



Virginia Department of Corrections

Infrastructure and Environmental Management

Operating Procedure 303.1

Department Safety Functions

Authority:

Directive 303, Safety

Effective Date: May 1, 2023

Amended:

Supersedes:

Operating Procedure 303.1, May 1, 2020

Access: Restricted Public Inmate

ACA/PREA Standards:

5-ACI-6E-05, 5-ACI-7A-07; 2-CI-1A-1, 2-CI-1A-2, 2-CI-1A-3, 2-CI-1A-4, 2-CI-1A-5, 2-CI-1A-6, 2-CI-1B-2, 2-CI-3A-1; 2-CO-2A-01; 1-CTA-3B-07

**Content
Owner:**

Monica R. Vannoy
Assistant Director of Infrastructure and
Environmental Management

Signature Copy on File

3/14/23

Signature

Date

Reviewer:

Timothy Newton
Director of Infrastructure and Environmental
Management

Signature Copy on File

3/23/23

Signature

Date

Signatory:

Joseph W. Walters
Deputy Director for Administration

Signature Copy on File

3/23/23

Signature

Date

REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

The content owner reviewed this operating procedure in April 2024 and necessary changes are being drafted.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, American Correctional Association (ACA) standards, Prison Rape Elimination Act (PREA) standards, and DOC directives and operating procedures.

Table of Contents

DEFINITIONS	3
PURPOSE	5
PROCEDURE.....	5
I. Safety and Health Vision and Policy Statement.....	5
II. Accident Reporting, Investigation, and Analysis	5
III. Unit Safety	9
IV. Common Required Written OSHA Programs - DOC Facilities.....	12
V. Inmate/Probationer/Parolee Injury Prevention - Work Programs	17
REFERENCES.....	18
ATTACHMENTS	19
FORM CITATIONS	19



DEFINITIONS

Accident - An unplanned, undesired event that results in personal injury and/or property damage.

Causal Factor - An event, situation, or condition that results, or could result, directly or indirectly in an accident or near miss.

Employee - A person who is paid by the Department of Corrections on an hourly, salaried, or contractual basis, or who is paid by another state agency or outside vendor for working in a position within DOC or in a position that supervises inmates or CCAP probationers/parolees.

First Report of Injury (FROI) - The required electronic report used by the employer to notify the Workers' Compensation Commission of an employee injury arising out of a work-related accident in the performance of the employee's job duties.

Institutional Safety Specialist (ISS) - The individual whose full-time duties are to coordinate, monitor, and evaluate the facility's safety functions and advise management on recommended action to enhance safety programs. The institutional safety specialist will serve as a member of the facility executive team and will report to the Warden or Assistant Warden.

Lost Workday Case Rate - The ratio of lost workday cases per 100 full time positions; it is a measurement of frequency.

Lost Workday Rate - The ratio of lost workdays per 100 full time positions; it is a measurement of severity.

Near Miss - An unplanned, undesired event that does not cause personal injury or property damage but if left uncorrected, may reoccur with property damage and/or injury.

Occupational Illness - Any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment - it includes acute and chronic illnesses or diseases caused by inhalation, absorption, ingestion, or direct contact.

Occupational Safety and Health Act of 1970 (OSH Act) - Public Law Number 91-596 enacted to assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting and encouraging the States in their efforts to assure safe and healthful working conditions; by providing for research, information, education, and training in the field of occupational safety and health; and for other purposes.

Occupational Safety and Health Administration (OSHA) - The agency in the U. S. Department of Labor responsible for enforcing the OSH Act.

Organizational Unit Head - The person occupying the highest position in a DOC organizational unit, such as a correctional facility, Regional Office, Probation and Parole Office, Virginia Correctional Enterprises, Academy for Staff Development, Infrastructure and Environmental Management Unit, Agribusiness Unit, and individual Headquarters units, e.g., Human Resources, Offender Management, Internal Audit.

Recordable Cases - Every occupational death; every nonfatal occupational illness; and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment other than OSHA defined first aid or as otherwise specified as recordable in OSHA Standard 29 CFR 1904, *Recording and Reporting Occupational Injuries and Illness*.

Regional Safety Coordinator - The individual who has been designated by the Safety Administrator to advise and mentor Institutional Safety Specialists and Unit Safety Coordinators on actions necessary to take to develop, enhance, and maintain facility safety programs. This individual reports to the Safety Administrator and serves as the DOC Challenge Program Coordinator.

Risk Management Director - The Headquarters individual in Financial Services responsible for identifying, evaluating, and analyzing risks inherent in DOC operations; the position is the referred point of contact for external sources alleging a claim against the DOC. The position will provide summary reporting on risk management activities to Executive Staff as required.

Safety Administrator - The Headquarters individual whose full-time duties are to coordinate, monitor, and evaluate DOC safety functions and advise management on recommended actions to take to enhance safety



programs. This individual assists in the development of safety programs and procedures throughout DOC. This individual supervises the Regional Safety Coordinators and serves as the DOC Challenge Program Administrator.

Unit Safety Coordinator (USC) - The individual who has been designated by the Organizational Unit Head to coordinate the organizational unit's safety functions as a collateral duty; generally, such positions occur at DOC field units, Community Corrections Alternative Programs, P&P Offices, and administrative offices where there is no full time, classified safety positions.

VADOC Challenge Program - The VADOC Challenge Program is a strategic partnership designed to encourage and recognize correctional facilities that voluntarily implement highly effective Safety and Health Management Systems (SHMS). It is a three-stage process used to reduce workplace injuries and illnesses; it includes mentoring, training, and progress tracking; and prepares facilities to successfully complete the process to become Voluntary Protection Program (VPP) Star Certified Sites.

