

**Cheyenne VA Medical Center
and OSHA**

Interagency Partnership Agreement

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Interagency Partnership Agreement**

AN AGREEMENT BETWEEN
THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA),

DEPARTMENT OF VETERANS AFFAIRS
ROCKY MOUNTAIN NETWORK
VETERANS AFFAIRS MEDICAL CENTER (VAMC) CHEYENNE, WYOMING

and the

AMERICAN FEDERATION OF GOVERNMENTAL EMPLOYEES (AFGE) LOCAL 1014

and the

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS (IBEW) LOCAL 415

This partnership is in recognition of:

- The importance of having a safe and healthful work environment for the employees at the VAMC Cheyenne, initially focusing on the Nursing Home Care Unit (NHCU), and the need to implement a comprehensive program for safety and health.
- The value of employees, employers, management and employee representatives, bringing their respective skills to bear in a cooperative, focused, voluntary effort to ensure worker safety and health.
- Making the safety and health of every Federal worker a central value in each operation performed at the VAMC, especially at NHCU.
- Ensuring the VA's mission to serve America's veterans and their families with dignity and compassion and be their principal advocate in ensuring that they receive medical care, benefits, social support, and lasting memorials promoting the health, welfare, and dignity of all veterans in recognition of their service to this Nation.

PARTNERSHIP CORE ELEMENTS

I. OVERVIEW

Partnership Objectives

This partnership provides a means to address two significant hazards at the Veterans Affairs Medical Center (VAMC) Cheyenne Nursing Home Care Unit (NHCU) by utilizing the best practices in safety and health management and ergonomic program management. The lessons learned with this partnership may be leveraged to the other nursing homes operated by the Department of Veterans Affairs in Colorado, Wyoming and Utah. This partnership supports OSHA's Strategic Plan which identifies the nursing home industry as a high-hazard industry. The partnership also focuses on the goals of the Federal Worker 2000 Initiative to reduce injuries and illnesses in the Federal sector.

Hazards to be addressed

There are two main hazards, which will be addressed by the partnership;

- Ergonomic injuries and illnesses due to handling residents
- Workplace violence injuries related to resident aggression

The partners agree that injuries caused by resident lifting and transfers and workplace violence related to resident aggression are two of the primary causes of injuries responsible for high lost time case rates (LTCR) at the VAMC NHCU in Cheyenne, Wyoming. In fiscal year 2000 the total case rate (TCR) for the NHCU was 48.1 injuries and illnesses per 100 employees and the LTCR was 7.4 injuries and illnesses per 100 employees. The two main hazards represent 85% of the total case rate for the NHCU. For comparison the LTCR for the entire VAMC Cheyenne medical facility was 1.7 injuries and illnesses per 100 employees for fiscal year 2000.

At the present time, a comprehensive ergonomics program has not been fully implemented to address such issues as job hazard analyses and controls, light duty or restricted jobs, and the reporting and managing of musculoskeletal disorders (MSD's). This partnership will address these program deficiencies in an attempt to identify and eliminate or significantly reduce the stressors contributing to ergonomic injuries and illnesses related to resident transfers.

II. IDENTIFICATION OF PARTNERS

The partners in this program are OSHA, the Department of Veterans Affairs, Cheyenne VA Medical Center (VAMC Cheyenne), VA Rocky Mountain Network/Veterans Integrated Service Network (VISN), the American Federation of Government Employees (AFGE) Local 1014 and the International Brotherhood of Electrical Workers (IBEW) Local 415. The AFGE and IBEW represent the bargaining unit employees at this establishment. OSHA, VAMC Cheyenne, AFGE Local 1014 and IBEW Local 415 agree to the joint implementation of this agreement. This agreement places a high priority on the implementation of OSHA's Framework for a

Comprehensive Health and Safety Program in Nursing Homes.

III. GOALS

The goal of this program is to decrease workplace hazards by focusing on injuries related to patient handling and resident aggression in the NHCU. Implementing the following commitments and fully implementing a comprehensive safety and health program will accomplish this goal.

