

THE SECRETARY OF LABOR'S REPORT TO THE PRESIDENT ON THE STATUS OF FEDERAL AGENCIES' OCCUPATIONAL SAFETY AND HEALTH PROGRAMS

Calendar Year 2020



**UNITED STATES DEPARTMENT OF LABOR
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION**

Table of Contents

Executive Summary _____	4
Agencies Failing to Submit Annual Reports for CY 2020 _____	5
OSHA Activities _____	6
Agencies Activities _____	6
The Secretary's Report to the President _____	7
Section 1 - OSHA Activities _____	8
OSHA Enforcement Activities _____	8
OSHA Enforcement Inspections _____	9
CY 2020 OSHA Enforcement Inspection Activities _____	10
OSHA Significant/Novel Enforcement Cases _____	10
OSHA Oversight of Agencies OSH Programs _____	12
Agencies OSH Program Self-Evaluations _____	12
Overview of Agencies OSH Program Self-Evaluation Findings _____	14
Operational Component Assessment _____	18
Self-Inspection Attribute _____	18
Work Rules and Practices Attribute _____	19
Managerial Component Assessment _____	19
Incidence Data Attribute _____	19
Annual SHMS Review Attribute _____	20
Knowledge, Skills, and Information Attribute _____	20
Cultural Component Assessment _____	21
Resource Allocation Attribute _____	22
Employee Involvement Attribute _____	22
Protecting Employees, Enabling Reemployment Initiative _____	23
Injury and Illness Statistics and Workers' Compensation Costs _____	23
Recordkeeping _____	24
Compliance Assistance _____	24
Agency Technical Assistance Requests _____	25
Field Federal Safety and Health Councils _____	26
Alternate and Supplementary Standards _____	27

FEDWEEK _____	28
Federal Agency OSH Managers' Roundtable _____	28
Section 2 - Federal Agency OSH Activities _____	29
Fatalities, Hospitalizations, and Amputations _____	29
OSHA Committees and Councils _____	30
Certified Safety and Health Committee _____	31
Other OSHA Committees and Councils _____	31
Hazard Identification and Control Measures _____	32
Identifying, Controlling, and Analyzing Hazards _____	32
COVID-19 Response _____	36
Motor Vehicle Safety _____	40
Product Safety Programs _____	45
Whistleblower Protection Programs _____	46
OSHA Training _____	46
Federal Employees Overseas _____	47
Specific Agency Reporting Requirements _____	48
General Services Administration _____	48
National Institute for Occupational Safety and Health _____	49
Appendices _____	50
Appendix 1. <i>Active FFSHCs by OSHA Region, CY 2020</i> _____	50
Appendix 2. <i>Agency Requests for Technical Assistance from NIOSH, CY 2018 through CY 2020</i> _____	51
Appendix 3. <i>Investigations, by Type, Completed by NIOSH during the Reporting Period, CY 2018 through CY 2020</i> _____	52
Appendix 4. <i>Assistance Requests, by Department and Agency and Exposure Group, Received by NIOSH, CY 2020</i> _____	53
Appendix 5. <i>Assistance Requests, by Department and Agency and Health Problem, Received by NIOSH, CY 2020</i> _____	54
Appendix 6. <i>Fatalities, Hospitalizations, and Amputations Reported by Federal Departments and Agencies in CY 2020</i> _____	55
Appendix 7. <i>Examples of Hazard Abatement Tracking Mechanisms Used by Agencies</i> _	76

Executive Summary

The onslaught of the pandemic due to the severe acute respiratory syndrome coronavirus 2 (SAR-CoV2), the virus causing the coronavirus disease of 2019 (COVID-19) in calendar year (CY) 2020 highlighted the importance of the Occupational Safety and Health Administration's (OSHA) mission "to ensure safe and healthful working conditions for workers by setting and enforcing standards, and by providing training, outreach, education, and assistance." Assessing and reassessing the ever changing effect of the pandemic, OSHA provided ongoing guidance to employers on how best to protect workers from contracting COVID-19 by preventing exposure, and enhancing the effectiveness of their occupational safety and health (OSH) programs. During CY 2020, OSHA supported federal agencies and protected their workers by providing OSH guidance tools, compliance assistance, training, and conducting inspections, to address the impact of the pandemic as well as other safety and health hazards.