Virginia Occupational Safety and Health (VOSH) - The segment of the Virginia Department of Labor and Industry that administers the requirements of the Federal Occupational Safety and Health Administration.

Voluntary Protection Program (VPP) Star Program - OSHA's official recognition program implemented to recognize the outstanding efforts of employers and employees who have developed exemplary occupational safety and health programs.

PURPOSE

This operating procedure establishes guidelines for ensuring a reasonably safe and healthy environment for Department of Corrections (DOC) employees, individuals visiting the Department's facilities, and those persons entrusted to DOC care.

PROCEDURE

I. Safety and Health Vision and Policy Statement

A. The Safety Program supports the DOC Strategic Plan Vision:

Our long-term vision is for DOC to be a progressive and proven innovative leader in the profession. Research, data analysis, and reporting of outcomes will be used in strategic planning, policy guidance, program assessment, and administrative decision making. Virginia is a better place to live and work because we improve long-term safety and foster societal progress through the successful transformation and reintegration of men and women entrusted to our care.

B. Mission of the DOC Safety Program

The DOC is committed to the health and safety of its employees. The DOC is unwavering in its commitment to provide employees a satisfying, rewarding, and safe place to work and grow professionally. The DOC will provide the time and resources to ensure that employees are properly trained and equipped to work safely. Employees at all levels will have input into health and safety planning.

C. To accomplish the mission of the DOC Safety Program, management will:

1. Demonstrate visible safety and health leadership.
2. Solicit and encourage employee involvement in safety and health functions.
3. Ensure the Organizational Unit Head or designee will be available to all unit employees to address employee safety concerns.
4. Ensure the Organizational Unit Head or designee for any organizational unit incurring an employee work-related fatality, inpatient hospitalization, amputation, and or loss of an eye must report the occurrence to the facility Human Resources office and the Department of Labor and Industry (DOLI) within eight hours policy on health and safety issues.
5. Establish annual health and safety goals and objectives that are clear, measurable, and significant.
6. Establish and enforce employee responsibility and accountability for safety and health.

D. This operating procedure serves as a written plan to address staff and inmate/probationer/parolee injury prevention. The plan is based on an analysis of injury experience and includes methods for identification of problems and preventive or corrective measures. (5-ACI-6E-05)

II. Accident Reporting, Investigation, and Analysis

A. The Safety Administrator will serve as the safety coordinator for the DOC. The Safety Administrator will coordinate meetings as needed and be available to provide assistance to organizational units to address specific safety issues.

B. Recordkeeping

1. Each Organizational Unit Head or designee will oversee the maintenance of records of occupational injuries and illness as required by the *Occupational Safety and Health Act* and regulations in OSHA Standard 29 CFR 1904, *Recording and Reporting Occupational Injuries and Illness*.
2. Each Organizational Unit Head or designee will establish procedures to ensure that:
 - a. Recordable cases are entered into Attachment 1, *OSHA 300 Log of Work-Related Injuries and*



Illnesses within six working days of notification being made to the employer.

- b. The *OSHA 300 Log* and its totals are accurately maintained for a period of five years.
 - c. The Organizational Unit Head certifies the accuracy of the *OSHA 300 Log* entries prior to the *OSHA 300A Summary* being posted for employee review.
 - d. The *OSHA 300A Summary* is conspicuously posted for employee review from February 1st until April 30th of each year.
 - e. DOC facilities whose employment level meets or exceeds 250 employees during the calendar year file the *OSHA 300A* electronically with OSHA through their Injury Tracking Application (ITA) by July 1st of the following year.
 - f. A First Report of Injury (FROI) supplements each recordable entry into the *OSHA 300 Log*. For additional information concerning the First Report of Injury, please refer to Operating Procedure 261.3, *Workers' Compensation*, and its associated resource, the *DOC Workers' Compensation Claims Manual*.
 - g. Each FROI that supplements the OSHA log is filed in such a manner that it is readily accessible and is cross indexed to the *Log*.
3. Each organizational unit receiving a request from the Department of Labor and Industry to complete and submit the *OSHA 300(A)* will do so within the required timeframe. A copy of the *300(A)* will be filed with the Safety Administrator. A copy will also be retained at the organizational unit for a period of five years.
- C. Accident Notification/Reporting (2-CI-1A-6)
1. Employees must report all accidents or near misses. Any employee who is involved in an accident while working, who develops an occupational illness, or who witnesses an injury suffered by another employee, visitor, or inmate/probationer/parolee, must immediately inform their supervisor. The report will include the names of all witnesses.
 2. Upon notification of an accident, the employee's supervisor will, as soon as possible, respond to the accident site. The supervisor must:
 - a. Survey the scene to ensure that the accident site can be entered safely.
 - b. Take the steps necessary to provide for immediate emergency rescue and medical examination and treatment for the injured. (1-CTA-3B-07)
 - c. Secure and stabilize the accident site to prevent further injury or property damage.
 - d. Begin the initial accident investigation; see *Accident Investigation Report 303_F1*, and *Accident Investigation Guide 303_F2*. (1-CTA-3B-07)
 3. The Organizational Unit Head or designee for any organizational unit incurring an employee work-related fatality, inpatient hospitalization, amputation, and or loss of an eye must report the occurrence to the facility Human Resources office and the Virginia Department of Labor and Industry (DOLI) within eight hours.
 - a. The DOLI report must be made by telephone and will include the facility name, date and time of event, location of event, type of event (fatality, inpatient-hospitalization, amputation, eye loss), names and number of employees involved, facility contact name and number, as well as a description of the event; see Attachment 3, *Fatality and Catastrophe Notifications*.
 - b. In addition to reporting procedures established in Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*, or other operating procedures, a report must also be made to the Risk Management Director by the end of the next business day. The Regional Safety Coordinator or Statewide Safety Administrator should also be notified.
- D. Accident Investigation
1. Each organizational unit's Institutional Safety Specialist (ISS) or Unit Safety Coordinator (USC) will ensure that procedures are established to track all accidents and near misses. All reported accidents

and near misses must be investigated, regardless of the extent of injury or property damage.

