familiarize themselves with this guidance and must be aware that the use of fragranced personal care products can have detrimental effects on the health of chemically sensitive co-workers. The use of personal care products (colognes, perfumes, essential oils and scented skin and hair products) is strongly discouraged anywhere in the workspace as many of these products contain fragrances and VOCs. Personal hygiene items such as soap, shampoo, conditioner, toothpaste, and deodorant may still contain compounds and fragrances that could affect chemically sensitive co-workers. Employees engaged in physical fitness may use personal hygiene products to shower and prepare to return to work; however, it is strongly encouraged that employee use fragrance-free products whenever possible in HHS shower facilities. Specifically, all HHS employees are expected to maintain their own work space and common areas by:
(1) Refrigerating and storing any food in air-tight containers, as necessary to prevent spoilage.
(2) Disposing of food waste in break area trash cans instead of individual offices.
(3) Keeping offices and other areas clean and orderly to prevent contamination of indoor air and conditions non-conducive to insect or rodent infestations.
(4) Keeping supply air diffusers and return air grills free and clear of any obstructions within their work space.
(5) Cleaning up all spills promptly and properly or by contacting the building cleaning staff for assistance.
(6) Disposing of materials used to clean up hazardous chemical spills according to applicable federal, state, and local laws.
(7) Staying home if you are ill in accordance with OPM, HHS, and OPDIV leave policy.
(8) Refraining from bringing unwashed, fresh food products into the office as this may result in insect infestations.
(9) Refraining from using non-permissible fragranced products as described in 10-3*d*(9)(*a*).
(a) Non-permissible products in all interior spaces owned, rented or leased by HHS include scented or fragranced products such as those listed in this paragraph. Exceptions to this may be in areas of fitness centers and day care centers. This includes the use of:
1. Incense, candles, or reed diffusers
2. Fragrance-emitting devices of any kind
3. Wall-mounted devices, similar to fragrance-emitting devices, which operate automatically or by pushing a button to dispense deodorizers or disinfectants.
4. Potpourri
5. Plug-in or spray air fresheners
6. Urinal or toilet blocks
7. Other fragranced deodorizer/re-odorizer products.

(b) Personal care products (e.g., colognes, perfumes, polish removers, essential oils, and scented skin and hair products) should not be applied at or near actual workstations, restrooms, or anywhere in HHS-owned or leased buildings. Exceptions to this may be in areas of fitness centers, day care centers or other such services.

(c) In addition, HHS encourages employees to be as fragrance-free as possible when they arrive in the workplace. Excess fragrance is not appropriate for a professional work environment, and the use of some products with fragrance may be detrimental to the health of workers with chemical sensitivities, allergies, asthma, and chronic headaches/migraines.
(d) Employees should give consideration in using unscented detergents and fabric softeners on clothes worn to the office. Many fragrance-free personal care and laundry products are easily available and provide safer alternatives.

10-4 Reporting IAQ Issues

b. Key Roles. Building occupants who experience irritation or symptoms that may be related to the quality of the indoor environment should notify their supervisors and the local safety officer to initiate an investigation. The employee's supervisor must also ensure that building management is informed, so that maintenance personnel can work to identify and/or review any potential structural, maintenance, or heating, ventilating or air conditioning (HVAC) issues.

c. Individual Responsibilities.

(1) Occupational safety and health managers/collateral duty safety officers;
(a) Administer the IAQ program and serve as the primary coordinator and investigator for reported incidents involving IAQ hazards or conditions;
(b) Direct any complaints associated with personal fragrances through the local reasonable accommodation process (e.g., supervisors, EEO, and human resources);
(c) Educate HHS supervisors and workers;
(d) Report findings and develop recommendations for corrective action;
(e) Review and update this policy to meet future needs and regulatory changes and for compliance with 29 C.F.R. Part 1960; and
(f) Provide subject matter expertise to leadership for enforcement actions and advice.
(2) If an employee reports to an available Occupational Health Clinics because of irritation or symptoms that may be related to the quality of the indoor environment, the clinic will conduct medical evaluations per their contact and as soon as practical contact the safety office to initiate the investigation process.
(3) Operations and Maintenance Department will coordinate with the safety office on all controllable aspects of facility design, construction, and maintenance to ensure that facilities are designed, built, renovated, and maintained consistent with IAQ policies, goals and objectives, as well as applicable federal and states regulatory requirements.
(4) Managers/Supervisors will;
(a) Be familiar with and adhere to IAQ policy provisions;
(b) Communicate IAQ information to their employees; and
(c) Report IAQ concerns to their safety and health office and/or the building maintenance contractor. Managers and supervisors have responsibilities under the OSH Act, 29 C.F.R. § 1960.9 to provide a place of employment free from recognized hazards.
(5) Workers are expected to be familiar with and adhere to IAQ policy provisions.

10-5 Tobacco-Free Requirements

For the purpose of reinforcing and providing a consistent message on the subject, the HHS policy prohibiting the use of tobacco and tobacco products is provided at 5-5*a* through *e*.

a. In line with the President's June 22, 2009, signing of H.R. 1256, Family Smoking Prevention and Tobacco Control Act, and the Department of Health and Human Services Secretary's

November 10, 2010, announcement of the Department's Tobacco Control Strategic Action Plan to reduce tobacco-related death and disease, and 41 C.F.R. § 102-74.330, it is paramount that the Department of Health and Human Services lead by example and make all HHS properties tobacco free. Taking this action will protect the health and safety of all HHS employees, contractors, and visitors and will serve as a role model for workplaces everywhere.

b. Effective July 1, 2011, in accordance with the October 11, 2001, delegation to the Assistant Secretary of Administration regarding administrative management and human resources authorities, it is the policy of HHS to prohibit the use of all tobacco products (including cigarettes, cigars, pipes, smokeless tobacco, or any other tobacco products, and e-cigarettes) at all times in its facilities.

c. This policy applies to all interior space owned, rented, or wholly leased by HHS;

(1) All outside property or grounds owned or leased by HHS, including parking areas;

(2) Private vehicles while on HHS property; and

(3) Government vehicles—except to the extent that the prohibition interferes with traditional beliefs and ceremonial practices.

d. To the extent this policy does not conflict with existing labor-management collective bargaining agreements, this policy is in effect July 1, 2011. Furthermore, the Office for Facilities Management and Policy and all Labor Relations offices in the Department are directed immediately to take all actions necessary to give this policy full effect in all Department facilities and all managers are directed to enforce the policy.

e. Compliance with this policy will demonstrate HHS's commitment to set the example in protecting the health and safety of all employees, contractors, and visitors. Please take appropriate measures to ensure compliance with this policy and communicate this policy to your employees, visitors, and other federal or non-federal tenants at HHS workplaces.

10-6 Employees with Known Chemical Sensitivities

Employees, who are medically documented as having sensitivity to chemicals or fragrance, or who suspect they are sensitive to a chemical or fragrance currently in their work space, should work closely with their supervisors as much as possible to remediate the situation.

a. Employee Actions. Employees exhibiting symptoms typically experienced with chemical or fragrance exposures should:

(1) Report the incident immediately to their supervisor;

(2) Ensure they have not inadvertently brought a chemical or fragranced item into their work space; and

(3) Seek medical assistance if symptoms become unmanageable.

b. Manager and Supervisor Actions. Leaders will initiate investigations, alert safety and maintenance personnel, and carefully consider, in accordance with HHS policies, feasible accommodations for sensitive individuals.

10-7 Evaluation of IAQ Reports

Reports of IAQ concern will often be unique and difficult to pinpoint. It is when management, employees, maintenance, and the safety office work together that there is the best chance to identify and eliminate airborne hazards in the workplace.

a. Managers and Supervisors. Once an employee has initiated an IAQ report or investigation per Chapter 5-4, the manager or supervisor will facilitate the inspection of suspected work space, act promptly on all findings and recommendations, and work to ensure all employees are provided a workplace free of hazards.

b. Accommodation. If the cause of a problem cannot be found, the affected employee should work with their supervisor to determine potential accommodation scenarios.
c. Limitations of IAQ Investigations. Sampling methodologies and acceptable exposure limits have been established for many workplace contaminants. However, workers may continue to experience discomfort at contaminant levels within and even below the standards set for occupational exposure. Individual sensitivities vary and the ability to measure possible irritants at low concentrations may be limited by technology. Thus, irritants may be present at concentrations that are undetected but which may cause health effects in sensitive individuals.
d. Mold Sampling Values. Also, the sampling and measuring of indoor mold contamination is of limited value as mold is found in virtually all environments and because no consensus standards or regulatory standards have been established. Typically mold comparisons to outside air are given representative of the ability to feel comfortable inside a building (where mold populations are normally lower or equal to outside values) versus outside. On the other hand, mold growth inside a building in excess of outside values can indicate an issue addressable by the adjustment of mechanical HVAC systems, repair of building systems or structures, or the modification of employee behaviors such as the removal from the work space of live plants in soil and decomposing food products.

Chapter 11
Contracting Safety

11-1 Introduction
This chapter sets forth the Department of Health and Human Services policy for integrating safety into the contracting process. Safety and occupational health must be a critical consideration in the pre-solicitation phase of each contract awarded to determine safety and occupational health requirements. Safety will be an integral part of the design and construction of HHS facilities and in-services contracts. The capability of a contractor to define and achieve system safety requirements will be evaluated during the source selection process when required by the solicitation package.

11-2 Contract Requirements
a. Fixed-Price Construction Dismantling, Demolition, or Removal of Improvements Contracts.
(1) In accordance with FAR Part 36.513, the contracting officer will insert the clause at 52.236-13, Accident Prevention, in solicitations and contracts when a fixed-price construction contract or a fixed-price dismantling, demolition, or removal of improvements contract is contemplated and the contract amount is expected to exceed the simplified acquisition threshold ($150,000). The contracting officer may insert the clause in solicitations and contracts when a fixed-price construction or a fixed-price contract for dismantling, demolition, or removal of improvements is contemplated and the contract amount is expected to be at or below the simplified acquisition threshold ($150,000) (see 48 C.F.R. 37).
(2) *Duration and hazardous nature.* In accordance with FAR Part 36.513, if the contract will involve work of a long duration or hazardous nature, the contracting officer will use the FAR clause 52.236-13 with its Alternate I.

(a) Provisions and clauses. Provisions and clauses prescribed elsewhere in the FAR will be used in relevant solicitations and contracts when the conditions specified in the prescriptions for the provisions and clauses are applicable.
(b) Additional requirements and changes. Contractors will insert the complete FAR clause and any additional contract requirements, with appropriate changes in the designation of the parties, in all subcontracts.

b. Service Contracts.

(1) Additional contract requirements will be added when necessary to protect the contractor from adjacent work activities or processes and prevent contractor activities from presenting a hazard to the public or HHS personnel, property, or mission execution. Additional guidance for research and development services is in 48 C.F.R. Part 35; architect/engineering services is in 48 C.F.R. Part 36; information technology is in 48 C.F.R. Part 39; and transportation services is in 48 C.F.R. § 47.2.
(2) *Contemplation of services at government facilities.* In accordance with FAR Part 36.513(b), the contracting officer shall insert the clause or the clause with its Alternative I in solicitations and contracts when a contract for services to be performed at government facilities (see 48 C.F.R. Part 37) is contemplated, and technical representatives may advise that special precautions are appropriate.
(3) *Serious or imminent dangers.* In accordance with FAR Part 36.513(c), the contracting officer should inform the Occupational Safety and Health Administration (OSHA), or other cognizant federal, state, or local officials, of instances where the contractor has been notified to take immediate action to correct serious or imminent dangers.

11-3 Contractor Responsibilities

a. Responsibilities. The following responsibilities will be considered for inclusion in the contract:
(1) All contractors are responsible for complying with applicable OSHA standards, and other federal, state, and local safety and health requirements;
(2) A system to identify and correct unsafe conditions and acts related to their contract work;
(3) A system to report unsafe or hazardous conditions caused by elements out of their control (e.g., the public, adjacent process or work activity) to the contracting officer or authorized representative;
(4) A system to report all accidents, injuries, and illnesses occurring on the project to the contracting officer in accordance with the contract accident–reporting procedures; and
(5) A system to investigate accidents and provide reports.

b. Site-Specific Plan. A written site-specific plan for implementing OSHA standards, and other federal, state, and local safety and health requirements to the contracting officer for acceptance will be provided. The plan shall include:
(1) An activity hazard analysis of the significant hazards to life, limb, and property inherent in the specific contract work performance and a plan for controlling these hazards;
(2) Designation of the contractor quality control-qualified personnel primarily responsible for the safety and health at the project site; and
(3) A description of how the contractor's quality control safety duties will be performed on the project. At a minimum, these duties will consist of:

(a) A pre-work review of appropriate activity hazard analysis, to be reviewed with each worker;

(b) Regular safety training for the workforce;
(c) Frequent and regular checks for compliance with contract safety requirements by contractor and subcontractor workforce; and
(d) Daily records providing factual evidence of quality control activities for safety performance and state the following: items and areas checked; the findings, if any; and any instructions or corrective actions given or taken.

c. Prime Contractor Audits. Specific elements of an audit program by the prime contractor should include onsite inspection of subcontractors, method of determining accident rates, and traceability of hazards.

11-4 Contractor Safety Brief

a. Kick-off Meeting. Prior to beginning a contract, the contractor shall meet with representatives of the contracting office and agency safety officer to discuss and develop a mutual understanding about the administration of the overall safety program.

b. Meeting Attendees. The meeting must be attended by the contracting officer and/or contracting officer representative (COR), the contractor's authorized representative, and to the furthest extent practicable, should also include:

(1) Contractor project superintendents;
(2) Supervisors;
(3) Quality control;
(4) Safety;
(5) Subcontractors;
(6) Contracting officer's QA representatives/safety;
(7) Other personnel involved in contractor oversight or interaction; and
(8) Outside organizations that may interact with or be affected by the contractor's work, such as fire/emergency personnel, security, adjacent facility/process managers, and so forth.