The Occupational Safety and Health Act of 1970, Executive Order (E.O.) 12196, Occupational Safety and Health Programs for Federal Employees, and Title 29 Code of Federal Regulations (CFR) § 1960 provide the framework and requirements for federal agency occupational safety and health responsibilities. These requirements are broader than those prescribed in the OSH Act for private sector employers. For example, unlike private sector employers, federal agencies are required to develop and operate safety and health programs, and submit annual reports to the Secretary of Labor. While E.O. 12196 and 29 CFR Part 1960 provide the basic program elements for agencies OSH programs, those elements contain numerous provisions which, by their terms, permit agency heads the flexibility necessary to implement their programs in a manner consistent with their respective missions, sizes, and organizations. Agencies' annual reports in turn allow OSHA one method for assessing the administration and operation of these programs. Each year, as specified in 29 CFR Part 1960, OSHA provides guidance and format for the report. For CY 2020, OSHA required federal agencies to describe the implementation of the components of their programs, their response to the COVID-19 pandemic, and any impact it had on their operations.

The "Secretary of Labor's Report to the President on the Status of Federal Agencies CY 2020 OSH Programs" analyzes the information provided by federal agencies to the Secretary of Labor in their CY 2020 Federal Agency Reports, and includes an account of the activities that OSHA conducted at or with federal agencies during CY 2020. This report also summarizes the injury and illness rates for federal Executive Branch employees; includes the number of fatalities reported by federal agencies; and details how federal agencies' injury and illness rates, and the number of fatalities, were impacted by the COVID-19 pandemic. The information herein fulfills the Secretary's responsibility to prepare an annual Report to the President (Section 19(b) of the OSH Act; 29 CFR § 1960.71(a)(3)).

The following are specific requirements of the OSH Act of 1970, E.O. 12196, and 29 CFR § 1960 on the responsibilities of the heads of federal agencies and the Secretary of Labor in regards to OSH program implementation:

- Section 19(a) of the OSH Act (29 United States Code (U.S.C.) § 668(a)) directs the head of each federal agency to "establish and maintain an effective and comprehensive

occupational safety and health program which is consistent with the occupational safety and health standards promulgated under Section 6 (29 U.S.C. § 655).”

- Section 19(a)(5) of the OSH Act (29 U.S.C. § 668(a)(5)) requires federal agency heads to “make an annual report to the Secretary with respect to occupational accidents [incidents] and injuries and the agency’s program under this section.”
- E.O. 12196, *Occupational Safety and Health Programs for Federal Employees*, guides the heads of federal Executive Branch agencies in implementing Section 19 of the OSH Act, and directs the Secretary to issue a set of basic program elements to assist agencies in carrying out their responsibilities.
- 29 CFR § 1960, *Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters*, establishes the requirements for agency heads to implement OSH programs in their respective agencies.
- Section 19(b) of the OSH Act requires the Secretary to inform the President about the status of federal agencies’ OSH programs and the accidents (incidents) and injuries that occurred at federal worksites.
- Per 29 CFR § 1960.72(a), each agency must submit to the Secretary by May 1 of each year all information included on the agency’s previous calendar year’s occupational injury and illness recordkeeping forms. The information submitted must include all data entered on OSHA Form 300, Log of Work-Related Injuries and Illnesses (or equivalent); OSHA Form 301, Injury and Illness Incident Report (or equivalent); and OSHA Form 300A, Summary of Work-Related Injuries and Illnesses (or equivalent).

Agencies Failing to Submit Annual Reports for CY 2020

Recognizing the challenges federal agencies faced, due to the ongoing COVID-19 pandemic, OSHA took extra steps to assist agencies in completing their CY 2020 Federal Agency Reports. OSHA granted agencies multiple extensions of the submission deadline for the report, repeatedly contacted agencies to offer assistance, and reminded agencies of their obligation to submit an annual report.

OSHA did not receive CY 2020 Federal Agency Reports required by Section 19(a)(5) of the OSH Act (29 U.S.C. § 668(a)(5)) from the following 12 agencies:

- Advisory Council on Historic Preservation
- Commission of Fine Arts
- Corporation for National and Community Service
- Federal Communications Commission
- Federal Deposit Insurance Corporation
- Harry S. Truman Foundation
- National Endowment for the Humanities
- Office of Special Counsel
- Selective Service System

- Social Security Advisory Board
- U.S. International Development Finance Corporation¹
- U.S. Trade and Development Agency

OSHA Activities

OSHA enforcement, oversight, and compliance assistance activities regarding federal agencies, focused largely on preventing the spread and responding to concerns about occupational exposures to SARS-CoV-2, the virus that causes COVID-19. Enforcement activities included inspections of federal worksites, to identify violations of OSHA standards, and to monitor agencies' injury and illness rates. Oversight activities consisted of monitoring quarterly injury and illness rates, and assessing agencies' OSH programs. Compliance assistance activities included consulting with federal agencies, explaining the importance of effective OSH programs, and highlighting best practices or innovative methods applied in the OSH field.