- a. The purpose of such investigations is to determine causal factors and to prevent reoccurrences that could result in additional losses.
 - b. Accidents that involve medical treatment or produce significant property damage will normally require an in-depth investigation, while accidents that involve only minor property damage or first aid will not normally require extensive investigation. Such accidents must be and will be investigated fully if they demonstrate the potential for more serious consequences.
 - c. Refer to the *Accident Investigation Report 303_F1* and *Accident Investigation Guide 303_F2* for additional instructions.
2. Each Organizational Unit Head or designee must ensure that procedures and practices are established which ensure a complete investigation is conducted within ten working days, from the onset of the incident, for all accidents that incur lost time or significant property damage. An *Accident Investigation Report 303_F1* must be completed and filed with:
- a. Workers' Compensation Services (Lost Time Accidents Only)
 - b. DOC Procurement and Risk Management Section
 - c. Organizational Unit Head
 - d. Institutional Safety Specialist or Unit Safety Coordinator

E. Accident Analysis

1. The purpose of an accident analysis is to study the information obtained through the accident investigation. The analysis will be performed by the ISS, USC, or other individuals designated by the Organizational Unit Head to accomplish these tasks:
 - a. Identification of causal factors.
 - b. Identification of corrective measures that will reduce the chance of reoccurrence and/or will mitigate the severity should there be a reoccurrence.
 - c. Selection of the most effective and reasonable of the corrective strategies.
2. In determining the causal factors for the accident, the analyst should look at the people, equipment, environment, and management interaction in accordance with the *Accident Investigation Guide 303_F2* for identifying causal factors and corrective actions.
3. Corrective strategies or proposed actions should be formulated and chosen by the Organizational Unit Head on the basis of:
 - a. Effectiveness
 - b. Cost
 - c. Feasibility
 - d. Effect on productivity
 - e. Time required to implement
 - f. Extent of supervision required
 - g. Acceptance by employees
 - h. Acceptance by management
4. Implementation of corrective strategies is the responsibility of the Organizational Unit Head and should:
 - a. Provide for the protection of people and property from the immediate hazard.
 - b. Provide for an interim solution until a long-term remedy can be implemented.
 - c. Provide for a systemic correction of deficiencies that allowed the hazard to go undetected and/or manifest itself.



F. Accident Trend Analysis

1. The purpose of Accident Trend Analysis (ATA) is to identify the cause and cluster points of accidents at a given location during a specified period of time.
2. Effective record keeping and accident investigation are fundamental to quality Accident Trend Analysis.
3. The ISS or USC will have oversight responsibility to ensure the proper maintenance of Attachment 1, *OSHA 300 Log of Work-Related Injuries and Illnesses*.
4. The ISS or USC will be copied on all accident or near miss investigations and reports pertaining to employees, visitors, or inmate/probationer/parolees.
5. The ISS or USC will review accident investigations and reports to ensure their completeness. Based on the organizational unit's established criteria, the ISS or USC will provide assistance or take over accident investigations as the need arises.
6. The Organizational Unit Head or designee will ensure that all accidents that result in lost workdays are fully investigated and reported as required.
 - a. The ISS or USC will analyze these reports and code them utilizing the DOC Accident Code Index.
 - b. This process will help to identify the organizational unit's accident trends.
7. The Organizational Unit Head or designee will report employee lost workday cases from the *OSHA 300 Log* to the Risk Management Director quarterly. The reports of *Workdays Lost or Restricted Because of Work Related Injuries 303_F3* must contain the following information:
 - a. Accident type
 - b. Interacting vehicles/vectors (proximal accident causes)
 - c. Work performed when accident occurred
 - d. Body parts affected
 - e. Occupation classification
 - f. The number of lost and restricted workdays to date
8. The Risk Management Director will:
 - a. Construct and maintain a database of DOC employee injuries.
 - b. Semiannually, calculate the *Lost Workday Case Rate* (LWDCR) and the *Lost Workday Rate* (LWDR) per 100 Full Time Employees for the DOC.
 - c. Provide summary reporting of DOC employee injuries to the Chief of Corrections Operations, Deputy Director for Administration, Regional Operations Chiefs, and the Safety Administrator.
 - d. Assist Executive Staff in setting loss control objectives and formulating loss control strategies.
9. Annual Cost Containment Plans
 - a. Order 109 (2010), *Workplace Safety and Employee Health*, facilities will prepare an *Annual Cost Containment Plan* (ACCP) based on their Accident Trend Analysis.
 - b. The ACCP will address all accidents.
 - c. The ACCP will be specific, listing measurable objectives with target dates.
 - d. The ACCP will be forwarded to the Safety Administrator for review and approval by June 15th of each year.
 - e. The Safety Administrator will review the ACCP to ensure that it appropriately addresses accident trends and sets measurable objectives.
 - f. The Safety Administrator will submit an executive summary of the analysis of facility cost containment plans to the Deputy Director for Administration.