The partnership goals for the Nursing Home Care Unit are to reduce the two main hazards impacting the VAMC;

- Ergonomic stressors
- Workplace violence related to resident aggression

Specific Goals for VAMC NHCU:

- 1) Reduce the total case rate (TCR) by 5% per year,
- 2) Reduce the lost time case rate (LTCR) by 10% per year,
- 3) Reduce the rate of lost production days (i.e. the number of days employees spend away from work) by 2% per year,
- 4) Implementation of the document *OSHA's Framework for a Comprehensive Safety and Health Program for Nursing Homes*.
- 5) Reduce workers' compensation costs by 2% per year.

PARTIES COMMITMENTS

The OSHA Denver Area Office commits to:

- 1) Develop a Nursing Home Safety and Health compliance assistance CD-ROM in collaboration with the Salt Lake City Technical Center. Copies of CD-ROM will be provided to the VAMC. The CD-ROM will be provided within 6 months of signing of the agreement.
- 2) Participate in safety and health training sessions for the NHCU throughout the life of the agreement when resources permit. The DAO will participate in at least one training session per year for the duration of the agreement.
- 3) Issue a press release publicizing the cooperative effort of the partners to enhance safety and health of federal employees. Press releases will be drafted at the time the agreement is signed and at the conclusion of the partnership.
- 4) Provide training on the use of the Safety and Health Program Assessment Worksheet (OSHA Form 33). The training will be conducted within two months of signing the agreement.
- 5) Provide a training session on the Framework for a Comprehensive Health and Safety Program in Nursing Homes document. The training will be conducted within six months of signing the agreement.

- 6) Provide recordkeeping training on both the Federal form and the OSHA 200 and 300 forms to the NHCU. The training will be conducted within the first six months of the agreement.
- 7) Provide Agency Technical Assistance Requests (ATAR) based on resource demands at the time of the request. The NHCU will be given special consideration.
- 8) Provide technical assistance as a resource to assist in identifying the causal factors of injuries and illnesses occurring at the VAMC.
- 9) Loan technical equipment to the VAMC for evaluating workplace conditions.
- 10) Assist the VAMC in understanding the requirements for being qualified and eligible to participate in the Federal Agency Voluntary Protection Program (FAVPP) by the end of the agreement.
- 11) Investigate the possibility of bringing one OSHA Training Institute (OTI) safety and health course to Cheyenne, Wyoming during the agreement.
- 12) Conduct a joint presentation with the staff of the VAMC to the Federal Safety and Health Council in Wyoming during the second year of the agreement.

The VAMC Cheyenne commits to:

- 1) Implement a comprehensive ergonomics program. This will include a comprehensive review of hazards associated with the transfer of patients and applicable controls to reduce ergonomic injuries and illnesses during patient transfers. The VAMC will also maximize the use of already purchased patient handling devices to reduce injuries and illnesses. The comprehensive ergonomic program will be completed by the end of the first year of the agreement.
- 2) Review and provide additional training to the NHCU employees regarding the existing Violent Behavior Prevention Program (Center Directive 116-98-1 dated March 3, 1998), which will assist in enhancing the current program. The review and updated training will be completed within 6 months after signing the agreement.
- 3) Job hazard analyses will be conducted for all job tasks related to ergonomic injury and illnesses associated with resident transfers and resident aggression. The job hazard analysis will be completed by the end of the first year of the agreement.
- 4) Modify the current year injury and illness log to be consistent with the intent of the federal occupational injury and illness log.
- 5) Incorporate the private sector injury and illness recordkeeping system (OSHA 200) into the NHCU for the purpose of being able to compare the NHCU injury/illness rate to the private sector.
- 6) Implement an updated comprehensive Latex Allergy Policy and Program. The overall goal is to make the VAMC a latex-safe environment by the end of the second year of the agreement.
- 7) Review the current Tuberculosis (TB) Infection Control Plan (Center Directive 11-01-3 dated February 9, 2001) to determine if policy is consistent with the most current CDC guidelines and OSHA policy. The review will be completed within six months of signing the agreement.
- 8) Review and evaluate the status of the NHCU compliance with the new provisions of