Agencies Activities

Agencies executed OSH programs and evaluated their effectiveness, reporting that they invested resources to cultivate their OSH programs, and increase safety and health awareness in their workplaces. In addition, agencies reported revising policies, procedures, and manuals; developing new OSH training; and establishing new training methods. Agencies investigated, and tracked incidents involving work-related fatalities, hospitalizations, and amputations, and reported them to OSHA as required.

All federal agencies were impacted by the COVID-19 pandemic to varying degrees, and had to implement appropriate strategies to prevent occupational exposures. In general, agencies implemented maximum telework flexibilities at the direction of the United States Office of Management and Budget. In addition, agencies maintained mission critical operations only, at their facilities, requiring a limited number of workers to report onsite. This strategy was essential to reduce the risk of exposure. Yet, those agencies with more mission critical operations, were most negatively impacted by COVID-19.

¹ U.S. International Development Finance Corporation was formerly known as Overseas Private Investment Corporation.

THE SECRETARY'S REPORT TO THE PRESIDENT

Section 1 - OSHA Activities

Ensuring that workers have a safe and healthful workplace is the core mission of OSHA. OSHA sets and enforces standards and continually evaluates hazards and risks to the health and safety of workers. OSHA uses both regulatory and non-regulatory approaches to address a broad array of workplace safety and health hazards, to accomplish its mission in the federal sector. Taking a multifaceted approach, OSHA provides agencies with oversight, training, and compliance assistance to support agencies in protecting their workers from existing and emerging hazards such as the novel coronavirus.

Federal agencies are required per 29 CFR § 1960.79 and 1960.71(a)(1) respectively to conduct self-evaluations and document findings of their occupational safety and health (OSH) programs in their annual Federal Agency Reports. OSHA uses this OSH program information in the annual Federal Agency Reports to assess their overall performance. OSHA also performs a wide range of outreach and compliance assistance activities to foster cooperative participation with agencies. These include, providing agencies with technical assistance, educational materials, and training to facilitate compliance with OSHA standards.

In CY 2020, OSHA developed and maintained a COVID-19 web page on [osha.gov](https://www.osha.gov) to provide updated safety and health information during the pandemic. OSHA's COVID-19 webpage provides information on OSHA requirements, guidance materials, and tools. Throughout the year, OSHA developed a number of compliance assistance materials to promote workplace safety and health during the pandemic, which included such publications and posters such as *Guidance on Returning to Work*; *Worker Exposure Risk to COVID-19*; *Guidance on Preparing Workplaces for COVID-19*; *Steps to Protect Cleaning Staff During COVID-19*; *Seven Steps to Correctly Wear a Respirator at Work*, and; *Ten Steps all Workplaces Can Take to Reduce Risk of Exposure to Coronavirus*.

OSHA Enforcement Activities

During CY 2020, OSHA expended resources to assist employers with preventing workplace exposures to COVID-19; and to provide OSHA enforcement personnel with the protection necessary to allow them to safely perform inspections during the pandemic. OSHA's response to the COVID-19 pandemic prioritized enforcement actions to enable the best use of resources, by focusing on agencies that had the most workers exposed to COVID-19.

In CY 2020, OSHA issued various enforcement memoranda to provide guidance in regards to the COVID-19 pandemic such as employer's good faith effort; decontamination of filtering facepiece respirators in healthcare; respiratory protection fit testing for N95 filtering facepieces; respiratory protection and N95 shortages; use of respiratory protection equipment certified under standards of other countries; interim enforcement response plan; and recordkeeping for COVID-19 cases.

OSHA continued programmed inspections under the nationwide Federal Agency Targeting Inspection Program (FEDTARG) that targets federal agency establishments with high injury and illness rates. In CY 2020, OSHA issued four federal agency significant and novel cases, three of

these cases involved the Department of Defense and one involved the Department of Veterans Affairs.