III. Unit Safety

A. Virginia Occupational Safety and Health - Under Section 18, *State Jurisdiction and State Plans*, of the *Occupational Safety and Health Act of 1970 (OSH Act)*, the Commonwealth of Virginia secured approval by Federal OSHA of its own occupational safety and health plan. In doing so, the Commonwealth extended the protection and rights provided by the *OSH Act* to its employees.

1. Each organizational unit's ISS or USC will establish and place into effect procedures and practices to inform its employees of their rights, job safety, and health protection provided under Virginia Labor Law, COV Title 40.1, *Labor and Employment*.
2. Each Organizational Unit Head or designee will maintain a copy of the current of Attachment 2, *Job Safety and Health Protection* poster, displayed in prominent places where employees normally report to work.
3. Although OSHA does not cite employees for violations of their responsibilities, it does clearly charge the employer with holding the employee accountable for those responsibilities. Employees will comply with all occupational safety and health standards, all relevant rules and regulations, and orders issued under the *OSH Act* that are applicable. Employees must:
 - a. Read the OSHA "*Job Safety and Health Protection*" poster at the job site.
 - b. Comply with all applicable OSHA standards.
 - c. Comply with all employer safety and health rules and regulations, and wear or use prescribed protective equipment as required.
 - d. Report hazardous conditions to the supervisor.
 - e. Report any job-related injury or illness to the employer and seek treatment promptly.
 - f. Cooperate with the OSHA compliance officer conducting an inspection if they inquire about safety and health conditions in the workplace.
 - g. Exercise their rights under the *OSH Act* in a responsible manner.

B. Safety and Health Rules, Regulations, and Standards

1. Each organizational unit's ISS or USC must review their operations and maintain the necessary Implementation Memorandum under this operating procedure and other such procedures and practices to ensure the organizational unit's compliance with applicable federal, state, and local work, safety, and health regulations as well as adopted standards. (2-CI-1A-4; 2-CO-2A-01)
2. Where minimum standards do not provide an acceptable level of risk or conflict with the mission of the organizational unit, alternate safety rules and procedures must be developed to reasonably ensure the safety of employees, visitors, and inmate/probationer/parolees.
3. Safety rules, regulations, and standards must be: (2-CI-1A-1)
 - a. Available for employee and inmate/probationer/parolee worker review.
 - b. Incorporated into training where appropriate.
 - c. Site specific where necessary.
 - d. Reviewed periodically and evaluated for effectiveness.
 - e. Incorporated into the employee's job performance evaluation process where appropriate.
 - f. Strictly enforced through facility procedures and Operating Procedure 135.1, *Standards of Conduct*, as appropriate.
4. Ongoing Virginia Correctional Enterprises (VCE) operations that are under the control of the program and not located on institutional grounds comply with all applicable fire and safety regulations. (2-CI-1B-2)

C. Safety Training

1. New Employee Orientation - Organizational Unit Heads will ensure that new employees receive an



- appropriate safety orientation before assuming their job duties, see Operating Procedure 102.6, *Staff Orientation*. This training, at minimum, will include:
- a. DOC Challenge and VPP Star Program Overview.
 - b. Emergency fire procedures.
 - c. Reporting of emergency medical situations.
 - d. Accident reporting requirements.
 - e. Employee rights under OSHA.
 - f. Employee responsibility and accountability for safety.
 - g. Introduction to *Employee Right to Know, The Hazard Communication Standard*.
 - h. Introduction to the *Bloodborne Pathogen Standard* for those units where it can be reasonably anticipated the unit's employees may have exposure with blood or other potentially infectious material.
2. Job Site Safety - All facilities must develop procedures to ensure that prior to being exposed to the specific hazards of a given location at the workplace, each employee must: (2-CI-1A-2)
- a. Be given instructions as to the known hazards and the risks that they pose to the employee's health and safety.
 - b. Review the safety rules and procedures and be given the opportunity to ask questions to ensure complete understanding.
 - c. Be given instructions in the safe operation of equipment that the employee may be expected to operate.
 - d. Be given instructions in the use of any safety devices required, including the wearing of personal protective equipment.
 - e. Receive training in emergency procedures, including warning alarms, lights, etc.
 - f. Be evaluated on the employee's understanding of the site-specific safety training that they have received.
3. Anytime there is a change in a process, work procedures, or use of a material or substance that creates a new hazard at the job site, supervisors must ensure that employees are trained in accordance with the above prior to being potentially exposed to the hazard.
4. An ongoing formal safety training program is provided for staff, volunteers, contractors, and inmates/probationers/parolees in industries. Training is provided in accordance with a regular schedule established by the industries operation. (2-CI-1A-3)
5. Organizational Unit Heads will ensure that complete documentation will be maintained demonstrating that employees have received training and have been given an opportunity to ask questions to ensure their understanding of the safety rules, regulations, and procedures.
- D. Safety Awareness - Each organizational unit's ISS or USC will develop and implement programs that will promote safety awareness:
1. Employee Safety Pamphlet - Each organizational unit's ISS or USC will develop an employee safety pamphlet.
 2. The pamphlet should set the organizational unit's expectation towards safety while providing the employee with some fundamental safety guidance.
 3. Examples or models of safety pamphlets may be obtained from the Risk Management Director.
 4. At minimum the pamphlet must contain:
 - a. The organizational unit policy statement on safety signed by the Organizational Unit Head.
 - b. Employee rights under OSHA.
 - c. Employee safety responsibilities.