11-5 Safety Compliance—OPDIV to Contractor Responsibilities

a. Contracting Officer Representative Responsibilities. The contracting officer representative is responsible, with input from the local safety officer, for evaluating and assuring contractor's compliance with the occupational safety and health requirements in the contract.

b. Contracting Officer Representative Actions. Whenever the contracting officer representative becomes aware of any noncompliance with these requirements or any condition that poses a serious or imminent danger to the health or safety of the public or government personnel, the contracting officer must:

(1) Notify the contractor verbally;
(2) Follow up with written confirmation; and
(3) Request immediate initiation of corrective action.
   (a) This notice, when delivered to the contractor or the contractor's representative at the worksite, shall be deemed sufficient notice of the noncompliance and that corrective action is required.
   (b) After receiving the notice, the contractor should immediately take corrective action. If the contractor fails or refuses to take prompt corrective action, the contracting officer may issue an order stopping all or part of the work until satisfactory corrective action has been taken. The contractor will not be entitled to any equitable adjustment of the contract price

or extension of the performance schedule on any stop-work order issued under this paragraph.

11-6 Consideration of Past History

a. Use of Demonstrated History. Safety as demonstrated during previous contracts should be used in the evaluation and selection of a contractor to build, design, construct, develop, field or operate a system, building or facility.

b. Contractor Use of Historical Evidence. The contractor in the proposal may also submit evidence of successful safety programs.

11-7 Evaluation of Safety Ability

Each bidder will be evaluated during the selection process to ensure compliance with the solicitation safety requirements.

Chapter 12
Office Safety/Telework or Home Office Safety/Recreation/Safety Program Promotion

12-1 Office Safety

Office safety is covered by 29 C.F.R. Part 1910 and applies to all HHS employees working in administrative buildings or office areas of multiuse buildings. Office safety programs should at least address the following areas:

a. Musculoskeletal Disorders (MSDs). MSDs affect the muscles, nerves and tendons. Work-related MSDs are one of the leading causes of lost workday injury and illness. Workers can be exposed to risk factors at work, such as lifting heavy items, bending, reaching overhead, pushing and pulling heavy loads, working in awkward body postures, and performing the same or similar tasks repetitively.

(1) Ergonomics, fitting a job to a person, helps lessen muscle fatigue, increases productivity, and reduces the number and severity of work-related MSDs.

(2) In the workplace, the number and severity of MSDs resulting from physical overexertion, as well as their associated costs, can be substantially reduced by applying ergonomic principles. Safety programs should employ the following elements in their ergonomic process:

(a) A strong commitment by management is critical to the success of an ergonomic process.

(b) Employee participation, where workers are directly involved in work site assessments, solution development, and implementation is essential for a successful ergonomic process.

(c) Training must be incorporated in the ergonomic process. It ensures that workers are aware of ergonomics and its benefits, become informed about ergonomics-related concerns in the workplace, and understand the importance of reporting early symptoms of MSDs.

(d) Identification and assessment of ergonomic problems in the workplace before they result in MSDs should be stressed. Established evaluation and corrective action procedures need to be in place to periodically assess the effectiveness of the ergonomic process and to ensure its continuous improvement and long-term success.

b. Office Electrical Safety. Office electrical safety refers to the use of electrical energy and devices within the work space. Electrical safety programs should at least address;

(1) Proper use of electrical equipment and knowledge of signs of malfunction or disrepair.

(2) A definition of prohibited devices and a process for exception when a device or appliance is required for medical reasonable accommodation.

(3) Electrical overloads, daisy chains, and the permanent or improper use of extension cords.

(4) It is strongly advised that wherever possible OPDIV safety programs discourage the use of "FOR HOME USE ONLY" electrical appliances in employee personal work spaces. It is further advised that OPDIV safety programs should consider whenever possible, establishing designed break areas with communal appliances to minimize the inherent risk associated with electrical appliances in office space.
(5) The use of space heaters as described in 41 C.F.R. § 102-74.190.
c. Proper Lifting and Back Safety. Office safety programs must address back safety and proper lifting techniques. In office settings where lifting of heavy, high, or awkward loads is routine, back safety and proper lifting should be emphasized. Key components should include:
(1) Proper technique;
(2) Use of lifting devices;
(3) Working as a team; and
(4) Stretching and staying in shape.
d. Fire Prevention. Fire prevention programs must comply with the standards as described in 29 C.F.R. 1910 and NFPA 101. Fire preventions programs will include Occupant Emergency Plans (OEP) as described in this manual at 19-4. OEPs will be inclusive of all HHS employees occupying the specific building. Fire prevention efforts will at a minimum address:
(1) Ignition sources (e.g., electrical, chemical, open flames);
(2) Prohibition on the use and storage of flammable and combustible liquids in office spaces;
(3) Maintaining proper clearance around fire suppression equipment, heat producing equipment, and electrical panels/equipment room;
(4) Custodial services and trash collection; and
(5) Proper storage of large quantities of paper and other combustible products.
e. Slip, Trip, and Fall Hazards. Slip, trip, and fall hazards can exist in every work environment and must be controlled or eliminated. Office slip, trip, and fall safety programs must address the:
(1) Proper use of extension cords;
(2) Recognition and elimination of tripping hazards in areas such as conference rooms;
(3) Custodial services with regards to wet floors;
(4) Management of entryways to buildings during precipitation; and
(5) Proper use of ladders, step ladder, and step stools.

12-2 Telework and Home Office Safety
As telework and other alternative work schedules become more common, safety guides and awareness regarding home safety become significantly more important for HHS employees and an essential part of the HHS safety program. Addressing telework safety must focus on accident prevention and general safety awareness.
a. Telework Risk Management. As in any work environment, risk management applies to home offices or other remote work spaces. HHS employees must be reminded that injuries and fatalities occurring off-site are detrimental to mission effectiveness; therefore, risk management will be used by employees when establishing their off-site work spaces.
b. Safety Guidance. Agencies will provide safety guidance to employees utilizing telework programs. Guidance will include basic office safety and, as practical, home safety topics. Agencies may choose any of several media types though which to deliver this information.

12-3 Safety Program Promotion

Promotional programs and procedures will be developed to increase awareness of the specific hazards associated with the change of seasons and celebration of holidays. These programs and procedures will emphasize the application of risk management in planning for parties, office decorations, and celebrations, especially addressing fire hazards, the use of alcohol and motor vehicles, and increased risk activities. Immediate supervisors should conduct safety briefings prior to all holidays to emphasize the need for risk management and hazard reduction.

12-4 Use of Headphones

The use of headphones or earphones while walking, jogging, skating (includes skateboards and hover boards), and bicycling, including pocket bike, motorcycle or moped on HHS installation roads and streets, is discouraged.

12-5 Installation Recreation Areas

To ensure employee safety at picnic areas, baseball, multi-recreational sport facilities, and similar facilities recreational activities will be conducted safely. As necessary, SOPs may be developed locally that include all rules pertaining to the recreational areas to include any training requirements, emergency reporting procedures, and any other pertinent information necessary to maintain a safe and healthful environment.

12-6 Public Activities on HHS Installations

Use of HHS installations for public activities introduces a new set of risks that must be identified and either controlled or eliminated.

a. Event Risk Planning. Risk management will be used to identify all hazards and risks associated with setting up the event, operation of the event, and cleanup following the event.

b. Emergencies. An emergency response plan will be developed to cover medical and other emergencies identified by the risk management process.

Chapter 13
Chemical Safety and Hazard Communication

13-1 Introduction

HHS is committed to providing a safe and healthful environment for the pursuit of research and public service. HHS is further committed to complying with federal, state, and local regulations relating to worker's health and safety and protection of the environment. It is the policy of HHS that all personnel who are potentially exposed to hazardous chemicals in their assigned jobs must be fully informed of both the hazardous properties of the chemical and the protective measures that are available to minimize exposures to these chemicals. This type of information will be made available to personnel by means of labels on chemical containers, SDSs, and training. Workers must be informed of any known hazards associated with chemicals to which they may be potentially exposed before their initial assignment and whenever the hazards in their work area change. The goal of the Department's OPDIV comprehensive hazard communication programs is to prevent or minimize employee exposure to hazardous chemicals and thus reduce the overall incidence of chemically related injuries and illnesses. The requirements in this chapter incorporate the OSHA standards as outlined in the Hazard Communication Standard (29

C.F.R. § 1910.1200) and the Occupational Exposures to Hazardous Chemicals in Laboratories (29 C.F.R. § 1910.1450), also known as the Lab Standard. Additionally, wherever possible, HHS OPDIV programs will incorporate the Globally Harmonized System of Classification and Labeling of Chemicals (GHS).

13-2 Policy

The hazard communication program will ensure compliance with federal, state, and local laws governing the use and storage of hazardous chemicals. It is designed to provide information and instruction to all HHS personnel and contractors on the hazards associated with the chemicals in their workplace so that they may make informed judgments regarding the precautions necessary to protect themselves.

13-3 Responsibilities

a. Safety Officer. The OPDIV safety officer provides consultation and administrative management for the hazard communication program. The OPDIV safety officer is responsible for:

(1) Monitoring federal regulations and updating the hazard communication program to reflect any changes;

(2) Providing a written hazard communication program;

(3) Providing basic training in hazard communication for the workforce;

(4) Assisting supervisors in preparing chemical inventory listings;

(5) Conducting internal audits for compliance with the OSHA Hazard Communication Standard; and

(6) Providing technical guidance and policy interpretation to personnel at all levels of responsibility on matters pertaining to the Hazard Communication Program.

b. Supervisors Housekeeping, Maintenance, and Animal Care. Supervisors of support personnel (e.g., housekeeping, animal care, and maintenance/engineering services) who have personnel working in areas where hazardous chemicals are stored, handled, or used are responsible for:

(1) Ensuring their employees complete the mandated training pertaining to safety in laboratories, animal care facilities, and chemical storage areas;

(2) Ensuring chemical products used in the conduct of support services in laboratories, animal care facilities, and chemical storage areas are approved for use by the organizations responsible for those areas; and

(3) Ensuring, whenever possible, chemical products used in the conduct of support services in administrative areas are low in volatile organic compounds, toxicity, and are fragrance free.

c. Supervisors of Chemical Handlers. Supervisors who have personnel working in areas where hazardous chemicals are stored, handled, or used are responsible for ensuring:

(1) Chemicals that pose a potential health or physical risk to personnel in their work area are identified;

(2) An inventory of all hazardous chemicals in the workplace is created and maintained;

(3) Proper labeling of all hazardous chemicals per OSHA regulations is accomplished;

(4) SDSs for all hazardous chemicals located in the work area are acquired and maintained;

(5) The development of an area specific hazard communication plan to address chemicals found in their workplace;

(6) Workers are informed of:

(a) Any operations in the work area where hazardous chemicals are present;

(b) The potential health and physical hazards associated with those chemicals; and
(c) The location and availability of the written hazard communication plan specific for their area, the chemical inventory, and SDSs.

(7) Workers under their supervision are provided guidance and training specific to their work;
(8) That workers minimize any potential exposure through the use of safe work practices or administrative controls to include minimizing time worked with the chemical, the purchase and use of necessary or assigned protective equipment, and the use of available engineering or facility design features (e.g., specialized ventilation devices such as hoods, and physical barriers);
(9) Medical consultation and/or surveillance is facilitated if overexposure to a hazardous chemical is suspected for any affected personnel;
(10) That personnel who require respirators during the use of chemicals are evaluated medically, fit-tested, and trained prior to the initial use of chemicals and annually thereafter; and
(11) Problems pertaining to the implementation of the Hazard Communication Policy are reported.

d. Hazardous Chemical Handlers. Each worker is responsible for:
(1) Performing his/her work in a safe manner;
(2) Complying with all applicable provisions of the Hazard Communication Program;
(3) Following all standard operating procedures or research protocols for their worksite;
(4) Reporting the existence of health and safety hazards associated with the use of chemicals to his/her supervisor, the Safety Officer, or by filing a Report of Unsafe or Unhealthful Working Condition (See Chapter 3-9);
(5) Immediately reporting chemical spills per local procedures;
(6) Knowing the location and safety features of the required PPE and other safety equipment (chemical fume hoods, eyewash, and safety shower) in the work area; and
(7) Attending appropriate safety training yearly.

e. Contracting Officers, Project Officers, and Construction Managers.
(1) Contracting officers, project officers, and construction managers are responsible for ensuring that all HHS contractors include a written hazard communication program in their site-specific comprehensive health and safety plan. The contracting officers, project officers, and construction managers should also review the contractor's training documentation, emergency response procedures, and SDSs for any hazardous materials involved in the project and for materials that the contractor will bring on site and/or store on site. If the contractor has workers who do not speak English, the appropriate hazard information must be provided in English as well as the workers' native language and must include SDSs, hazard labels, and hazard signs. In addition, any specific hazards that could arise from the project shall be identified and the applicable control measures that will be instituted to minimize exposures to the materials will be delineated.
(2) In rare instances where an activity included in the scope of the contract has a potential high risk of exposure to the OPDIV workforce, the contracting officers, project officers, and construction managers should ensure that these activities are scheduled outside normal work hours or performed during off-peak times.