- 1910.1030 Bloodborne Pathogens standard dated January 18, 2001. The VAMC agrees to be a model workplace on the elimination of needle stick injuries and implementation of safer needle device technology. The VAMC also agrees to evaluate compliance with implementation of safer needle devices at two satellite clinics located in Fort Collins and Greeley. This will be implemented for all sites within 6 months of signing the agreement.
- 9) Install the OSHA Nursing Home compliance assistance CD-ROM on the VAMC Cheyenne intranet for use by all employees. The use of the Nursing Home eCAT will be incorporated into the existing training program for employees in the Nursing Home Care Unit within the first year of signing the agreement.
 - 10) Provide copies of the OSHA Nursing Home compliance assistance CD-ROM and OSHA 's Framework for a Comprehensive Safety and Health Program for Nursing Homes to the participating nursing homes as part of the VA Community Placement Program. The VAMC assessment team will also provide an explanation of the information to the nursing homes participating in the VA Community Placement Program during the annual visit for the duration of the agreement.
 - 11) Mentor at least one other nursing home in the area for each year of the agreement focusing on excellence in safety and health program management.
 - 12) Assess the NHCU within three months of signing the agreement and annually thereafter using the Safety and Health Program Assessment Worksheet (OSHA Form 33).
 - 13) Conduct with assistance from the VA Rocky Mountain Network, focused annual recordkeeping audits to review the log of occupational injuries and illnesses. The VAMC Cheyenne will survey 5% of employees to ensure the accuracy of the injury and illness data for the Nursing Home Care Unit.
 - 14) Provide to OSHA within 60 days of signing of this agreement, the Federal Log of Occupational Injuries and Illnesses and workers' compensation data for 1998, 1999, and 2000. The VAMC also agrees to provide the OSHA 200 log for the year 2000. Annually thereafter, the Federal Log of Occupational Injuries and Illnesses, OSHA 200 log data and workers' compensation data for the years 2001, 2002, 2003 and 2004 will be provided. This will include total costs to date, total incurred costs, total number of claims, and a total of incidents contributing to the claims. Measurement data will be evaluated and provided to OSHA at six-month intervals starting six months from the date of approval of this partnership.
 - 15) The VAMC agrees to conduct a presentation to the Federal Safety and Health Council of Wyoming within one year of signing the agreement.

IV. MEASUREMENT

The measurement components of this program are:

Long Range Measures for the NHCU

- 1) The implementation of OSHA 's Framework for a Comprehensive Health and Safety Program in Nursing Homes document using Form 33 each year. The scores will be compared on an annual basis.
- 2) The percent reduction in total recordable injuries and illness rate (TCR).
- 3) The percent reduction in the lost time case rate for injuries and illnesses (LTCR).
- 4) The reduction in worker compensation costs as provided by the Office of Workers' Compensation Programs (OWCP).
- 5) The reduction of lost production days.
- 6) The number of other nursing homes where OSHA 's Framework for a Comprehensive Health and Safety Program in Nursing Homes has been implemented.

Interim Measures

- 1) The implementation of an accurate record keeping system by the end of the first year of the agreement for the NHCU.
- 2) Number of other nursing homes where safety and health information is provided per year.
- 3) Number of employees trained in the NHCU using the Nursing Home eCAT per year.
- 4) Completion of the items listed under the statement of agreement section.

The primary measurement system will be evaluation of data from VAMC Cheyenne including the Federal Log of Occupational Injuries and Illnesses and workers' compensation data from OWCP. The OSHA 200 information will include total numbers, total case rate (TCR), lost time case rate (LTCR), a breakdown of data by job title, breakdown of data by injury/illness description, and a breakdown of data by nature of the incident. Baseline data will include the years 1998, 1999, and 2000. This data will continue to be collected for the years 2001, 2002, 2003 and 2004. The VAMC Cheyenne also agrees to provide the same information for the entire VAMC Cheyenne. The information will be provided one month after the end of each year.

V. SAFETY AND HEALTH PROGRAM

NHCU will implement an effective safety and health program in accordance with OSHA's Framework for a Comprehensive Safety and Health Program in Nursing Homes. The program will incorporate major program elements of management commitment, employee involvement, worksite analysis, hazard prevention and control, medical management, training/education and evaluation.

Additionally, NHCU agrees to implement an ergonomic program, including conducting an ergonomics evaluation of the jobs in the nursing home care unit considered to have ergonomic injuries and illnesses related to patient transfers and evaluate engineering and administrative controls.

VI. EMPLOYEE INVOLVEMENT AND EMPLOYEE RIGHTS

The employees represented by the AFGE and IBEW are active members in the Safety, Occupational Health & Fire Protection Committee. This will assist in accomplishing employee involvement for the partnership. Additionally, the VAMC Cheyenne Partnership Council incorporates employee involvement through labor/management relations. The AFGE and IBEW will continue to be actively involved in the implementation of the existing safety and health program. During the implementation and incorporation of the Comprehensive Safety and Health Program for Nursing Homes guideline into the existing program the AFGE and IBEW will also be active participants.