- d. Overview of the organizational unit's emergency procedures.
- e. Emergency reporting procedures and phone numbers.
- f. Institutional Safety Specialist or Unit Safety Coordinator's telephone number or radio call number, if applicable.

E. Quarterly Review

1. At the end of each calendar quarter, the Organizational Unit Head or appointed designee will conduct a safety review with each employee who suffered a lost time accident during that quarter and their supervisor.
2. The purpose of the review is to ensure that factors contributing to the accident have been addressed and to emphasize safety to the involved parties.
3. The quarterly review must be documented.

F. Safety Incentive Programs - After the implementation of an effective safety program, each organizational unit's ISS or USC is encouraged to develop incentive programs that promote safety awareness. It is suggested that safety incentive programs:

1. Be conducted over short periods of time (30 - 90 days).
2. Be comprised of competing groups that are "like" units with similar hazard exposure.
3. Use grading systems that are reasonably fair to all competing groups.
4. Utilize potential funding.

G. Safety Posters - ISS's and USC's are encouraged to use safety posters as a good method to promote a visual awareness of particular safety issues. Safety posters should:

1. Be relevant to hazards encountered in the workplace.
2. Be placed in high traffic areas at eye level.
3. Be rotated frequently.

H. Safety Bulletin Boards - Unit Heads should display safety bulletin boards as a good method to communicate safety issues to employees. The safety bulletin board should:

1. Be placed in a high traffic area accessible to most employees.
2. Be used for safety information only.
3. Be used to post safety notices, safety rules and procedures.
4. Be used for notification of safety meetings, agendas, and the posting of minutes from the safety committee.
5. Be used to post accident rates, *OSHA 300A - Summary*, etc.
6. Be used for positive employee recognition, contest winners, etc.

I. Safety Committee

1. Facility Unit Heads will establish a safety committee to help address facility safety issues and promote safety awareness. The committee should:
 - a. Be representative of the various facility departments and include front line employees.
 - b. Include facility executive staff that have the authority to commit time and resources to correct safety deficiencies.
 - c. Review accident data to suggest additional corrective action.
 - d. Meet monthly and keep a record of agenda items for employee review.
2. Safety committees should be established in each Virginia Correctional Enterprises unit to meet

quarterly, at a minimum, and include input from inmate/probationer/parolee workers to discuss safety issues and topics, review conditions and practices, and recommend remedies to management if needed.
(2-CI-1A-5)

J. The Department of Treasury, Division of Risk Management (DRM) is responsible per COV §2.2-1832 et seq., *Division of Risk Management*, for establishing programs that protect Commonwealth property from loss as well as provide for property recovery in the event of a covered loss. To minimize the human element that contributes to property loss, DOC units must implement the following DRM recommendations:

1. Fire protection impairment management system - the impairment management system will:
 - a. Provide for planned impairments as well as emergency impairments.
 - b. Provide procedures the unit should follow before the impairment; during the impairment; and after the impairment.
 - c. Provide for notifications to be made before and after the impairment.
2. Fire protection valve supervision program - the fire protection valve supervision program will ensure that:
 - a. All automatic sprinkler control valves are locked in the open position.
 - b. Outside screw and yoke and indicating butterfly valves are visually inspected weekly.
 - c. Post indicator valves, wall post indicators, and curb box valves are visually inspected weekly and exercised once a month.
 - d. All valve inspections are documented.
 - e. All inspections and maintenance performed are done by personnel who are trained and competent.
 - f. All deficiencies are immediately reported and corrected.
3. Hot Work Permit System
 - a. The hot work permit system will be required for all areas that are not specifically designed, engineered, constructed, and maintained for hot work processes, including work performed by contractors.
 - b. Allows hot work only when another safer process is not feasible.
 - c. Provides precautions to take before, during and after the hot work.
 - d. Provides for an active fire watch during the hot work and for one hour after the hot work ends.
 - e. Provides for monitoring of the hot work area for three hours after the one-hour active fire watch ends.
 - f. Ensures that all personnel involved in hot work, fire watch, and the hot work permit system are trained and competent.
 - g. Provides for the documentation and retention of all hot work records.

IV. Common Required Written OSHA Programs - DOC Facilities

The ISS or USC is responsible for reviewing facility operations and advising the Unit Head on what safety programs may be required to ensure the facility complies with OSHA regulations. There are certain site-specific, written programs that are usually required at most DOC facilities. Listed below are the most prevalent programs and a brief description of their purpose and required elements.

A. Hazard Communication Program

1. The purpose of the Hazard Communication Program is to ensure that the hazards of all chemicals produced or used in the workplace are evaluated and that information concerning their hazards is communicated to employees and inmates/probationers/parolees so they will have the information they need to protect themselves from hazards.



2. Program Elements:

- a. Written Program - this will describe how the criteria for labels and other forms of warning, *Safety Data Sheets* (SDS), and information and training will be met.
- b. An inventory of all hazardous chemicals - this is to assure that a SDS exists for all hazardous chemicals in the workplace.
- c. Product (Container) Labeling - each label must identify the hazardous chemical, appropriate hazard warnings, and the name and address of the chemical manufacturer, importer, or other responsible party.
- d. *Safety Data Sheets* - these must be maintained by the employer to identify hazards and the need for training. The SDS must be readily accessible to all employees at all times on all shifts.
- e. Training - employees and inmates/probationers/parolees must be trained at the time of their initial exposure (assignment to the workplace) and whenever a new hazardous chemical is introduced.
 - i. The training may be either chemical or hazard specific.
 - ii. The employees must know the location and content of the written hazard communication program, the SDS, and the hazardous chemicals list.
 - iii. Training should include an annual refresher for all involved employees and inmates/probationers/parolees.
 - iv. Specific training for any non-routine tasks as they apply to hazardous chemical exposure should also be conducted.