Chapter 14
Motor Vehicle Accident Prevention

14-1 Introduction

This chapter establishes the requirements for traffic safety and loss prevention to reduce the risk of death or injury to HHS personnel from POV and GOV accidents. It also establishes the requirements for motor vehicle accident prevention on HHS installations and supplements public traffic safety laws. This chapter applies to all HHS personnel while operating a GOV on HHS facilities or while performing official duties, as described in the position description of the employee. This chapter also applies to: HHS personnel while operating their POV on HHS facilities, whether or not they are performing official HHS duties; all HHS personnel in a duty status; all personnel (including contractor personnel) in a GSA-owned motor vehicle; and all persons (including contractor personnel) at any time on an HHS installation.

14-2 Motor Vehicle Accident Prevention Policy

To facilitate accident prevention efforts, HHS personnel listed below will accomplish the listed tasks:

a. Supervisors. Supervisors authorize employees to use HHS/GSA-owned vehicles and are responsible for ensuring that the minimum requirements for such activities have been accomplished by:

(1) Enforcing standards established to ensure safe vehicle operations;

(2) Verifying that drivers meet minimum requirements for rest, duty hours, and that the alcohol restrictions are met;

(3) Discussing with the drivers alertness and the hazards associated with the use of prescription and non-prescription drugs and not assigning driving duties to drivers who verbally indicate the use of or appear to be affected by such substances;

(4) Assessing driver performance periodically and recognizing drivers with good driving records. Report unsafe driver conduct to the dispatcher and the OPDIV safety office;

(5) Incorporating risk management into all motor vehicle-related duties and responsibilities; and

(6) Reporting hazardous operating conditions to vehicle dispatcher.

b. Senior Occupant. The senior occupant is the senior ranking individual present in the vehicle while in operation and is responsible for the overall safety of the occupants. If the senior occupant cannot be ascertained, the driver shall be responsible for the enforcement of this policy. The senior occupant will:

(1) Ensure the requirements of this policy are met;

(2) Ensure the vehicle is operated in a safe manner and in accordance with applicable traffic safety laws;

(3) Ensure that the driver is licensed to operate the vehicle;

(4) Prevent drivers who are fatigued or who are physically, emotionally, or mentally impaired from operating a vehicle;

(5) Ensure that drivers know and understand regulations pertaining to headphone and listening devices, texting, and alcohol consumption. Further, ensure that drivers and all passengers know and understand that they are required to use occupant restraint devices at all times during vehicle operation;

(6) Ensure the authorized seating capacity of the vehicle is not exceeded;

(7) Assist the driver in identifying unsafe mechanical conditions of the vehicle;

(8) Report hazardous operating conditions of vehicles in accordance with organization maintenance SOPs; and
(9) Identify road and/or other driving hazards.
*c. **Operators.*** Motor vehicle operators will:
(2) Operate vehicles in a safe and prudent manner. This includes complying with local speed limits, vehicle speed limits, operating limits, municipal and state laws, GSA vehicle regulations and Status of Forces Agreements when engaged in official driving overseas;
(3) Comply with EO 13513 which states that federal employees shall not engage in text messaging when driving GOV, when driving POV while on official government business; or when using electronic equipment supplied by the government while driving;
(4) Report the use of prescription or nonprescription medication(s) that could reasonably impair their driving or alertness to their immediate supervisor;
(5) Report hazardous operating conditions of vehicles to the vehicle dispatcher;
(6) Report accidents immediately to the supervisor and to the vehicle dispatcher. If the driver or other vehicle occupant requires first aid treatment or other medical attention, seek aid first then report the accident;
(7) Ensure that cargo is properly loaded and secured prior to and during transport;
(8) Wear installed restraint systems and enforce the requirement for passengers to wear occupant restraint devices at all times per EO 13043. Personnel involved in emergency medical care are exempt from the restraint use requirement;
(9) Ensure that vehicles and their contents are properly secured when left unattended, to include setting the emergency brake as appropriate;
(10) Take the necessary precautions when the vehicle stops on or beside the traveled portion of the roadway; and
(11) Drivers will report to the supervisor and the vehicle dispatcher, any traffic violations received from traffic authorities, during the period of vehicle operation.

14-3 Motor Vehicle Safety Standards
*a. **Serviceability.*** HHS motor vehicles will be maintained in a safe and serviceable condition, in accordance with appropriate maintenance manuals, vehicle technical manuals, and this policy. Dispatchers should develop appropriate checklists for driver to use while performing serviceability checks.
*b. **Driver Checks.*** Before, during, and after vehicle operation, supervisors or their representatives will direct drivers to perform the appropriate safety checks.
*c. **Reporting Deficiencies.*** Operators are responsible for bringing any vehicle deficiency to the supervisor's attention.
*d. **Minimum Equipment.*** Operators will ensure that all required safety equipment is present, current, and functional, in accordance with the standards outlined in the appropriate vehicle operator's manual.

14-4 Safe Motor Vehicle Operations
*a. **Occupant Protection.***
(1) All personnel, to include family members, guests, and visitors, being transported in a vehicle will wear occupant protective devices at all times on an HHS property, campus or facility.
(2) Child safety seats should be used as appropriate when children needing such devices are transported on an HHS property, campus or facility. HHS campus or facility traffic safety

programs shall be consistent with state or local child safety seat laws. If there is no applicable local requirement, the installation's traffic safety program will specify age, weight, seating placement, or other criteria for child safety seat use.
(3) The vehicle operator is responsible for informing passengers of the occupant protective device requirement and the senior occupant is responsible for ensuring enforcement. If the senior occupant cannot be ascertained, the driver is responsible for ensuring enforcement.
b. Driver Fatigue Management. To reduce the potential for traffic accidents caused by operator fatigue, supervisors will consider the length of the duty day as a part of their risk assessment process.
c. Vehicle Operation Considering the Consumption of Alcohol. Vehicle operators will not operate a vehicle for eight hours after consuming intoxicating beverages, or longer if residual effects remain.
d. Vehicle Operation Considering Cell Phones. The driver's use of a cellular phone while the vehicle is in motion is only permissible through the use of a hands-free device and only where permissible by state or local law. Additionally, the use of a cellular phone is prohibited during fueling operations or when flammable vapors are present.
e. Carbon Monoxide Poisoning Precautions.
(1) Vehicle engines will not be operated in a maintenance facility longer than needed to move the vehicle in or out of the facility.
(2) If vehicles must be operated in a maintenance facility, an exhaust ventilation system that adequately exhausts vehicle engine gases, will be used.
(3) Sleeping in parked vehicles with the engine heater on is prohibited. Carbon monoxide poisoning may result from exhaust gases entering the vehicle.
f. Vehicles that Make Frequent Stops. Vehicles that make frequent stops (e.g., police, garbage detail, trail vehicles) will be equipped with fully operational rotating warning lights, either portable or permanently mounted, and visible for 360 degrees.
g. Specialty Vehicles.
(1) Supervisors of organizations that use specialty vehicles will establish the following:
(a) An SOP that includes at a minimum, the safe operations, limits of operational work areas, PPE, and vehicle safety equipment requirements; and
(b) A driver qualification and training program;
(2) Establish "operational work areas" to limit the travel of specialty vehicles that are routinely used on an HHS campus or facility;
(3) Manufacturer-installed safety equipment, maintained in working order;
(4) Recommended maximum load carrying capacity that will not be exceeded, personnel capacity, or maximum safe vehicle speed. Cargo items will be secured, as necessary to prevent tipping;
(5) Occupant protective devices, worn by operators and passengers of specialty vehicles, when installed by the manufacturer; and
(6) Adequate head protection, required for operators and passengers, operating or riding in specialty vehicles:
(a) For Segway HT, the minimum head protection standard is an approved bicycle helmet.
(b) For off-road vehicles, such as all-terrain vehicles (ATVs) and small water craft, operators will be governed by state and local law.

14-5 Driver Education

a. HHS Traffic Safety Training Program.

(1) The OPDIV traffic safety programs (e.g., fleet management), will require driver safety training for all personnel operating GOVs.

(2) Managers and supervisors will identify personnel who are expected to regularly operate their POV in the performance of government duties and ensure those drivers complete driver safety training.

(3) Training programs will be established at locations where GOV or POV use as described above is anticipated and the intention shall be to reinforce a positive attitude toward driving, individual responsibility, and the correct response to routine and emergency driving situations.

(4) Driver education will include a thorough understanding of EO 13513, EO 13043, and applicable state and local laws.

b. Training Frequency. The driver safety training will be repeated every two years.

c. Training may be designed locally or purchased commercially but must, at a minimum, meet the standards established by GSA in their online defensive driving course.

14-6 Privately Owned Vehicles (POV)

Employees operating POV on HHS campuses or facilities will obey all federal, state and locally posted traffic laws and ensure that their vehicle is in safe and proper working order at all times. Campus or facility managers may refuse entrance to any employee operating an unsafe or improperly maintained POV. Employees experiencing a mechanical breakdown of their POV must make arrangements to have their vehicle removed from HHS property as soon as practical. Employees may not, under any circumstances, abandon their POV on HHS campuses or facilities.

14-7 Motorcycle Safety

a. Licensing.

(1) Motorcycle operators on HHS campuses and facilities must be appropriately licensed to operate on public highways.

(2) Where state or local laws, applicable to the campus or facility, require special licenses to operate motorcycles, motorized bicycles (mopeds), or motor scooters, such license requirements, at a minimum, will be required for the operation of those vehicles on HHS installations.

(3) Mini bikes, pocket bikes, and similar vehicles that do not meet federal highway safety standards, will not be permitted to operate on campus or facility roads.

b. Motorcycle Vehicle Equipment.

(1) When operated on any HHS campus or facility, all motorcycles, mopeds, and motor scooters must have headlights turned on at all times, except where prohibited by local policy.

(2) Motorcycles and their riders will be equipped with the same minimum equipment required by the state and local laws applicable to the campus or facility.

14-8 Pedestrian and Bicycle Safety

a. Pedestrian Safety. Pedestrian safety will be an integral part of each campus and facility traffic safety program. The program will include:

(1) Separation of pedestrian and motor vehicle traffic to the maximum extent possible;

(2) Posting regulatory speed limit signs at all vehicle entrances to HHS campuses and facilities;

(3) Sidewalks, pedestrian crossings, handicap access ramps, and bicycle paths constructed in accordance with the Manual on Uniform Traffic Control;
(4) Special emphasis on the protection of children, especially when child care centers or schools are located on or near to the HHS campus or facility; and
(5) The wearing of portable headphones, earphones, or other listening devices while walking, jogging/running, bicycling, skating/skateboarding or other such devices on roadways or roadway intersections on HHS campuses and facilities is strongly discouraged.
b. Bicycle Safety. Bicycle safety shall be an integral part of each campus and facility traffic safety program.
(1) Employees required to ride a bicycle or Segway in the performance of their duties will wear an employer provided bicycle helmet approved by the Consumer Product Safety Commission (CPSC) on HHS installations. Employees and their guests using such devices for personal conveyance are encouraged to wear approved head protection at a minimum.
(2) The wearing of headphones, earphones, or other listening devices while bicycling on HHS campuses and facilities is strongly discouraged.
(3) When bicycling on roadways on HHS campuses and facilities during hours of darkness or reduced visibility, all bicycles will be equipped with operable head and taillights, and the bicyclist should wear appropriate reflective garments.
(4) Bicycles will be parked in designated bicycle parking areas only. Bicycles will not be brought into a building or facility except where the building contains designated bicycle parking, such as in a parking garage, and then only directly to or from such locations. Bicycles in designated bicycle parking areas may not obstruct egress from a building.

Chapter 15
Hazardous Material Transportation

15-1 Ammunition and Explosives
a. Transportation. Transportation of ammunition and explosives will be accomplished only in authorized vehicles.
b. Bulk Quantities. When bulk quantities of ammunition or explosives are transported, they must be secured against movement in any direction.
c. Vehicles. HHS vehicles transporting ammunition or explosives will be equipped with at least two fire extinguishers and meet all applicable Department of Transportation (DOT) regulations.

15-2 Biological Agents and Toxins Transport Requirement Excerpts for Continental United States Transport
a. Procedures and Standards. Agencies that work with biological agents and toxins will develop internal policies, SOPs and guides.
b. Regulations. The transportation of select biological agents and toxins will be kept to a minimum and will be in accordance with 42 C.F.R. Part 73, 49 C.F.R. Part 173, 9 C.F.R. Part 121, as well as applicable DOT regulations and guidance pertaining to shipping containers, supporting documentation, and DOT compliant hazardous material placarding of transportation vehicles.
c. Awaiting Transport. Select agents and toxins will be secured or in the direct control of properly trained and certified personnel while awaiting transportation per 7 C.F.R. Part 331, 9 C.F.R. Part 121, and 42 C.F.R. Part 73.

15-3 Biological Agents and Toxins Transport Requirement: International Transport
Transport outside the United States is subject to additional and/or different international regulations and host nation requirements, and may be forbidden without specific permits.

Chapter 16
Radiation Safety Management

16-1 Radiation Safety Management Programs.
HHS agencies or organizations with employees who work with radioactive materials (to include sealed radioactive sources) or in restricted radiation areas will develop the appropriate plans, procedures, policies, guides, and training programs in compliance with 10 C.F.R. Parts 19 and 20 and other regulations of the NRC and, where applicable, state or local regulations. Agencies with employees who work with radiation-producing machines will also develop radiation safety policies and procedures in compliance with regulations of the Occupational Safety and Health Administration under 29 C.F.R. § 1910.1096.

a. Minimum Radiation Safety Plan Elements. HHS agency radiation safety plans, procedures, policies and guides will:

(1) Assure compliance with the regulations established by the NRC and the requirements of the HHS agency license to procure, use, store, secure, and dispose of radioactive materials through monitoring and periodic formal and unannounced inspections;

(2) Develop and implement procedures for periodic radiological surveys of laboratories; monitoring of personnel; handling and disposing of radioactive wastes; ordering, receiving, and distribution of radioactive materials; use of sealed radioactive sources; and the security of radioactive materials (to include sealed radioactive sources).