OSHA Enforcement Inspections

OSHA's enforcement strategy employs a combination of unprogrammed and programmed inspections to promote safe and healthful workplaces. Unprogrammed inspections include investigating complaints, claims of imminent danger, and serious incidents involving fatalities, amputations, and in-patient hospitalizations. Programmed inspections are those targeted at specific workplace hazards or high-hazard workplaces where rates of injuries and illnesses exceed industry averages. By targeting and reaching the most hazardous workplaces, OSHA helps to reduce occupational injuries, illnesses, and fatalities.

OSHA categorizes inspections as related to either the occupational safety or health of workers. Safety inspections focus on workers exposure to hazards such as slips, trips, and falls; electrical hazards; unguarded or inadequately guarded machines; and workplace violence. Health inspections focus on workers exposure to health hazards such as exposure to hazardous chemicals (e.g., carcinogens, reproductive toxicity); physical hazards (e.g., excessive noise, sources of radiation, extreme temperatures – heat or cold); biological hazards (e.g., sources of infectious diseases, molds, toxic or poisonous plants, animal materials); and ergonomic risk factors (e.g., heavy lifting, repetitive motions, tasks with significant vibration).

If OSHA discovers that workers are exposed to safety and/or health hazards, the OSHA compliance safety and health officer will document the conditions and determine if an OSHA standard was violated. If federal agencies violate a standard, OSHA issues *Notices of Unsafe or Unhealthful Working Conditions* (Notices). These are similar to private sector citations, but without monetary penalties.

As in the private sector, different types of violations indicate the severity of the hazard or the agency's response to the condition:

- *De Minimis* violations have no direct or immediate relationship to safety or health and do not result in a notice.
- Other-Than-Serious violations describe hazards that cannot reasonably be predicted to cause death or serious physical harm to exposed employees, but do have a direct and immediate relationship to their safety and health.
- Serious violations involve hazards that could cause injury or illness that would most likely result in death or serious physical harm to the employee(s).
- Willful violations exist where an agency has demonstrated either an intentional disregard for the requirements of the OSH Act or a plain indifference to employee safety and health.
- Repeat violations occur when an agency's prior Notice for the same or a substantially similar condition has become a final order.

- Failure-To-Abate violations occur when the agency fails to correct a violation for which OSHA has issued a Notice, and the abatement date has passed or is covered under a settlement agreement. A *failure-to-abate* also exists when the agency has failed to comply with the interim measures of a long-term abatement agreement within the specified timeframe.

OSHA Enforcement Inspection Activities

In CY 2020, OSHA conducted 195 programmed inspections and 279 unprogrammed inspections at federal worksites (see Table 1, OSHA Federal Agency Programmed and Unprogrammed Inspection Activities, CY 2018 through CY 2020). Of those inspections, 131 were related to COVID-19.

On average, each programmed inspection identified 1.92 violations while each unprogrammed inspection identified 0.62 violations. OSHA found that 80 percent of establishments receiving programmed inspections and 38 percent of establishments receiving unprogrammed inspections were not in compliance. Overall, OSHA identified 710 violations: 482 Serious, 3 Willful, 61 Repeat, and 164 Other-Than-Serious.

The number of programmed inspections decreased in CY 2020, compared to CY 2019, and the average number of violations per programmed inspection also decreased (see Table 1, OSHA Federal Agency Programmed and Unprogrammed Inspection Activities, CY 2018 through CY 2020). The number of unprogrammed inspections decreased in CY 2020, compared to CY 2019, but the average number of violations per unprogrammed inspection stayed the same (see Table 1).

Table 1. OSHA Federal Agency Programmed and Unprogrammed Inspection Activities, CY 2018 through CY 2020

	CY 2018	CY 2019	CY 2020
Programmed Inspections	269	388	195
Percent in Compliance	23.8	30.5	20
Average Number of Violations per Inspection	2.81	3.07	2.55
Serious, Willful, Repeat Violations	486	529	374
Average Number Serious, Willful, Repeat Violations	1.81	1.36	1.92
Unprogrammed Inspections	348	325	279
Percent in Compliance	44.2	50.5	62.3
Average Number of Violations per Inspection	2.54	2.33	2.33
Serious, Willful, Repeat Violations	290	261	172
Average Number Serious, Willful, Repeat Violations	0.83	0.8	0.62
Total Inspections	617	713	474

OSHA Significant/Novel Enforcement Cases

In the private sector, significant cases are those that carry penalties of more than \$180,000. By law OSHA does not assess penalties against federal agencies. However, some OSHA enforcement actions involving federal agencies become “significant/novel cases” based on the penalty amount a private sector establishment might have incurred for similar violations. These cases require higher-level OSHA review, prior to issuance.