3. Authority/Reference - OSHA 29 Standard CFR 1910.1200, *Hazard Communication*

B. Permit Required Confined Space Entry Program

1. No person is required to enter a permit required confined space unless a written site-specific confined space entry procedure is developed and utilized to ensure the person's safety.
2. A permit required confined space is a space that is:
 - a. Large enough that a person can bodily enter and perform work.
 - b. Has limited or restricted means for entry or exit and is not designed for continuous human occupancy.
 - c. Which has one or more of the following characteristics:
 - i. It has a hazardous atmosphere or the potential for a hazardous atmosphere.
 - ii. It has a potential engulfment hazard.
 - iii. It is designed with sloping walls or floor.
 - iv. It contains any other recognized serious safety or health hazard.
3. Program elements will include:
 - a. Measures necessary to prevent unauthorized entry.
 - b. Means to identify and evaluate the hazards of permit spaces before permitting entry.
 - c. Procedures and practices necessary for safe entry and operations.
 - d. Provision and maintenance of appropriate equipment to allow safe entry, including testing and monitoring, ventilation, communications, personal protection, lighting, barriers and shields, ladders, and other equipment deemed necessary for safe entry.
 - e. Evaluation procedures for permit required space conditions before entry, monitoring procedures for confined space conditions during entry operation, and requirements for testing for oxygen first, then for combustible gases or vapors, and then for toxic gases or vapors.
 - f. At least one staff attendant must be stationed outside the space during the entire entry operation.
 - g. If multiple spaces are to be monitored by one attendant, include procedures in the program to enable the attendant to respond without distracting from the attendant's responsibilities for the other space(s).



- h. Designate by category employees who will have active roles in entry operation:
 - i. Authorized entrants, attendants, entry supervisors, or persons who test/monitor space atmospheres.
 - ii. Identify the duties of each category and provide the prescribed training.
- i. Procedures for summoning rescue and emergency services, for rescuing entrants, for providing emergency services to rescued entrants, for preventing unauthorized persons from providing emergency services.
- j. A permit system, including provision for preparation, issuance, use and cancellation of permits.
- k. Procedure to coordinate entry operations when employees of more than one employer are working together.
- l. Procedures for concluding or securing (including permit cancellation) of entry operations.
- m. Procedures for entry operation review and for program revision to correct deficiencies before subsequent entries are permitted.
- n. Program review after one year to evaluate program compliance and effectiveness, and revision of the program as deemed appropriate.
- o. Training will be provided so that all affected persons acquire the understanding, knowledge, and skills necessary to perform their assigned duties.
 - i. The training must establish proficiency in the assigned duties.
 - ii. Documentation of training will be accomplished through a certification that contains the employee's name, signatures of the trainers, and the dates of the training.

4. Authority/Reference - OSHA Standard 29 CFR 1910.146, *Information Collection Requirements*

C. Workplace Hazard Assessment - Personal Protective Equipment

1. The employer is required to assess the workplace to determine if hazards are present, or are likely to be present, which necessitates the use of Personal Protective Equipment (PPE) and selecting the appropriate PPE for the identified hazard.
 - a. Such assessments will be done in the form of a written certification, see sample, *Certification of Hazard Assessment 303_F4*.
 - b. PPE should only be used after all engineering controls, substitution methods, and administrative controls have been exhausted.
 - c. PPE may also be required while other methods of control are being implemented.
2. Program elements will include:
 - a. Hazard assessment - Survey the workplace to determine the hazards that may exist.
 - b. Equipment selection
 - i. Select and have each affected person use the types of PPE that will protect them from the hazards identified in the hazard assessment.
 - ii. Communicate the selection decisions to each affected person.
 - iii. Select PPE that properly fits them.
 - c. Verify the hazard assessment has been done through a written certification that contains the following:
 - i. Workplace(s) evaluated
 - ii. Position(s)/tasks evaluated
 - iii. Name of person certifying that the evaluation has been done
 - iv. Date(s) of the hazard assessment
 - v. Identification of the written certification of hazard assessment
 - d. The hazard/risk assessment documentation is to be maintained on file in a location readily available for inspection by staff and inspecting authorities and reviewed and updated as needed; see sample

Hazard Risk Assessment Certification 303_F5.

- e. Training will be provided to each person who is required to use PPE.
 - i. Each person will be trained to know the following, as a minimum:
 - (a) When PPE is necessary
 - (b) Which PPE is necessary
 - (c) How to properly don, doff, adjust, and wear PPE
 - (d) Limitations of the PPE
 - (e) Proper care, maintenance, useful life, and disposal of the PPE
 - ii. Workers must demonstrate an understanding of the training before being allowed to perform work requiring the use of PPE. Retraining will be done when:
 - (a) Changes in workplace render the previous training obsolete
 - (b) Changes in the types of PPE
 - (c) Employer believes the worker's knowledge is lacking demonstrated by improper use of the available PPE
 - iii. The employer will verify that each affected person has received and understood the required training through a written certification that contains the name of persons trained as well as the date of the training.