(3) Develop, implement, and document periodic training of relevant procedures, policies, and methods for using radioactive material for all personnel involved in any facet of operations involving radioactive materials; and non-involved personnel who work in the radioactive material area.

(4) Incorporate a process to review and approve applications of new authorized users and new protocols from existing authorized users.

(5) Maintain records of procurement, area monitoring, personnel monitoring, meter calibrations, inventories, accidents and incidents, and any other documents required by the Radiation Safety program and NRC regulations;

(6) Approve and document requests to purchase radioactive materials after assuring that only authorized users or their approved alternates place orders and that the orders for radioactive materials do not exceed established possession limits under the HHS OPDIV's materials license;

(7) Respond with urgency to all emergencies involving radioactive materials and provide expert advice including monitoring for personal exposure and other assistance as required by the emergency response program;

(8) Provide liaison between OPDIV responsible offices on all matters relating to employee exposure to radiation, monitoring results, decommissioning facilities and personnel health; and

(9) Interact with the NRC on issues related to the HHS agency's materials license, license amendments, application renewals, inspections, and audits.

(10) Assure compliance with all "As Low As Is Reasonably Achievable" (ALARA) regulations as defined by 10 C.F.R. Part 20; and

(11) Develop and implement procedures for calibration, maintenance, surveys of radiation-emitting machines, monitoring and training of personnel, proper postings of radiation areas, and emergency response as required by 29 C.F.R. § 1910.1096.

b. Radiation Safety Committees. HHS agencies or organizations with employees who work with radioactive materials (to include sealed radioactive sources) or in restricted radiation areas may be required by NRC to establish a radiation safety committee with bylaws and oversight authority for such activities.

16-2 Training for Individuals Working in or Frequenting Restricted Areas:

The goal of HHS OPDIVs with radiation safety programs is to achieve strict compliance with all applicable regulations. As per 10 C.F.R. § 19.12, all individuals that work with radioactive material or work in a restricted radiation area must be provided radiation safety training if, in the course of employment, they are likely to receive in a year an occupational dose in excess of 100 mrem (1 mSv). This training requirement is enforced by the NRC. To meet the regulatory requirements for training radiation workers and other employees that work in a restricted radiation area, the OPDIV Radiation Safety Office (RSO) must provide a variety of radiation safety training opportunities during the calendar year. The level of required radiation safety training depends on the nature of the employee's work with or around radioactive materials.

16-3 Specialized Courses:

a. Non-Laboratorian Personnel. Ancillary, non-laboratorian persons who frequent restricted radiation areas, such as janitorial workers, secretarial staff, security guards, engineering service personnel, and shipping and receiving workers, must receive instruction provided by the RSO or deputy RSO in accordance with 10 C.F.R. Parts 19 and 20 and 29 C.F.R. § 1910.1096.

b. Training Responsibility. These courses are conducted by the RSO or deputy RSO as needed. They are tailored to the needs of these occupational groups and are designed to inform these non-laboratory personnel about radiation hazards, personal protective actions, appropriate precautions, and emergency response procedures.

Chapter 17
Personnel Mobilization

17-1 Intent

This chapter establishes the minimum safety requirements for deploying HHS personnel into any environment during contingency operations and hostilities. Today's deployments include challenges such as combining different groups of responders with varying degrees of modernization together with multinational forces and civilian agencies to achieve effective and efficient unified action. This places a great demand on deployed personnel and leaders. Therefore, risk management must be used to identify and control hazards.

17-2 Application of Risk Management

A deployed employee's job comes with a certain level of additional risk. In some cases operational conditions may impose significant risks to the deployed employee's life and health, thus, making equipment operation difficult. When applying risk management, use mission, mission barriers, terrain, weather, personnel, time available, and civil considerations to systematically identify hazards.

17-3 Standards

a. Enforcement. Safe operations come from enforcing standards during training and then applying them during actual operations. Therefore, HHS leaders will ensure that training is conducted to the standards and hold employees accountable to follow them during all operations.

b. Risk Management. A common deployment concern is that individuals abandon safety in an effort to establish "mission posture." Therefore, leaders are to ensure that the risk management process is incorporated in regulations, directives, SOPs, special orders, training plans, and operational plans to minimize accident risk. It is especially important that SOPs are developed for all operations entailing risk of death, injury, occupational illness or property loss.

c. Deployment Safety Network. Leaders will establish a climate from the outset that promotes safety, takes steps to keep personnel healthy, and maintains their morale. This will be accomplished by establishing a deployment safety network and designating safety personnel at all levels.

d. Employee Responsibilities. Employees will uphold and perform to standard in all operations. During deployment employees should maintain situational awareness and personal health/fitness, assist others in maintaining physical and emotional health, and report injuries and/or illnesses.

17-4 Operational Deployment Areas of Consideration

The actions that take place prior to deployment are crucial to a successful deployment. Safe deployment operations demand the commitment of leaders at every level to ensure that employees execute to the standards throughout the operation (e.g., strategies and procedures will be developed to address medical clearance, travel, and mission coordination upon arrival).

17-5 Health Issues

Proper education and pre-deployment medical screening will be coordinated by the deploying agency to prevent unnecessary loss or disqualification of employees during all phases of deployment.

a. Screening. Pre-deployment medical screening and appropriate pre-deployment prophylaxis (measures designed to preserve health) are vital and will be instituted prior to deployment.

b. Briefings. Medical and environmental health threat briefings will be provided to employees so that they are aware of and prepared for the risks in the theater of operations.

17-6 Post-deployment and Reintegration

Employees returning from deployments should be reintegrated into their non-deployment roles as co-workers and citizens so that they readjust to the new stressors and different demands of the office. Strategies and procedures may be developed with local Occupational Health Clinics and Employee Assistance Programs to:

a. Conduct a post-deployment health assessment;

b. Assess, treat, and document adverse or potentially adverse exposures, or negative health related behaviors, during mobilization and demobilization;

c. Make available health threat briefings to educate family members on health-related symptoms and myths, to include information on identifying potential signs and symptoms of distress and treatment options;

d. Provide briefing and education on changes in relationships, single parent issues, and child behaviors;

e. Provide training in suicide awareness and prevention, individual and family communication, and a medical threat briefing; and
f. Provide POV safety information that will be highly emphasized in the reintegration process after deployment.

Chapter 18
Mission Readiness

18-1 Safety Personnel Planning
Before contingency operations, all deployment teams' safety personnel and collateral duty safety personnel should:
a. Meet to review the mission, its safety implications, and coordinate responsibilities;
b. Ensure that means are established to meet periodically during the operation to share experiences and lessons learned; and
c. Ensure that a means of contacting each safety individual is in place.

18-2 Safety Training
All participants will be provided safety training in those areas needed for a safe and efficient execution of the operation. This training shall specifically address:
a. The PPE required;
b. General safety requirements;
c. Special safety requirements particular to the contingency operations;
d. Lessons learned from previous contingency operations; and
e. Procedures for reporting and responding to accidents.

18-3 Environmental Hazards
HHS Department policy is to conserve its mission's capability by controlling preventable disease and injury through occupational, environmental, and personal protection programs. All personnel are responsible for maintaining their own health and fitness. Preventable personnel losses from heat, cold, diseases or other environmental factors are important to address. While mission requirements will dictate personnel actions, leaders must evaluate the effects of environmental hazards on their ability to complete the mission. Assess all hazards using the risk management process and develop appropriate methods to minimize the risk of:
a. High altitude;
b. Disease vectors;
c. Contaminated food and water;
d. Poor air quality;
e. Heat;
f. Cold; and
g. Precipitation

18-4 After Action Reports
Document hazards encountered and controls used to control them, as well as how safety planning could have been improved to better serve the mission.

Chapter 19
Safe Management of Ammunition and Pyrotechnic Devices

19-1 Introduction
This chapter provides minimum explosives safety policy for HHS organizations with ammunition and/or explosives missions. The explosives safety standards prescribed here will be used together with local, state, and other federal regulations to define minimum standards for HHS facilities used to store ammunition or other explosive devices. Ammunition and explosives storage and handling must conform to local, state, and federal standards for explosives safety. A copy of all agreements will be made a permanent part of the real property records.

19-2 Applicability
This chapter applies to activities and organizations with missions involving ammunition and explosives during day to day operations, contingency operations, training, and exercises. Contracted facility security providers must comply with this manual in addition to local, state, and federal law. HHS safety officers should work with the COR to ensure vendor compliance.

19-3 Minimum Standards
The requirements of this chapter provide the minimum amount of safety. These minimum standards will not eliminate all possibility of severe damage or personnel injury. In some applications, very specific agency guidance and procedure will be developed and written.

19-4 Standards Compliance
Ammunition and explosives safety standards are designed to protect against serious injury, loss of life, and damage to property, but are not intended to be so rigid as to prevent an organization from accomplishing its assigned mission. When deviating from this chapter the proper authority must weigh the added risk to personnel and property against the strategic and other compelling reasons that necessitate such deviations.

19-5 Ammunition and Explosives Storage Site Safety Plans
a. Storage Facilities. All ammunition and explosive storage facilities will be operated in accordance with all local, state, and federal regulations.
b. Increased Level of Risk. Site plans are required when the use or remodeling of the facility increases the level of risk associated with the facility. Site plans are not required for remodeling or changes in use when associated risks are similar or lessened.

19-6 Explosives Safety Surveys and Consultation
Representatives of local fire departments or the other regulatory agencies will periodically visit HHS ammunition and explosive storage sites. HHS organizations in control of such facilities will cooperate with all such visits. Organization leaders will support and provide assistance to these teams. The information requested by visiting assistance teams will be provided to that extent where it does not compromise mission or operational security.
a. Assistance Visits. Assistance visits will provide site survey reports, with findings and recommendations, to organization safety offices and leaders. All deficiencies will be addressed promptly (not to exceed 120 days).

b. Sharing Lessons Learned. Findings that affect all HHS ammunition and explosive storage facilities will be reported to the Department Safety Office for department-wide dissemination.

Chapter 20
Aviation Safety Management

20-1 Introduction
This chapter establishes the safety component of HHS aviation training and operations and provides responsibilities, policies, and duties for the integration of safety and risk management into aviation activities directly or indirectly conducted by agencies within HHS.

20-2 Aviation Safety Policy
a. Safety Compliance. Leaders, supervisors, and safety directors at all levels will comply with the following policies regarding aviation safety. Safety will be a prime consideration in all mission training planning and operations, including contingency operations. HHS leaders with supervisory control over aviation operations will:
(1) Ensure that safety is a principal element in all aviation operations and that risk management is incorporated in each phase of the operations to identify hazardous conditions and correct shortcomings responsible for these conditions;
(2) Integrate mission, barriers, terrain and weather, personnel, time available, and civil considerations when applying risk management procedures to identify and control hazards;
(3) Ensure mission after action reports are conducted to assess the effectiveness of risk management and safe performance;
(4) Ensure compliance with Federal Aviation Administration, OSHA, National Fire Protection Association, and EPA safety standards and requirements. When conflict exists between the various standards, the more stringent will be applied;
(5) Develop and integrate safety goals, objectives, and values into appropriate training guidance based upon the identification of the most probable and severe types of accidents expected and the most likely reasons (hazards) for these accidents; and
(6) Ensure that all aviation assets have SOPs and safety programs.
b. Crew Responsibilities. Each aircrew member is ultimately responsible for ensuring his/her own safety and for expeditiously advising the aircraft commander that an unsafe practice is occurring or is about to occur.

20-3 Aviation Accident Prevention Surveys
Agencies involved with aviation assets will ensure those assets have conducted appropriate inspections prior to mission conduct.

20-4 Operational Hazard
Agencies involved with aviation operations will ensure that a method is in place for employees to notify appropriate officials of safety concerns or operational hazards, either directly or anonymously. An operational hazard is any condition, action, or set of circumstances that compromises the safety of the aircraft, associated personnel, airfields, or equipment. Operational hazards can include inadequacies, deficiencies, or unsafe practices. Any reported operational hazards shall be corrected at the lowest possible level and as expeditiously as possible.

20-5 Pre-accident or Pre-emergency Planning

a. Aviation Operations. Agencies involved in aviation operations will ensure that a pre-accident plan is developed, enacted, and maintained up to date.

b. Plan Proficiency. The agency's pre-accident or pre-emergency plan will be rehearsed, reviewed, and its adequacy documented. The degree of response by elements in the emergency plan for a rehearsal can vary; however, an exercise requiring all elements to respond physically must be conducted at least annually.

c. Response and Investigation. The agency's pre-accident or pre-emergency plan should include procedures for response to and the investigation of accidents where contractor maintenance supporting agency operations is involved in the accident and the government has assumed all, or some of the risk of loss, in the contract.

d. Cooperation. If an HHS aircraft accident occurs, all crew members and any other personnel who may have contributed to the accident will cooperate fully with officials to ascertain the cause or causes of the accident.

Chapter 21
Biological Safety

21-1 Introduction

HHS agencies conducting research, development, testing, evaluation, sampling, and analysis operations of biological material in permanent or temporary facilities for biological purposes will ensure;

a. Guidance. Utilization to the maximum extent the NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules and the Biosafety in Microbiological and Biomedical Laboratories.

b. Standards. Development of the appropriate policies, procedures, checklists, and guides to ensure the safe and secure conduct of such operations.

c. Employees. Workers at each OPDIV who may be affected shall defer to site-specific, laboratory biosafety manuals and/or exposure control plans for detailed control measures for work areas based on potential hazards.