OSHA issued four federal agency significant/novel case reports in CY 2020, three of these cases involved the Department of Defense, and one involved the Department of Veterans Affairs (see Table 2, Summary of OSHA Significant/Novel Cases Involving Federal Agencies).

Table 2. *Summary of OSHA Significant/Novel Cases Involving Federal Agencies*

Department/Agency	Inspection Type	Violations
VA–Maine Healthcare System Augusta, Maine	Un-programmed – Complaint	Serious: 4 Repeat: 5 O-T-S: 1
OSHA issued a Notice for repeat, serious, and other-than-serious violations for respiratory protection, PPE lead, asbestos, walking-working surfaces, housekeeping, and hazard communication.		
DoD – Defense Commissary Agency Quantico, Virginia	Un-programmed - Complaint	Serious: 3 Repeat: 2 Willful: 1
OSHA initiated this inspection following a complaint alleging that employees without proper training were operating meat cutting saws. OSHA found violations related to fire protection electrical hazards and machine guarding.		
DoD – Defense Commissary Agency Portsmouth, Virginia	Un-programmed – Complaint	Serious: 2 Repeat: 2 Willful: 1
OSHA initiated this inspection as a result of an employee complaint alleging slip, trip, and fall hazards, blocked fire exits, and fire extinguishers. OSHA found violations related fire protection, hazard communication, machine guarding, exit routes and medical services/first aid.		
DoD – U.S. Air Force, Portland Air National Guard (PANG), 142 nd Fighter Wing Portland, Oregon	Unprogrammed - Fatality	Serious: 5 Willful: 2 O-T-S: 1

OSHA initiated the current inspections on October 1, 2019, following a formal complaint, but because PANG was on the Portland Area Office's Local Emphasis Program (LEP) list for federal agencies, OSHA conducted a full comprehensive program-planned inspection. OSHA found violations related to fixed ladders and fall protection.

OSHA Oversight of Agencies OSH Programs

OSHA collaborates and consults with the heads of federal Executive Branch agencies to provide assistance with implementing effective OSH programs. OSHA's oversight authority includes prescribing requirements and providing safety and health monitoring. OSHA issues basic program elements, as set forth in 29 CFR Part 1960, that agencies must use as the basis for their OSH programs. The regulations have a broad range of requirements, including directing agencies to conduct self-inspections of their workplaces, and to keep adequate records of all occupational accidents (incidents), injuries, illnesses, and fatalities for proper evaluation and corrective actions. OSHA determines the effectiveness of agencies' OSH programs by reviewing their self-evaluations, and injury and illness data.

Agencies OSH Program Self-Evaluations

Federal agencies' OSH programs are assessed by OSHA using information collected in agencies' annual reports, as required by CFR § 1960.80 and Section 1-401(h) of Executive Order 12196. Agencies are required to integrate OSH programs into all their organizational structures, and to systematically determine whether policies and procedures are appropriately developed and implemented. Within this framework, OSHA determines if an agency regularly monitors, and modifies if necessary, its OSH program policies and procedures to correct shortcomings, adapt to changing work environments, incorporate continuous improvement measures, encourage the participation of all workers, and promote workplace safety and health.

OSHA uses some aspects of OSHA Form 33, Safety and Health Program Assessment Worksheet, to assess the OSH programs of federal agencies. OSHA developed and validated Form 33 for use by OSHA On-Site Consultation programs nationwide, to evaluate the effectiveness of private sector employers' safety and health management systems. Based on the concept of an organizational safety and health program, Form 33 uses 58 attributes (or evaluation criteria) to assess the three main components of an OSH program: operations, management, and culture.

The operational component measures whether a program has a well-defined and communicated system to identify and correct hazards (i.e., control or eliminate hazards). The managerial component assesses whether the program incorporates effective planning, administration, training, leadership, and supervision to support the prevention or elimination of workplace hazards. The cultural component evaluates whether the program has developed an effective culture in which management and workers collaborate to successfully reduce or eliminate hazards. While the attributes within each of the components are distinct, they are interdependent.

For the CY 2020 report, OSHA asked agencies to evaluate their programs using seven of the 58 attributes in Form 33 (see Table 3, Evaluation Components and Attributes used in Agencies CY 2020 Self-Evaluations). Agencies were asked to rate each of the seven attributes based on the

formal agency policies and procedures in place during CY 2020; and select a response from one of the following options: does not exist, needs major improvements, needs minor improvements, or is highly effective.