3. Authority/Reference - OSHA Standard 29 CFR 1910.132, *General requirements*

D. Respiratory Protection Program

1. The purpose of a Respiratory Protection Program is to protect workers from respiratory hazards in the workplace.
2. Engineering controls, such as ventilation and substitution of less toxic materials, may not be completely effective in controlling airborne hazards. In these situations, respirators, and in emergency conditions, respirators and other types of personal protective equipment must be used to safeguard workers' health.
3. Program elements will include:
 - a. A respiratory protection program must be a written site-specific program administered by a competent person and contain the following elements:
 - b. Procedures for selecting respirators for use in the workplace.
 - c. Medical evaluations of employees required to use respirators.
 - d. Fit testing procedures for tight-fitting respirators.
 - e. Use of respirators in routine and reasonably foreseeable emergency situations.
 - f. Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, and otherwise maintaining respirators.
 - g. Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators.
 - h. Training of workers in the respiratory hazards to which they are potentially exposed.
 - i. Training of workers in the proper use of respirators, including putting on and removing them, any limitations on their use, and maintenance procedures.
 - j. Procedures for regularly evaluating the effectiveness of the program.
4. Authority/Reference - OSHA Standard 29 CFR 1910.134, *Respiratory Protection*

E. Lockout/Tagout - Control of Hazardous Energy

1. The purpose of Lockout/Tagout is to establish procedures for using energy isolating devices to disable machines or equipment to prevent unexpected start up or release of stored energy that may cause injuries.
2. Program elements will include:



- a. Statement on how procedure will be used.
 - b. Equipment-specific procedural steps needed to shut down, isolate, block, and secure machines or equipment.
 - c. Steps designating safe placement, removal, and transfer of Lockout/Tagout devices and who has responsibility for them.
 - d. Specific requirements for testing machines or equipment to determine and verify effectiveness of locks, tags, and other energy control measures.
 - e. Worker Training Program - types of workers (authorized, affected, and other).
 - f. Discussion of initial training and retraining.
 - g. Additional specific training when tags must be used instead of locks.
 - h. Periodic inspection of procedures.
 - i. Description of periodic inspections (annually, at a minimum).
 - j. Certification of inspection.
 - k. Lockout/Tagout Devices (description of devices and their uses).
 - l. Procedures for removal of locks/tags.
 - m. Additional Safety Requirements (discuss any additional safety requirements involving special circumstances).
3. Authority/Reference - OSHA Standard 29 CFR 1910.147, *The control of hazardous energy (lockout/tagout)*
- a. OSHA Standard 29 CFR 1910.306, *Specific purpose equipment and installations*
 - b. OSHA Standard 29 CFR 1910.333, *Selection and use of work practices*
 - c. OSHA Standard 29 CFR 1926.417, *Lockout and tagging of circuits*
 - d. OSHA Standard 29 CFR 1926.702, *Requirements for equipment and tools*
- F. Bloodborne Pathogens - Exposure Control Plan
1. The purpose of a Bloodborne Pathogens Exposure Control Plan is to eliminate or minimize occupational exposure to human blood or Other Potentially Infectious Materials (OPIM). OPIM include; semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva, and any bodily fluid visibly contaminated with blood; see Operating Procedure 740.1, *Infectious Disease Control*.
 2. Program elements will include:
 - a. Determination of employee exposure.
 - b. Implementation of various methods of exposure control including:
 - i. Universal precautions
 - ii. Engineering and work practice controls
 - iii. Personal protective equipment
 - iv. Housekeeping
 - c. Hepatitis B vaccination.
 - d. Post-exposure evaluation and follow-up.
 - e. Communication of hazards to employees and training.
 - f. Recordkeeping
 - g. Procedures for evaluating circumstances surrounding exposure incidents.
 - h. Annual review of exposure control plan, or more often if required by task or procedure changes.
 3. Authority/Reference - OSHA Standard 29 CFR 1910.1030, *Bloodborne pathogens*
- G. Exemplary Health and Safety Management Systems

1. The OSHA has established *Voluntary Protection Programs* (VPP) that promote cooperative relationships between management, labor, and OSHA that effect exemplary health and safety management systems, such as VPP Star.
 - a. Star certified entities, on average, have injury rates 50% below the national average.
 - b. The DOC strongly encourages its facilities to participate in VPP programs.
 - c. DOC facilities that wish to pursue Star Certification will do so through the *Challenge Program*.
2. The *Challenge Program* serves as a roadmap for achieving VPP Star status through a structured and tiered process that incorporates accountability, achievement, and recognition.
 - a. Through each of its three stages, the *Challenge Program* defines the necessary knowledge, actions, outcomes, and documentation for the successful completion and implementation of an exceptional safety and health management system.
 - b. The program uses quantitative and qualitative data submitted through an electronic format (OSHA Challenge Tracking Participant Status - OCTPS) to track incremental progress.
3. The DOC Infrastructure and Environmental Management Unit's Safety Administrator will serve as the Challenge Program Administrator. The Regional Safety Coordinators will serve as the Challenge Program Coordinators. The Administrator will be responsible for:
 - a. Serving as DOC's liaison with the Virginia Department of Labor and Industry (DOLI) Cooperative Programs Manager.
 - b. Ensuring that the DOC's Challenge program meets established criteria.
 - c. Guiding participants through the Challenge Program Stages.
 - d. Appointing and assigning duties to DOC Regional Challenge Program Coordinators.
 - e. Collecting and reporting data required by the OSHA Challenge Tracking Participant Status (OCTPS) system.
 - f. Providing summary and program progress information to DOC executive staff and the DOLI Cooperative Programs Manager.
4. DOC facilities that wish to pursue Star Certification should contact the DOC Infrastructure and Environmental Management Unit about entry into the Challenge Program.