21-2 Application of Risk Management

Leaders and managers are responsible for integrating biological risk management into all HHS biological processes and operations.

a. Occupational Safety and Health Staffs. Occupational safety and health staffs will provide expert advice for biorisk assessment, risk mitigation, training, tools, and other related assistance.

b. Risk Mitigation. The risks associated with biological activities will be assessed and documented and controls established (personnel training and qualification, procedures, containment equipment, and facility design) to contain biological material and to protect workers, support personnel, the environment, and laboratory products.

21-3 General

a. Handling. The transport, storage, handling, use, and disposal of biological material will occur in a manner that will not adversely affect the safety and health of employees, visitors, the surrounding community, or the environment. The overarching principle for safety in biological

activities is to minimize the potential exposure of personnel and the environment to biohazardous agents and any hazardous by-products. Activities involving biohazardous material will be conducted using the facilities, equipment, and procedures commensurate to the level of risk of the activity at the appropriate biological safety level (BSL).
b. Personnel. Employ the minimum number of appropriately qualified and trained personnel to engage in the activity, for the shortest period of time and with the minimum amount of material, consistent with program objectives and safe operations.

21-4 Biological Safety Programs
Each HHS agency conducting biological activities will include a biological safety section in their written occupational safety and health program prescribing the responsibilities and procedures for implementing this chapter. When another agency conducting biological activity is a tenant on a campus or facility, that organization shall coordinate their biological safety program with the land holding OPDIV managing the location.

21-5 Immunization Program
a. Protection for At-Risk Individuals. Immunizations will be made available to provide an additional level of protection to at-risk individuals involved in biological activities.
b. Prerequisite Vaccine or Declination. Immunization with a licensed vaccine or a statement of declination from the individual may be required as a prerequisite for working with certain biological material (e.g., HBV per 29 C.F.R. § 1910.1030).

21-6 Approval of Biological (Bioscience) Laboratory Facilities
a. Facility Safety Director. The facility safety director or his/her designee will review modifications to a biosciences laboratory facility. For new construction or modifications of Government biological laboratory facilities, engineering safety controls will be reviewed for compliance with industry standards and policy. The reviewer will provide comments to the director of the facility and the project engineer.
b. New Construction and Major Modifications. Design documents that detail biological laboratory facility safety engineering controls for new construction or major modifications of existing laboratory facilities used in biological activities will state the approved use of the facility, the proposed change in facility use, as appropriate, and will include a maximum credible event (Worst-Case Risk) and biorisk assessment for the proposed facility use.
c. Commissioning Surveys. Prior to initial use, high containment (BSL-3) and maximum containment (BSL-4) laboratories will be validated for safe operation through a commissioning survey by a qualified provider.
d. Historical Recordkeeping. Each site will retain "as-built" architectural drawings indefinitely for future reference.

21-7 Facility Pre-operational Surveys
a. BSL-2, BSL-3, and BSL-4. Before the start of operations at new and renovated containment facilities, a pre-operational survey will be completed and approved by the appropriate agency and location safety authorities.
b. Effectiveness of Control Measures. Qualified occupational safety and health professionals will conduct the pre-operational survey to evaluate implementation and effectiveness of the

facility's biosafety engineering control measures and compliance with applicable regulations and standards to include simulation and emergency response operations.

21–8 Biorisk assessment

a. Biorisk Assessment. A biorisk assessment will be completed when required and in accordance with this manual. The biorisk assessment will document:

(1) All proposed biological activities;

(2) All operations involving biological material; and

(3) Strategies to reduce risk to an acceptable level.

Changes in process or control measures that may increase potential contact with or concentrations of, biological materials will trigger a review of the assessment.

b. The Principal Investigator. The principal investigator or immediate supervisor (whoever has the best understanding of the activities and risks) is responsible for conducting the risk assessment. This must be done in close coordination with the safety officer and the biosafety committee to ensure compliance with established guidelines and regulations.

21-9 Biological Hazard Containment

a. ***Exposure Minimization.*** Containment equipment will be used, in conjunction with personnel qualification, training, safe work practices, and procedures to minimize the potential exposure of personnel and the environment to biohazardous material.

b. ***Containment Effectiveness.*** Containments will be implemented to the maximum extent feasible and verified as effective.

c. ***Determining Level of PPE.*** The level and type of PPE required for biological activities will be determined by a risk assessment per the requirements described in 29 C.F.R. § 1910.132.

d. ***Pre-operational Determination.*** Before beginning any operation involving biological hazards a determination will be made that the hazards associated with the operation are under control.

21-10 Training and Information

All personnel who work directly with or who otherwise have a potential for exposure to biohazardous material will receive training in accordance with the mission risk assessment and the site specific biosafety manual.

21-11 Inspections

a. Biological Activities. Government and contract biological activities will be inspected in accordance with this manual and local policy, SOPs and guides.

b. Third-Party Auditors for BSL-3 and BSL-4 Facilities. Consideration should be given to the use of third-party auditors in the accomplishment of inspections and audits.

21-12 Standard Operating Procedures

SOPs are required for every operation using biohazardous material in accordance with this manual and will be readily available at the work site.

21-13 Labeling and Posting of Areas Containing Biohazards
Each facility will maintain a central record of all laboratories where biohazardous work is conducted. Hazard warning signs displaying the universal biohazard symbol will be posted on all access doors to areas containing biohazardous materials. The hazard warning sign will identify a biohazardous material is present, and may identify the pathogen except in the case of select agents. Signs will be covered or removed if the organizational safety officer, biosafety officer, or laboratory supervisor verifies that the material has been removed and the area has been decontaminated.

21-14 Maintenance Controls
A continuing maintenance process will be implemented for equipment and facilities. The maintenance process at a minimum will address:
a. Critical Components. Identifying critical equipment and utility system components;
b. Component Operation. Inspecting, testing, certifying, and maintaining critical equipment and operating components of the utility system;
c. System Corrections. Investigating, reporting, and correcting equipment and the utility system's problems, failures, and user errors;
d. Training Review. Ensuring that maintenance personnel possess the necessary knowledge, skills, and qualifications to inspect, test, certify, and maintain critical equipment and utility systems; and
e. System Maintenance. Maintenance personnel must respond to equipment and utility system failures or disruptions as soon as possible.

21-15 Transportation of Biological Hazards
When transporting biohazardous materials, the material will be prepared for shipment, packaged, labeled, and shipped in accordance with applicable federal, state, and local laws and regulations, to include the following:
a. 7 C.F.R. Part 331;
b. 9 C.F.R. Parts 92, 94, 95, 96, 121, 122, and 130;
c. 15 C.F.R. Parts 730–774;
d. 29 C.F.R. § 1910.1030
e. 42 C.F.R. § 71.54;
f. 42 C.F.R. Part 73;
g. 49 C.F.R. Vol 2, Chapter I; and
h. International Air Transport Association Dangerous Goods Regulations.

21-16 Disposal Controls
Pathogens and potentially contaminated waste materials will be decontaminated by approved methods or transferred to a licensed vendor for decontamination and disposal.
a. Method of Disposal/Decontamination. The methods of decontamination of pathogens are typically autoclaving, chemical inactivation with appropriate disinfectants, or incineration. Other proven technologies may also be employee if approved for use by federal, state, and local regulations.
b. Validation. A validation procedure will be adopted and implemented at an appropriate recurring interval for each decontamination method.

c. Awaiting Decontamination. Biological materials awaiting decontamination will be contained at the appropriate BSL.
d. Environmental Standards. Disposal of infectious or hazardous wastes must not violate federal, state, local, or host nation environmental standards.

21-17 Biological Program Safety Studies and Reviews

Safety studies and reviews are conducted to assure that maximum occupational safety and health measures are implemented to prevent mishaps involving pathogens. OPDIVs and agencies should collaborate in special studies or review of biological material. The OPDIVs and agencies will determine the scope and conduct the study or review. Special study activities will be coordinated between OPDIVs and agencies with similar interest whenever possible and will include an analysis of conditions or practices that may affect safety or major system modifications, including both design and physical configuration changes.

21-18 Contracting

All contractors who are responsible for providing services that involve the handling of biological agents will specify the control procedures to be used to protect their staff in a health and safety manual, which will be reviewed by the OPDIV safety staff prior to the contractor commencing work.

Chapter 22
Chemical Agent and Toxin Safety Management

22-1 Introduction

This chapter prescribes safety policy and processes for the HHS chemical agent safety functions.
a. Applicability. This chapter applies to blister agents H, HD, HT, and L and to nerve agents GA, GB, GD, GF, and VX and other experimental chemical agents exhibiting toxicity similar to nerve and blister agents.
b. Compliance. This chapter also applies to toxins of biological origin, including those regulated as select agents. If select agent toxins are possessed in regulated amounts, compliance with 7 C.F.R. Part 331, 9 C.F.R. Part 121, and 42 C.F.R. Part 73 is required.
c. Chemical Agent Waste. Chemical agent waste associated with chemical agent facilities and operations will be managed, stored, and shipped in accordance with existing laws and regulations to a permitted treatment, storage, or disposal facility, whose permit allows the receipt of such wastes.
d. Chemical Hygiene Plans. Each installation or activity conducting research, development, testing and evaluation (RDT&E) solution operations must have a program document that describes how these operations will be conducted. The operation descriptions should be included in the installation or entity's Chemical Hygiene Plan (CHP). (See 29 C.F.R. § 1910.1450 for CHP specifics). The CHP should include the specific items listed in 20-4 for each operation. Additional work guidelines applicable to toxins of biological origin can be found in the 5th Edition of the Biosafety in Microbiological and Biomedical Laboratories (BMBL), Appendix I.

22-2 Application of Risk Management

Risk management processes will be incorporated into all operations involving chemical agents and/or toxins.

22-3 Chemical Agent/Toxin Function

As part of the HHS safety program, when required by an activity's mission, the chemical agent/toxin function will consist of management and control processes and will address the following key components:

a. Chemical agent air monitoring as applicable;
b. Chemical agent engineering controls and facility engineering design;
c. Occupational health;
d. Specialized PPE for chemical agent use;
e. Specialized training for chemical agent operations and support personnel;
f. Special procedures for chemical agent emergency response and preparedness;
g. Chemical agent recordkeeping;
h. Chemical agent transportation;
i. Chemical agent unique decontamination and/or deactivation procedures; and
j. Special techniques (requirements) for chemical agent storage.

Chapter 23
Health Care Organization Safety

23-1 Introduction

In addition to employee safety, health care safety programs must consider risk to patients and visitors. Occupants in the healthcare environment are at increased risk of pathogen exposure, musculoskeletal injuries from patient movement and handling, radiation exposure, and security risk issues (e.g., missing and disruptive patient).

23-2 Health Care Safety Program Management

In addition to safety program aspects covered in this policy, health care facilities may be subject to Centers for Medicare and Medicaid Services (CMS) Conditions of Participation if the organization is receiving reimbursement for care. If applicable, the health care organization may also be accredited by a body deemed credible by CMS. These accrediting bodies may require more stringent safety practices than those described in this policy.

23-3 Hospital Safety

a. Hospital Leadership. Hospital leadership, including the chief operating officer, patient care director, facility managers, and occupational health specialists work with emergency responders, risk managers, and clinical staff to manage various aspects of the safety program.

(1) The safety committee will be multidisciplinary with representation from the administration, medical staff, nursing staff, engineering and maintenance, supply, security, housekeeping, infection control, and radiation safety as well as other personnel deemed relevant.

(2) Safety officers must interact with infection control and employee health programs due to overlapping concerns such as control of infectious disease (including bloodborne pathogens), chemical selection and use, use of personal protective equipment, and respiratory protection programs. Safety officers should also interact with facility managers regarding management of utilities, ventilation, renovation and construction projects, and life safety. The safety officer or designee conducts periodic safety rounds and risk assessments to identify and remediate and to evaluate the effectiveness of safety policies and programs.

b. Written Safety Policies. The health care organization will have written safety policies describing at a minimum how the safety system will ensure the safety of patients and the accident reporting procedures for patients, visitors, and staff. Periodic review of written policies by various stakeholders every three years is recommended.
c. Bloodborne Pathogens. These organizations must meet all requirements of 29 C.F.R § 1910.1030 including the maintenance of an Exposure Control Plan, using safe sharp devices when possible, and keeping a Sharps Injury Log for occupational injuries involving contaminated sharps.

23-4 Emergency Management
Due to the fact that in an emergency health care personnel must address the needs of potentially incapacitated patients, healthcare organizations must have written policies and procedures that address patient and visitor safety in the event of an emergency. Personnel should be trained to "defend in place" with horizontal or vertical movement as needed, unless the authority having jurisdiction determines the building is unsafe for occupation. Written clinical interventions should address how to ensure patient safety in the event of specific emergencies including utility and equipment failures, fire, and exposures to hazardous substances. Clinical interventions complement response procedures for maintenance, police, etc., completing a team effort to maintain patient safety.

Chapter 24
Facility Reuse and Closure

24-1 Introduction
Due to changing missions and relocations, it is often necessary to close a facility or a portion of a campus, or reuse a portion of an installation to support new and different missions.
a. Requirements. This chapter describes the tasks an OPDIV must accomplish during the facility reuse or closure process. OPDIVs will document, identify, evaluate, and, where appropriate, remediate contamination resulting from past HHS activities;
b. Minimum Standards. OPDIVs will:
(1) Ensure an immediate response to the discoveries of hazardous material from past HHS activities;
(2) Comply with statutes, regulations, executive orders, and other legal requirements governing personnel and public safety;
(3) Transition no longer needed installations quickly, cost-effectively and efficiently, supporting community reinvestment initiatives; and
(4) Provide protection for workers, the public, and the environment during hazardous material response activities in accordance with safety and environmental laws and regulations.