This partnership does not preclude employees from exercising their rights under Executive Order 12196 and 1960 regulations, including discrimination rights. The VAMC will also commit to ensuring employees are not subject to restraint, interference, coercion, discrimination, or reprisal for filing a report of an unsafe or unhealthful condition, or other participation in the safety and health program or Agreement.

VII. STAKEHOLDER INVOLVEMENT

The stakeholders potentially affected by the agreement are Wyoming Department of Employment/Worker's Safety and Compensation Division, and various Veterans' organizations such as VFW, American Legion and Disabled American Veterans (DAV).

VIII. OSHA INCENTIVES

The VAMC NHCU will receive unprogrammed inspections only in response to reports of imminent danger, fatalities/catastrophes, referrals and signed formal complaints. OSHA will use telephone and fax procedures to handle all other complaints except in cases of reported serious injuries. OSHA commits to using the phone and fax procedures for complaints and referrals when appropriate. The parties calling will be advised of the partnership and be advised of the expedited procedures of phone and fax.

Additionally, OSHA commits to providing the items set forth in the Statement of Agreement.

IX. AUDIT REVIEW

VA Rocky Mountain Network office will conduct an annual audit to determine the effectiveness of the safety and health program. One evaluation tool the VA Rocky Mountain Network office will utilize is the OSHA Safety and Health Program Assessment Worksheet (OSHA Form 33) to determine the status of performance with the partnership elements.

X. OSHA INSPECTIONS

VAMC Cheyenne will remain subject to OSHA inspections and investigations in accordance with established agency procedures. Specifically, OSHA will inspect all formal complaints, referrals, serious accidents and fatalities/catastrophes. The scope of the complaint and referral inspections will focus on the specifics of the complaint or referral.

XI. PARTNERSHIP EVALUATION

OSHA will complete, within one year of partnership implementation, an evaluation using the guidelines provided in the OSHA Strategic Partnerships for Workers Safety and Health, Directive Number TED 8-0.2, Appendix C.

The partners will hold periodic phone conference calls or onsite meetings monthly during the first six months of the agreement to assess the progress of the partnership. The conference calls or meetings will be conducted at least every 6 months thereafter.

VAMC Cheyenne, with input from the AFGE Local 1014 and IBEW Local 415, will be requested to attend an annual evaluation meeting with OSHA to determine progress of their safety and health program. The injury and illness records and worker compensation data will be obtained every six months and analyzed for each year of the partnership. The OSHA evaluation should also determine and identify future goals and objectives for continued improvements.

XII. LEVERAGING

OSHA is leveraging its resources by incorporating in the agreement safety and health best practices for healthcare facilities, which will be shared with the other Veteran Affairs Nursing Home Care Units, located in Denver, Grand Junction and Salt Lake City. Healthcare safety and health information will also be shared with the outpatient clinics in Fort Collins and Greeley. The parties also agree that the program, if successful, will be expanded into the entire hospital facility in Cheyenne. The VA Community Placement Program will leverage outreach and compliance assistance by providing safety and health information to participating nursing homes throughout Wyoming and Colorado. The VAMC Cheyenne will volunteer to mentor nursing homes in the area in workplace safety and health. The VAMC will notify the Denver Area Office when mentoring has commenced.

XIII. TERMINATION

This partnership will expire three years from the date of approval, December 03, 2004. If any party should choose to withdraw prior to this date, 30 days written notice will be given, and the program will terminate. The partners in this agreement may also propose modifications or amendments to this program.

SIGNATORY PAGE

_____ Date _____
Herb Gibson
Area Director
Denver Area OSHA Office

_____ Date _____
David M. Kilpatrick
Medical Center Director
Cheyenne VA Medical Center

_____ Date _____
Terrence S. Batliner, DDS, MBA
VISN #19/ Network Director

_____ Date _____
Joshua Elvove
VISN #19

_____ Date _____
Mark Huff
VAMC Cheyenne IH/Safety Manager

_____ Date _____
Earl "Scotty" MacKenzie
AFGE Local 1014

_____ Date _____
Harold Peterson
IBEW Representative Local 415