V. Inmate/Probationer/Parolee Injury Prevention - Work Programs

A. Though inmates/probationers/parolees may be assigned to work programs and remunerated they are not employees unless employed by a public employer in a work-release program pursuant to COV §53.1-60, *Extending limits of confinement of state prisoners for work and educational programs; disposition of wages; support of certain dependents; penalties for violations*, or COV §53.1-131, *Provision for release of prisoner from confinement for employment, educational or other rehabilitative programs; escape; penalty; disposition of earnings*. Therefore, except as stated, COV §65.2, *Virginia Workers' Compensation Act*, and the *Virginia Occupational Health and Safety Regulations* do not extend to inmates/probationers/parolees.

B. Assessment

1. Facilities will evaluate inmate/probationer/parolee work exposures and establish the necessary safety programs and site-specific rules to provide for inmate/probationer/parolee safety. (2-CI-1A-1)
2. The evaluation will take into consideration the needs of the facility, the hazards to which the inmate/probationer/parolee is exposed, as well as facility security requirements.
3. Where possible and congruent with security requirements, DOC should extend key components of applicable Virginia Occupational Health and Safety standards to inmate/probationer/parolee work exposures. (5-ACI-7A-07)

C. Orientation and Training



1. All inmates/probationers/parolees, prior to starting assigned work, must receive the necessary orientation and training to provide for their safety. (2-CI-1A-1)
 2. Inmates/probationers/parolees must not use potentially dangerous equipment or tools unless trained and authorized to do so. (2-CI-1A-2)
 3. The training will include knowledge and/or skills-based testing to ensure the inmate's/probationer's/parolee's understanding.
 4. Inmates/Probationers/Parolees assigned to industries receive orientation to employment conditions, including safety and operating instructions for equipment, hours of work, the pay plan, special rules and personnel policies affecting the inmate/probationer/parolee worker. (2-CI-3A-1)
 5. The training will be documented to include the date(s) of the training, the name of the trainer, the material covered, and the testing method.
 6. The training documentation will become part of the inmate's/probationer's/parolee's record.
- D. Inmate/Probationer/Parolee Injuries (2-CI-1A-6)
1. Inmates/Probationers/Parolees must comply with all safety rules and instructions or be subject to disciplinary action and/or removal from work assignments.
 2. Inmates/Probationers/Parolees must report all accidents, near misses, and unsafe conditions to their supervisor.
 3. All inmate/probationer/parolee accidents must be fully investigated to determine the cause and the appropriate corrective action.
 4. Periodically, the facility will conduct a trend analysis of inmate/probationer/parolee accidents to identify systemic or root causes. The analysis will be used to develop corrective/preventive measures.
- E. Inspections
1. The appropriate authority having jurisdiction to ensure that the facility remains in compliance with applicable health and safety standards will conduct inspections.
 2. This is to include an annual health and safety inspection of facility work, industry, and vocational education areas, weekly inspections by departmental staff and monthly inspections by the facility safety specialist. (5-ACI-7A-07)
 3. Inspections will only be conducted by staff that are properly trained and qualified to do so.
 4. Inspection deficiencies will be corrected immediately with corrective action noted or have work orders or corrective action plans submitted.

REFERENCES

Occupational Safety and Health Act of 1970 (OSHA), Section 18, *State Jurisdiction and State Plans*
OSHA Standard 29 CFR 1904, *Recording and Reporting Occupational Injuries and Illness*
OSHA Standard 29 CFR 1910.132, *General requirements.*
OSHA Standard 29 CFR 1910.134, *Respiratory Protection.*
OSHA Standard 29 CFR 1910.146, *Information Collection Requirements.*
OSHA Standard 29 CFR 1910.147, *The control of hazardous energy (lockout/tagout)*
OSHA Standard 29 CFR 1910.306, *Specific purpose equipment and installations.*
OSHA Standard 29 CFR 1910.333, *Selection and use of work practices.*
OSHA Standard 29 CFR 1910.1030, *Bloodborne pathogens*
OSHA Standard 29 CFR 1910.1200, *Hazard Communication.*
OSHA Standard 29 CFR 1926.417, *Lockout and tagging of circuits.*



OSHA Standard 29 CFR 1926.702, *Requirements for equipment and tools.*

Virginia Department of Labor and Industry, *Virginia Occupational Health and Safety Regulations*

Executive Order 109 (2010), *Workplace Safety and Employee Health*

COV Title 40.1, *Labor and Employment* (Virginia Labor Law)

COV §2.2-1832 et seq., *Division of Risk Management*

COV §53.1-60, *Extending limits of confinement of state prisoners for work and educational programs; disposition of wages; support of certain dependents; penalties for violations.*

COV §53.1-131, *Provision for release of prisoner from confinement for employment, educational or other rehabilitative programs; escape; penalty; disposition of earnings*

COV§65.2, *Virginia Workers' Compensation Act*

Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*

Operating Procedure 102.6, *Staff Orientation*

Operating Procedure 135.1, *Standards of Conduct*

Operating Procedure 261.3, *Workers' Compensation*

Operating Procedure 740.1, *Infectious Disease Control*

DOC Workers' Compensation Claims Manual

ATTACHMENTS

Attachment 1, *OSHA 300 Log of Work-Related Injuries and Illnesses*

Attachment 2, *Job Safety and Health Protection Poster*

Attachment 3, *Fatality and Catastrophe Notification*

FORM CITATIONS

Accident Investigation Report 303_F1

Accident Investigation Guide 303_F2

Workdays Lost or Restricted Because of Work Related Injuries 303_F3

Certification of Hazard Assessment 303_F4

Hazard Risk Assessment Certification 303_F5