24-2 Policy
a. Preparing for Closure or Reuse of Land.
(1) When closing portions of a campus or reusing land, the prior use of the land must be considered to ensure that its use does not endanger future operations, personnel, or the public.
(2) When the Department decides to close a facility, a decommissioning program will be conducted. HHS will not abandon a facility without developing a comprehensive program and documenting the program in a decommissioning plan that identifies any hazardous sites or waste,

including chemical, radiological, and biological that may be present. Facility history and the past mission of the facility will serve as guides during the development of the decommissioning program plan.

b. Recordkeeping of Risks.

(1) During operations a process will be established to maintain the records of the location and information, such as SDSs, hazard classifications, and quantity, on all used and stored HAZMAT.

(2) When facilities or areas undergo remediation, complete records of the actions involving cleanup of HAZMAT will be added to the record files.

(3) For each facility closing, all risks associated with the mitigation of identified hazards will be recorded and tracked until mitigated. Any hazards discovered that were not included on the original decommissioning plan, will be recorded and included in the tracking report. The decommissioning plan will be updated as required.

24-3 Closure Requirements

a. Testing for Radiological Contamination. For sites where there is a possibility that radiological contamination may exist, the licensee will conduct testing to confirm the presence (or absence) of such contamination. The results of these tests will be included in the decommissioning program plan. Each hazard will be included in the risk assessment report and tracked until resolved.

b. Environmental Protection Agency Sampling. Sampling in accordance with the EPA standards will be conducted when suspected contamination exists for hazards normally associated with environmental pollution. The results of this sampling will be documented in the decommissioning program plan. The results of this sampling and risk analysis testing will be documented in the appropriate remedial documents. Identified risk will be recorded in the risk assessment report and tracked until mitigated.

24-4 Recovered Chemical Warfare Material

a. Discovered Material. Suspect chemical warfare material may be discovered during restoration and remediation activities at active campuses.

b. Industrial Chemicals. Recovered substances not meeting the definition of RCWM will be considered and treated as industrial chemicals and/or hazardous waste, not RCWM. Standards for recovery and disposition of such substances shall be in accordance with 29 C.F.R. § 1910.120, 40 C.F.R. Parts 260 through 279, and/or 300, and, where applicable, equivalent state regulations.

c. Mitigation of Safety Hazards. The objectives of RCWM response activities are the safe, timely, and effective mitigation of public and environmental health and safety hazards posed by the material, in compliance with statutory and regulatory requirements and in coordination with federal, state, and local authorities.

d. Reporting. The unplanned discovery of actual or suspected chemical warfare material will be reported by the OPDIV safety office per Chapter 3 of this manual and as required per Federal, state, and local regulations, policies, and statutes.

e. Site Custodian. The site custodian will report the recovery of actual chemical warfare material to the National Inventory Control Point for reporting under applicable treaties.

24-5 Contaminated Structures

Before unrestricted release, HHS structures in which operations or research activities involving chemical agents, toxic industrial chemicals, biological agents, and/or radioisotopes were conducted will sample, assess, mitigate, clear, and archive actions taken to correct hazardous conditions.

Appendix A
References
Section I
Publications and Resources

Code of Federal Regulations (C.F.R.)
Available from http://www.gpoaccess.gov/C.F.R./index.html.
7 C.F.R. Part 331
Agriculture
9 C.F.R. Parts 92, 94, 95, 96, 121, 122, and 130
Animals and Animal Products
10 C.F.R. Parts 19 and 20
Energy
15 C.F.R. Parts 730–744
Commerce and Foreign Trade
29 C.F.R. Part 1910
General Industry Regulations
29 CFR Part 1960
Basic Program Elements for Federal Employees OSHA
40 C.F.R. Parts 260–279, 300, 302, and 305
Protection of the Environment
41 C.F.R. Part 102
Facilities Management Regulation
42 C.F.R. Parts 71 and 73
Public Health
48 C.F.R. Parts 37–37, 39, and 47
Federal Acquisition Regulations System
49 C.F.R. Parts 170–179
Transportation
ANSI (American National Standards Institute) Safety Code N13.30
Performance Criteria for Radio Bioassay (May be purchased online http://www.ansi.org.)
ANSI (American National Standards Institute) Safety Code Z136.1
Standard for Safe Use of Lasers
ANSI (American National Standards Institute) Safety Code Z87.1
Practice for Occupational and Educational Eye and Face Protection
Biosafety in Microbiological and Biomedical Laboratories 5th Ed
Center for Medicare and Medicaid Services (CMS) – www.cms.gov
Center for Disease Control and Prevention (CDC) – www.cdc.gov
Compliance with Alternate Exit-Route Codes § 1910.35
NFPA 101–2000, Title: Occupational Safety and Health Standards (Available from http://nfpa.org/.)
DOT 218
Federal Motor Vehicle Safety Standard (FMVSS)
Domestic Mail Manual
(Available at http://www.usps.com/welcome.htm.)
EO (Executive Order) 12196

Federal Civilian Personnel (Occupational Safety and Health Programs for Federal Employees) (Available from http://www.archives.gov/.)

EO (Executive Order) 13043
Increasing Seat Belt Use in the United States

EO (Executive Order) 13513
Federal Leadership on Reducing Text Messaging While Driving

FAR (Federal Acquisition Regulation) 52.236–13
Accident Prevention (Available from http://www.arnet.gov/far/.)

FECA (Federal Employees Compensation Act)
(Available at U.S. Department of Labor, Worker's Compensation http://www.dol.gov/esa/.)

HSPG (Highway Safety Program Guidelines) Number 1, 4, 8, 20
(Available at http://www.nhtsa.dot.gov)

IATA (International Air Transport Association)
Dangerous Goods Regulations, Restricted Articles Tariff 6–D, 47th Edition. (Available at http://www.iata.org/index.htm.)

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
(Available at http://www.jcaho.org/.)

NFPA 101
Life Safety Code (National Fire Protection Code) (Available at http://www.nfpa.org.)

NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules

NIMS (National Incident Management System)
(Available at http://www.fema.gov/.)

NIOSH (National Institute for Occupational Safety and Health)
(Available at http://www.cdc.gov/niosh/homepage.html)

NRP (National Response Plan)
(Available at http://www.dhs.gov/xprepresp/publications/)

OSH Act (Occupational Safety and Health Act of 1970) website
(Available at http://www.osha.gov/)

PL (Public Law) 91–596
Occupational Safety and Health Act of 1970, Amended November 5, 1990 (Available at http://www.labtrain.noaa.gov/.)

PL (Public Law) 106–390)
Robert T. Stafford Disaster Relief and Emergency Assistance Act, October 30, 2000

Section II
Forms

SFs and OFs are available on the GSA website (http://www.gsa.gov). OSHA forms are available on the OSHA website (http://www.osha.gov).

OF Form 346
U.S. Government Motor Vehicle Operator's Identification Card
SF Form 50–B
Notification of Personnel Action
SF Form 91
Motor Vehicle Accident Report (Cited in para 3–8*b*(4)(d).)
SF Form 368
Product Quality Deficiency Report
OSHA Form 300
Log of Work-Related Injuries and Illnesses
OSHA Form 300A
Summary of Work-Related Injuries and Illnesses

Appendix B
Determining If a Radiation Safety Function Is Required

B-1. Requirements
If any of the conditions in B-2, below, pertain to an agency activity or tenant activities, the campus or facility safety office is required to execute the requirements of a radiation safety function, which includes designating, in writing, a RSO who will establish, maintain, and manage a written radiation program in accordance with this manual, federal and state regulations.

B-2. Conditions requiring a radiation safety element
A radiation safety function is required if the agency or tenant activity has:

a. A Nuclear Regulatory Commission license, reactor permit, an applicable technical publication that requires the function;

b. Any personnel on the campus or facility who are required to wear a dosimeter except for personnel operating small, security type x-ray (for example, airport x-ray security machines, mail screening systems);

c. Any personnel on the campus or facility who are required to participate in a bioassay program;

d. A class IIIb or class IV laser system (section 1.3, ANSI Safety Code Z136.1) that is not type classified. (In this case, the title of the person so designated is "laser safety officer.");

e. A deployable unit containing radioactive sealed sources or radiation emitting equipment that requires the implementation of a radiation safety program (for example, leak testing, radiation postings, shipping certification).

f. Any x-ray systems meeting the conditions of ANSI or National Council on Radiation Protection and Measurements standards; and

g. A non-HHS agency using, storing, or possessing ionizing radiation sources on an HHS installation requires the issuance of a radiation license.

Appendix C
Programmatic Audit Checklist

C-1. Function
The function covered by this checklist is the HHS safety program.

C-2. Purpose
The purpose of this checklist is to assist leaders in evaluating the key management controls outlined below. It is not intended to cover all controls.

C-3. Instruction
Answers must be based on the actual testing of key management controls (e.g., document analysis, direct observation, sampling, simulation). Answers that indicate deficiencies must be explained and corrective action indicated in supporting documentation. These key management controls must be formally evaluated at least once every five years. Certification that this evaluation has been conducted must be accomplished in writing.

C-4. Test Questions
Questions for key management controls are as follows:

a. Has each responsible organization established policies and procedures to execute their responsibilities and are they in compliance with their own policies and procedures?

b. Have rating elements measuring application and use of risk management and occupational safety and health responsibilities been included in all managers and supervisors Performance Management Appraisal Program?

c. Has a written safety program, providing policy and procedures, been developed which incorporates the various elements based upon the organization's mission?

d. Has an occupational safety and health manager been designated, in writing, to exercise staff supervision over the occupational safety and health program?

e. Does the designated occupational safety and health manager have direct access to the designated agency safety and health official (DASHO)?

f. Are the various occupational safety and health safety councils, boards and committees meeting as required?

g. Have strategic goals, objectives, and planning been executed and a business plan developed to implement them?

h. Have formal agreements been developed with tenant organizations, as necessary?

i. Have agency and agency subunit integrating agents developed and implemented plans and programs to integrate risk management into their functional area of responsibility?

j. Have both quantitative and qualitative metrics been developed and are they being used to measure their safety program's effectiveness?

k. Do agency safety and health managers meet OPM standards for the position of occupational safety and health manager?

l. Has the agency requested, obtained, and designated sufficient funds and other resources to carry out all responsibilities designated in this policy?

m. Are safety offices conducting and documenting annual programmatic reviews of their safety program execution using their performance indicators and matrices?

n. Is each level of the agency reviewing each of their subordinate organizations' safety program execution using their performance indicators and matrices at least every three years?

o. Are procedures in place and in operation to determine if facilities and equipment meet or exceed safety and health standards established in pertinent host government, federal, state, and local statutes?
p. Are deficiencies abated?
q. Are practices and procedures that minimize accident risk incorporated into regulations, directives, SOPs, special orders, training plans, and operations plans developed for all operations?
r. Are managers, supervisors, and occupational safety and health staff provided specialized training to enable them to properly execute their occupational safety and health leadership and staff responsibilities?
s. Are there specific plans to ensure continuity of occupational safety and health and the risk management process during COOP or mobilization?
t. Is there a program or policy for reporting unsafe or unhealthful conditions?
u. Are standard occupational safety and health inspections performed to evaluate the status of the occupational safety and health program and risk management integration?
v. Are accidents being reported as required and correctly?

C-5. Comments

Help make this a better checklist for evaluating management controls. Submit comments to the HHS Chief of Occupational Safety and Health, safety.health@hhs.gov, 200 Independence Ave., SW, Room 318E.44, Washington, DC 20201, 202-619-2018.

Appendix D
Abbreviations

ANSI
American National Standards Institute
BMBL
Biosafety in Microbiological and Biomedical Laboratories
BSL
Biosafety level
BSO
Biological Safety Officer
C.F.R.
Code of Federal Regulations
CPSC
Consumer Product Safety Commission
EPA
Environmental Protection Agency
FAR
Federal Acquisition Regulation
FOIA
Freedom of Information Act
GHS
Globally Harmonized System of Classification and Labeling of Chemicals
GS
General Schedule
HAZMAT
Hazardous material
HHS
U.S. Department of Health and Human Services
HN
Host nation
HSPG
Highway Safety Program Guidelines
JCAHO
Joint Commission on Accreditation of Healthcare Organizations
mg
Milligram
mL
Milliliter
MSF
Motorcycle Safety Foundation
MTF
Medical treatment facility
NORM
Naturally occurring/accelerator produced radioactive material
OCONUS

Outside the continental United States
OPM
Office of Personnel Management
OSH
Occupational Safety and Health
OSHA
Occupational Safety and Health Administration
OSH Act
Occupational Safety and Health Act (of 1970)
PL
Public Law
POV
Privately owned vehicle
PPE
Personal protective equipment
QA
Quality assurance
RCWM
Recovered chemical warfare material
RSC
Radiation Safety Committee
RSO
Radiation safety officer
SDS
Safety Data Sheet
SF
Standard Form
SOFA
Status of forces agreement
SOP
Standing operating procedure
SSMP
System safety management plan
SSPP
System safety program plan
SSRA
System safety risk assessment
VOC
Volatile organic compounds

Appendix E
Terms

Accident
Any unplanned event or series of events that result in death, injury, or illness to personnel, or damage to or loss of equipment or property. (Within the context of this policy manual, accident is synonymous with mishap.)

Ammunition and explosives
Includes (but is not limited to) all items of ammunition; high and low explosives; devices; pyrotechnics; chemical agents; and components and substances associated therewith, presenting real or potential hazards to life and property.

Annual basis or annually
Annual basis or annually should be from the month of the current year to the same month of the following year. However, the time will not exceed 13 months.

ANSI Z10
Is a voluntary consensus standard developed and followed in the United States. It has a primary focus on helping organizations minimize their risk of occupational injuries, illnesses and fatalities. Key characteristics that define Z10 include focus on management leadership roles, effective employee participation, design review and change. It provides a tool to help organizations establish and improve occupational health and safety performance.

Audit
A process of collecting information about an organization's occupational safety and health management system and making judgments about its adequacy and performance, identifying both the strengths and weaknesses of the safety and health program as implemented by the organization. To ensure that all necessary safety and health program elements are operating and that procedures are in place for thorough implementation. The aims of auditing should be to establish that: appropriate management arrangements are in place; an adequate risk management control system exists which both reflect the hazard profile of the organization and is properly implemented; and appropriate workplace precautions are in place.

Barrier
A permanent or temporary impediment to foot and or vehicular traffic that personnel are prohibited to pass without approval. A barrier may be sentinel, wire fencing, gate, sign, or other access-limiting device. A barrier can also be a mission obstacle based upon issues not within the control of HHS or partner elements.

Biological material
A viable microorganism or its toxin that causes or may cause human disease, and includes those agents listed in 42 C.F.R. § 72.3 of the HHS regulations and any material of biologic algorithm that poses a degree of hazard similar to those organisms.

Biological mishap
An event in which the failure of laboratory facilities, equipment, or procedures appropriate to the level of potential pathogenicity or toxicity of a given etiologic agent (organism or toxin) may allow the unintentional, potential exposure of humans or the laboratory environment to that agent. Mishaps can be categorized into those resulting in confirmed exposures and those resulting in potential exposures.

Biorisk assessment
"Biorisk" is the combination of the probability of the occurrence of harm and the severity of that harm where the source of harm is a biological agent or toxin (adapted from ISO/IEC Guide 51:1999). "Biorisk assessment" is the identification and mitigation of risks posed by working with hazardous biological agents in laboratories; it includes a range of practices and procedures to ensure the biosecurity, biosafety, and biocontainment of high-consequence pathogens.
Biosafety levels (BSL)
A combination of facilities, equipment, and procedures used in handling etiologic agents to protect the worker, environment, and the community as defined in the CDC/NIH Biosafety in Microbiological and Biomedical Laboratories (BMBL). This combination is proportional to the potential hazard of the etiologic agent in question.
Biosafety level 1 (BSL-1)
The facilities, equipment, and procedures suitable for work involving agents of no known or of minimal potential hazard to laboratory personnel and the environment as defined in the CDC/NIH Biosafety in Microbiological and Biomedical Laboratories (BMBL).
Biosafety level 2 (BSL-2)
The facilities, equipment, and procedures applicable to clinical, diagnostic, or teaching laboratories, suitable for work involving indigenous agents of moderate potential hazard to personnel and the environment as defined in the CDC/NIH Biosafety in Microbiological and Biomedical Laboratories (BMBL). It differs from BSL-1 in that—
a. The laboratory personnel have specific training in handling pathogenic agents.
b. The laboratory is directed by scientists with experience in the handling of specific agents.
c. Access to the laboratory is limited when work is being conducted.
d. Certain procedures in which infectious aerosols could be created are conducted in biological safety cabinets or other physical containment equipment.
e. Personnel must be trained.
f. Strict adherence to recommended practices is as important in attaining the maximum containment capability, as is the mechanical performance of the equipment itself.
Biosafety level 3 (BSL-3)
The facilities, equipment, and procedures applicable to clinical, diagnostic, research, production facilities in which work is performed with indigenous or exotic agents where there is potential for infection by aerosol and the disease may have serious or lethal consequences as defined in the CDC/NIH Biosafety in Microbiological and Biomedical Laboratories (BMBL). It differs from BSL-2 in that— More extensive training in handing pathogenic and potentially lethal agents is necessary for laboratory personnel. All procedures involving the manipulation of infectious material are conducted within biological safety cabinets or by other physical containment devices. The laboratory has special engineering and design features, including access zones, sealed penetrations, and directional airflow.
BSL-3Ag
As defined in USDA ARS Facilities Design Standards manual 242.1, section 9.4.4 for work with certain biological agents in large animal species.
Biosafety level 4 (BSL–4)
The facilities, equipment, and procedures required for work with dangerous and exotic agents that pose a high individual risk of life-threatening disease as defined in the CDC/NIH Biosafety in Microbiological and Biomedical Laboratories (BMBL). It differs from BSL–3 in that—

a. Members of the laboratory staff have specific and thorough training in handling extremely hazardous infectious agents.
b. Laboratory personnel understand the primary and secondary containment functions of the standard and special practices, containment equipment, and laboratory design characteristics.
c. Access to the laboratory is strictly controlled by the director.
d. The facility is either in a separate building or in a controlled area within a building, which is completely isolated from all other areas of the building.
e. A site-specific facility operations manual is prepared or adopted.
f. Within work areas of the facility, all activities are confined to Class III biological safety cabinets or Class I or Class II biological safety cabinets used together with one-piece positive pressure personnel suits ventilated by a life support system.
g. The maximum containment laboratory has special engineering and design features to prevent microorganisms from being disseminated to the environment.

Bioscience
Any of the branches of natural science dealing with living things, such as their structure, behavior, organization, life processes, as well as their interactions with each other and with the natural environment.

Blister agent
A chemical agent that injures the eyes, lungs, and burns or blisters the skin.

Business plan
A comprehensive document that clearly describes how the safety office intends to obtain their strategic goals and objectives. It describes how they will execute their programs and processes, manage funding and manpower, and interface with other organizations to achieve those goals.

Chemical agent operation
Any operation that involves chemical agents, including storage, shipping, handling, manufacturing, maintenance, test chamber activities, laboratory activities, surveillance, demilitarization, decontamination, disposal, and training.

Chemical event
The term chemical event encompasses all chemical accidents, incidents, and politically/public sensitive occurrences. Specifically, this applies to—
a. A confirmed chemical agent release is any detection of agent outside the storage container into the atmosphere outside of a closed containment system that is confirmed by corroborating positive detections. Closed containment systems include secondary containment or over pack containers that are capable of preventing the escape of chemical agent in concentrations exceeding the acceptable exposure limit. Reporting will begin based on the time of release confirmation and must not wait until location and isolation of the leaking container is accomplished.
b. Discovery of an actual or suspected chemical agent container that may require emergency transportation and/or disposal. Discovery as part of planned real property remediation will not be reported as a chemical event unless emergency transportation or disposal is required, but it will be reported in accordance with remediation plans.
c. Confirmed detection of agent above short-term exposure limit occurring for any period outside the primary engineering control. This includes agent operations conducted in a closed system that is contained in a facility equipped with secondary engineering controls to protect unprotected workers or the ambient environment (e.g., cascade ventilation/air filtrations).

d. Actual exposure of personnel to agent above the short-term exposure limit, which is confirmed by clinical evaluation or initial laboratory evaluation or documented by sampling techniques. This includes any case where there is a reasonable belief that an exposure has occurred to any individual above these limits. Special attention needs to be given to workers reporting that they believe they were exposed to agent or the failure of personnel protective equipment.
e. Any terrorist or criminal act directed toward chemical agent storage, laboratory, or demilitarization facility or any deliberate release of chemical agent. This includes employment of an improvised chemical device intended to disperse chemical agent, regardless of whether the device has functioned.
f. Loss of chemical agent (other than deliberate destruction by approved, authorized laboratory and demilitarization processes).
g. Any malfunction or other significant activity that could reasonably be expected to cause concern within the local community or the press, or that, in the judgment of the facility or installation management or leadership, could cause embarrassment to the Department.

Chemical agents
An agent that through its chemical properties, produces lethal or other damaging effects to human beings, except that such term does not include riot control agents, chemical herbicides, smoke and other obscuration materials.

Competent authority
An individual designated in command, responsible for the direction, coordination and control of an organization. The leader alone is responsible for everything the unit does or fails to do. The leader cannot delegate their responsibility or any part of it although they may delegate portions of their authority to competent individuals. An individual designated by the leader to address areas of primary interest within that individual's technical expertise.

Concentration
The amount of a chemical agent present in a unit volume of air. Usually expressed in milligrams per cubic meter (mg/m3).

Confirmed exposure
Any mishap with a biological program agent in which there was direct evidence of an actual exposure such as a measurable rise in antibody titer to the agent or a confirmed diagnosis of intoxication or disease.

Conservation
The protection, improvement, and use of natural resources according to principles that will provide optimum public benefit and support of military operations.

Contracting agency
The organization that has primary responsibility for monitoring, administering, and ensuring compliance with the contract, especially pertaining to the chemical agent program.

Counseling/advisory
Activities associated with nonsupervisory advice/assistance provided by subject matter specialists on specific topics, for example, alcohol/drug abuse, mental health, community services.

Contracting officer
A person with the authority to enter into, administer, and or terminate contracts and make related determination and findings.

Contracting officer's representative (COR)
An individual designated and authorized in writing by the contracting officer to perform specific technical or administrative functions

Contractor accident
An accident that occurs as a result of a Government contractor's operations in which there is damage to U.S. Government or HHS property or equipment, injury or occupational illness to HHS personnel, or other reportable event.

Contractor (HHS)
A non–Federal employer engaged in performance of a HHS contract, whether as prime contractor or subcontractor.

Decontamination
The physical or chemical processes by which an object or area, contaminated with a harmful or potentially harmful substance (for example, chemical agent, explosives, etiologic agent, hazardous chemical, and so forth) is made safe for handling or use. Such processes include physical removal of all contaminants, thermal destruction of sterilization, chemical inactivation or a combination of these methods.

Detection
The determination of the presence of a chemical agent.

Emergency
An event for which an individual perceives that a response is essential to prevent or reduce injury or property damage.

Engineering controls
Regulation of facility operations using prudent engineering principles, such as facility design, operation sequencing, equipment selection, and process limitations.

Environmental factors
Environmental conditions, which had, or could, have had an adverse effect on the individual's actions or the performance of equipment.

Establishment
A single physical location where business is conducted or where services or operations are performed. Where distinctly separate activities are performed at a single physical location, each activity shall be treated as a separate establishment. Typically, an establishment refers to a field activity, regional office, area office, campus, or facility. For Federal agency OSHA recordkeeping, major organizational units with distinct lines of authority are considered separate establishments. Agencies, bureaus or components are considered major organizational units of a department. The definition of establishment for Federal agencies at 29 C.F.R. § 1960.2(h) includes the phrase: "where distinctly separate activities are performed at a single physical location." This definition means that each major organizational unit, such as agencies, bureaus or similar components within a Department, is considered an establishment, even if they occupy the same building. This analysis would apply to major organizational units within national, regional or area buildings. On the other hand, lower organizational units or offices within an agency or bureau located at the same physical location are not separate establishments.

Evaluation
A specialized inspection designed to determine the effectiveness of a unit's safety and health program.

Exposure
The frequency and length of time personnel and equipment are subjected to a hazard. In biological terms an exposure may involve ingestion, inhalation of or skin or mucous membrane contact with an organism or its toxin.
Facility
An area within a building that provides appropriate protective barriers for persons working in the facility and the environment external to the facility, and outside of the building.
Fair wear and tear
Loss or impairment of appearance, effectiveness, worth, or utility of an item that has occurred solely because of normal and customary use of the item for its intended purpose.
First aid
First aid is defined as using a list of procedures that are all-inclusive and is not a recordable injury. If a procedure is not on the list, it is not considered first aid for recordkeeping purposes. The following are the procedures contained in the list—
a. Using a nonprescription medication at nonprescription strength. However, if an employee is provided prescription medications or nonprescription medications at prescription strength, this is considered medical treatment.
b. Tetanus immunizations.
c. Cleaning, flushing, or soaking surface wounds.
d. Wound coverings, butterfly bandages, Steri-Strips. The use of wound closure methods such as sutures, medical glues, or staples is considered medical treatment.
e. Hot or cold therapy regardless of how many times it is used.
f. Non-rigid means of support.
g. Temporary immobilization device used to transport accident victims.
h. Drilling of fingernail or toenail; draining fluid from blister.
i. Eye patches.
j. Removing foreign bodies from eye using irrigation or cotton swab. However, use of other methods to remove materials from the eye is medical treatment.
k. Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means.
l. Finger guards.
m. Massages. Massage therapy is first aid, but physical therapy or chiropractic treatment is considered medical treatment.
n. Drinking fluids for relief of heat stress. (Drinking fluids for relief of heat stress is first aid, but administering an IV is medical treatment.)
Flammable
A material that has the characteristic of being easily ignited and burning readily.
Hazard
Any actual or potential condition that can cause injury, illness, or death of personnel or damage to or loss of equipment, property or mission degradation, a deleterious effect on the environment, or a condition or activity with potential to cause damage, loss, or mission degradation.
Hazard analysis
A hazard analysis is a clear, systemic, concise, well defined, orderly, consistent, closed-loop, quantitative or qualitative and objective methodology used to identify possible hazards within a mission, system, equipment or process that can cause losses to the mission, equipment, process,

personnel or damage to the environment. Examples of hazard analyses are What-If, Preliminary Hazard Analysis, Sneak Circuit Analysis, Hazard and Operability Study, Fault Tree Analysis, Failure Mode and Effects Analysis, and Fault Hazard Analysis.

Hazardous chemicals

The OSHA uses the term hazardous chemical to denote any chemical that would be a risk to employees if exposed in the work place. Hazardous chemicals cover a broader group of chemicals than the other chemical lists.

Hazardous materials

Definitions are—

a. "Hazardous material" means any material that has been designated as hazardous under 49 U.S.C. 5101 to 49 U.S.C. 5127 and is required to be placarded under 49 C.F.R. Part 172, Subpart F or any quantity of material listed as a select agent or toxin in 42 C.F.R. Part 73.

b. Substances that have hazardous characteristics such as flammable, corrosive, reactive, toxic, radioactive, poisonous, carcinogenic, or infectious, having properties capable of producing adverse effects on the health and safety or the environment of a human being. Legal definitions are found in individual regulations.

c. Any substance or material that when involved in an accident and released in sufficient quantities, poses a risk to people's health, safety, and/or property. These substances and materials include explosives, radioactive materials, flammable liquids or solids, combustible liquids or solids, poisons, oxidizers, toxins, and corrosive materials (Federal Emergency Management Agency definition).

d. The DOT uses the term hazardous materials which covers eight hazard classes, some of which have subcategories called classifications and a ninth class covering other regulated materials. The DOT includes in its regulations hazardous substances and hazardous wastes as other regulated materials–E, both of which are regulated by the EPA, if their inherent properties would not otherwise be covered.

Hazardous substances

Three forms of definitions—

a. The EPA uses the term hazardous substance for the chemicals that, if released into the environment above a certain amount, must be reported and depending on the threat to the environment, federal involvement in handling the incident can be authorized. A list of the hazardous substances is published in 40 C.F.R. Part 302, Table 302.4.

b. The OSHA uses the term hazardous substance in 29 C.F.R. § 1910.120, which resulted from Title I of SARA and covers emergency response. OSHA uses the term differently than EPA. Hazardous substances, as used by OSHA, cover every chemical regulated by both DOT and EPA.

c. The EPA uses the term extremely hazardous substance for the chemicals that must be reported to the appropriate authorities if released above the threshold reporting quantity. Each substance has a threshold reporting quantity. The list of extremely hazardous substances is identified in Title III of Superfund Amendments and Reauthorization Act (SARA) of 1986 (40 C.F.R. 355).

Hazardous wastes

The EPA uses the term hazardous wastes for chemicals that are regulated under the Resource, Conservation and Recovery Act (42 USC 6901). Hazardous wastes in transportation is regulated by DOT (49 C.F.R. 170 through 49 C.F.R. 179).

Health hazard
An existing or likely condition, inherent to the operation, maintenance, storage or disposal of material or a facility, that can cause death, injury, acute or chronic illness, disability, or reduced job performance.
Healthful
Favorable to the health of mind or body.
HHS accident
An HHS accident is defined as an unplanned event, or series of events, which results in one or more of the following:
a. Occupational illness to HHS personnel.
b. Damage to HHS property.
c. Damage to public or private property and/or injury or illness to non-HHS personnel caused by HHS operations (the Department had a causal or contributing role in the accident).
HHS personnel
Employees of HHS who are part-time, full-time, volunteer, or contractor and are supervised by an HHS manager or supervisor..
Types of Army civilian personnel:
a. Senior Executive Service, General Management, General Schedule, and Federal Wage System, NSPS, employees.
b. COE employees.
c. Foreign nationals directly or indirectly employed by HHS (paid by appropriated funds).
d. Youth/Student Assistance and Temporary Program employees; VISTA volunteers; Job Corps, Neighborhood Youth Corps, and Youth Conservation Corps Volunteers; Family Support Program volunteers, Fellows, and interns.
HHS leadership
HHS leadership refers to GS employees designated, authorized, held responsible and accountable by the Department to make decisions at various levels of HHS involving execution of the Department's mission. Designation must be documented in writing or contained in the official position description.
HHS motor vehicle
Any vehicle that is owned, leased, or rented by HHS. A vehicle that is primarily designed for over–the–road operation. A vehicle whose general purpose is the transportation of cargo or personnel. Examples are passenger cars, station wagons, trucks, ambulances, buses, motorcycles, fire trucks, and refueling vehicles.
HHS property
Any item of HHS property, or property leased by the HHS for which the Department has assumed risk of loss, such as aircraft, vehicle, building, structure, system, and so on.
Hospitalization
Admission to a hospital as an inpatient for medical treatment.
Human error
Human performance that deviated from that required by the operational standards or situation. Human error in accidents can be attributed to a system inadequacy/root cause in training, standard, leader, individual, or support failure indicated below:

Imminent danger
Conditions or practices in any workplace that pose a danger that reasonably could be expected to cause death or severe physical hardship before the imminence of such danger could be eliminated through normal procedures.

Industrial chemical
Chemicals developed or manufactured for use in industrial operations or research by industry, Government, or academia. Man does not primarily manufacture these chemicals for the specific purpose of producing human casualties or rendering equipment, facilities, or areas dangerous for use.

Injury
A traumatic wound or other condition of the body caused by external force, including stress or strain. The injury is identifiable as to time and place of occurrence and member or function of the body affected, and is caused by a specific event, incident, or series of events or incidents within a single day or work shift.

Inspection
Comprehensive survey of all or part of a workplace in order to detect safety and health hazards. Inspections are the regular work hours of the agency, except as special circumstances may require. Inspections do not include routine, day-to-day visits by agency occupational safety and health personnel, or routine workplace surveillance (29 C.F.R. § 1960.2(k)). It is also the process of determining compliance with safety and health standards through formal and informal surveys of workplaces, operations, and facilities.

Installation
An aggregation of contiguous or near contiguous, common mission supporting real property holdings under the jurisdiction of the HHS within and outside CONUS. Examples include, but are not limited to, posts, camps, bases, and stations.

Intent for flight
Intent for flight begins when power is applied or brakes released to move the aircraft under its own power, for the purpose of commencing authorized flight with an authorized crew. Intent for flight ends when the aircraft is at a full stop and power is completely reduced. Intent for flight is the physical act of applying power to move the aircraft, not the thought process of the crew member as to what is going to occur in the future.

Investigation
A systematic study of an accident, incident, injury, or occupational illness circumstances.

ISO 18001
Is a British Standard for occupational health and safety management systems. It exists to help all kinds of organizations put in place demonstrably sound occupational health and safety performance. It is widely seen as the world's most recognized occupational health and safety management systems standard

Job transfer
When an employee is assigned to a job other than his/her regular job for part of the day as a result of an injury or occupational illness.

Laboratory
A single room or rooms within a facility that are designed and constructed for work with etiologic or chemical agents may be performed. It contains appropriate engineering features and equipment required for either a given BSL or chemical agent to protect personnel working in the laboratory and the environment and personnel outside of the laboratory.

Laser
A device capable of producing a narrow beam of intense light (LASER–light amplification) by stimulated emission of radiation.
Life cycle
The life of a system from conception to disposal.
Maintenance/repair/servicing
Activities associated with the maintenance, repair or servicing of equipment and other property. Excludes janitorial, housekeeping or grounds-keeping activities. Examples: Install/remove/modify equipment, tune/adjust/align/ connect, hot–metal work, cold–metal work, plastic working, soldering, repairing tires, inspecting tires/batteries, fueling/defueling, changing/inflating tires, charging batteries.
Medical surveillance
A program composed of pre-placement, job transfer, periodic, and termination examinations that are provided to all personnel potentially exposed to chemical agent health hazards in the work environment.
Medical treatment
Medical treatment is the management and care of a patient to combat disease or disorder. It does not include—
a. Visits to a physician or licensed health care professional solely for observation or counseling.
b. Diagnostic procedures.
c. First aid.
Monitoring
The continued or periodic act of seeking to determine whether a chemical agent is present.
Near miss
A potentially serious accident or incident that could have resulted in personal injury, death, or property damage, damage to the environment and/or illness but did not occur due to one or more factors.
Nerve agent
A lethal agent that causes casualties by interfering with the ability of muscles to relax after stimulation by associated nerves.
Occupational illness
Non-traumatic physiological harm or loss of capacity produced by systemic infection; continued or repeated stress or strain; for example, exposure to toxins, poisons, fumes; or other continued and repeated exposures to conditions of the work environment over a long period of time. Includes any abnormal physical or psychological condition or disorder resulting from an injury, caused by long or short-term exposure to chemical, biological, or physical agents associated with the occupational environment. For practical purposes, an occupational illness is any reported condition that does not meet the definition of an injury.
Occupational injury
A wound or other condition of the body caused by external force, including stress or strain. The injury is identifiable as to time and place of the occurrence and a member or function of the body affected, and is caused by a specific event, incident, or series of events or incidents within a single day or work shift.
Pathogenic Agents
An agent causing disease or illness to its host, such as an organism or infectious particle capable of producing a disease in another organism.

Probability
Probability is the qualitative or quantitative likelihood of a particular event or sequence of actions initiated by a hazard related Cause resulting in the Maximum Credible Loss. The Probability can be expressed as the product of the Incident Rate and Mishap Set Likelihood.
Prophylaxis
Measures designed to preserve health.
Qualified safety and health personnel
Includes persons who meet OPM standards for Occupational safety and health Manager/Specialist, GS–018, and Safety Engineer, GS/GM–803. Other job specialties will provide support in their respective specialty areas (for example, Safety Engineering Technician, GS–802; Safety Technician, GS–019; Aviation Safety Officer, GS–1825; Air Safety Investigating Officer, GS–1815; Fire Protection Engineer, GS–804; Fire Protection Specialist/Marshal, GS–081; Medical Officer, GS–602; Health Physicist, GS–1306; Industrial Hygienist, GS–690; Occupational Health Nurse, GS–610; Environmental Health Technician, GS–699; or other personnel determined to be equally qualified as compared to the above OPM standards.
Recordable accident
Reportable accident that meets the minimum criteria stated in the 29 C.F.R. 1904.
Reportable accident
All occurrences that cause injury, occupational illness, or property damage of any kind must be reported to the employees servicing Safety Office.
Restricted work activity
Individual's injury is such that they are unable to perform their normal duties (for example, light duty).
Restricted area
Any area, usually fenced, at an establishment where the entrance and egress of personnel and vehicular traffic are controlled for reasons of safety and/or security.
Risk
Risk is directly related to the ignorance or uncertainty of the consequences of any proposed action. Risk is an expression of possible loss in terms of hazard severity and hazard probability. Risk is the expected value of loss associated with a loss caused by a hazard expressed in dollars. The risk associated with this loss is mathematically derived by multiplying the probability of the loss's likelihood of occurrence by the probable dollar loss associated with the loss's severity. Note that risk has two dimensions— likelihood and magnitude, while a hazard has only one—varied magnitude.
Risk assessment
An evaluation of a risk in terms of loss should a hazard result in an accident and against the benefits to be gained from accepting the risk.
Risk management process
A holistic approach to preserving readiness that applies 24/7 to all employees, and even contract workers. The process has 5 phases that form a closed loop system of risk assessment, mitigation, and evaluation.
Safety
Freedom from those conditions that can cause death, injury, occupational illness, or damage to, or loss of, equipment or property.

Safety controls
Mandatory procedural safeguards determined to be necessary per safety studies and reviews. Safety controls ensure maximum safety of chemical agents throughout the life of the chemical weapon. Controls will be consistent with operational requirements.
Safety Management Systems
Safety Management Systems are processes (plan, do, check, act) that endeavor to seek continuous improvements at all operational levels of a safety program.
Select Agents
"Biological Select Agents or Toxins" (BSATs) — or simply **Select Agents** for short — are bio-agents which since 1997 have been declared by the U.S. Department of Health and Human Services or by the U.S. Department of Agriculture to have the "potential to pose a severe threat to public health and safety".
Supervisory
Activities associated with the management of personnel. Examples: Inspection tasks, directing workloads/work crews, monitoring work, crews, planning unit activities.
Support failure
Inadequate equipment/facilities/services in type, design, availability, or condition, or insufficient number/type of personnel, which influenced human error, resulting in an accident.
System
A composite, at any level of complexity, of trained personnel, procedures, materials, tools, equipment, facilities, and software. The elements of this composite entity are used together in the intended operational or support environment to perform a given task or achieve a specific production, support, or mission requirement.
System inadequacy
A tangible or intangible element that did not operate to standards, resulting in human error or material failure. Also referred to as causes, readiness shortcomings and/or root causes.
System safety
The application of engineering and management principles, criteria, and techniques to optimize safety within the constraints of operational effectiveness, time, and cost throughout all phases of systems', equipment's, or facilities' life cycle.
Toxic chemicals
The EPA uses the term toxic chemical for chemicals whose total emissions or releases must be reported annually by owners and operators of certain facilities that manufacture, process, or otherwise use a listed toxic chemical. The list of toxic chemicals is identified in Title III of SARA.
Toxicity
The property possessed by a material that enables it to injure the physiological mechanism of an organism by chemical means, with the maximum effect being incapacitation or death.
Toxin
Toxic material of biologic origin that has been isolated from the parent organism. The toxic material of plants, animals, or microorganisms.
Unhealthful Work Conditions
Work conditions where unnecessary incapacitating, disabling, or otherwise harmful hazards exist unabated.

The Voluntary Protection Programs (VPP)
VPP promotes effective worksite-based safety and health. In the VPP, management, labor, and OSHA establish cooperative relationships at workplaces that have implemented a comprehensive safety and health management system. Approval into VPP is OSHA's official recognition of the outstanding efforts of employers and employees who have achieved exemplary occupational safety and health.

Workplace
A place (whether or not within or forming part of a building, structure, or vehicle) where any person is to work, is working, for the time being works, or customarily works, for gain or reward; and in relation to an employee, includes a place, or part of a place, under the control of the employer (not being domestic accommodation provided for the employee).

Work-related injuries
Injuries or occupational illnesses incurred while performing duties in an on–duty status.