The response “does not exist” indicates that the attribute was not in place at all. A response of “highly effective” indicates the attribute was completely effective and integrated into the OSH program, with ongoing continuous evaluation and improvement processes in place. The other two rating options indicate some aspect of the attribute is in place, needing either major or minor improvements, respectively. If an agency believed an attribute did not apply to its program, it selected the “not applicable” option.

In addition to rating each attribute, agencies were asked to provide information supporting each chosen attribute rating. Agencies were also asked to specify if and how the COVID-19 pandemic affected their attribute ratings.

Table 3. *Evaluation Components and Attributes used in Agencies’ CY 2020 Self-Evaluations*

Operational Component – 2 Attributes
<p>Hazard Anticipation and Detection</p> <p>1. Effective safety and health self-inspections are performed regularly—determines if personnel in the agency are regularly performing effective OSH inspections.</p> <p>Hazard Prevention and Control</p> <p>2. Effective safety and health rules and work practices are in place—determines if the agency has established both general workplace rules and specific work practices that prescribe safe and healthful behavior and task performance methods.</p>
Managerial Component – 3 Attributes
<p>Planning and Evaluation</p> <p>3. Hazard incidence data are effectively analyzed—determines if the agency uses hazard incidence data to set safety and health priorities.</p> <p>4. A review of the overall safety and health management system is conducted at least annually—determines if the agency periodically audits the management aspects of its Safety and Health Management System (SHMS), identifying progress and needed changes/improvements.</p> <p>Administration and Supervision</p> <p>5. Individuals with assigned safety and health responsibilities have the necessary knowledge, skills, and timely information to perform their duties—determines if the agency’s personnel have the understanding, skill, and current information needed to effectively fulfill their OSH responsibilities.</p>
Cultural Component – 2 Attributes
<p>Management Leadership</p> <p>6. Managers allocate the resources needed to properly support the agency’s safety and health program—determines if the agency’s managers demonstrate OSH leadership, promote a culture of safety and health in the organization, and support effective operation of the OSH program by allocating needed resources.</p> <p>Employee Participation</p>

7. There is an effective process to involve employees in safety and health issues— determines if there is an established organizational process that employees know, trust, and use to provide input regarding safety and health issues.

Overview of Agencies OSH Program Self-Evaluation Findings

For the CY 2020 reporting period, OSHA received responses from 86 of 98 agencies, an 88 percent response rate. Sixteen of the responding agencies (19 percent) selected an average rating of “highly effective” for each of the seven attributes in the OSH program components; 54 agencies (63 percent) indicated a need for minor improvements in most of their OSH program components; and 14 agencies (16 percent) indicated the need for major improvements. Two agencies (2 percent) indicated that most of the attributes assessed do not exist.

Overall, the CY 2020 assessment ratings indicated that 82 percent of agencies maintained effective OSH programs. However, most agencies reported postponing many of their routine OSH activities due to the COVID-19 pandemic impact.

Table 4a. Major Departments and Agencies’ Average OSH Program Ratings for CY 2020

Agency	Rating	Agency	Rating
Department of Agriculture	●	Department of Veterans Affairs	▲
Department of Commerce	▲	Department of the Air Force	▲
Department of Defense	▲	Department of the Army	▲
Department of Education	▲	Department of the Interior	▲
Department of Energy	▲	Department of the Navy	▲
Department of Health and Human Services	●	Department of the Treasury	▲
Department of Homeland Security	●	Environmental Protection Agency	▲
Department of Housing and Urban Development	▲	General Services Administration	▲
Department of Justice	●	National Aeronautics and Space Administration	▲
Department of Labor	▲	Social Security Administration	★
Department of State	▲	Tennessee Valley Authority	▲
Department of Transportation	▲		
Rating Legend			
★ Highly Effective – Completely in place			
▲ Needs Minor Improvements – Mostly in place with only minor improvements needed			
● Needs Major Improvements – Some portion/aspect is present but major improvement is needed			
○ Does Not Exist – No discernible indication that a portion or aspect is even in place			

NR – Data not reported by agency

Table 4b. *Smaller Independent Agencies' Average OSH Program Ratings for CY 2020*

Agency	Rating	Agency	Rating
AbilityOne Commission	●	Federal Labor Relations Authority	●
Access Board	★	Federal Maritime Commission	★
Advisory Council on Historic Preservation	NR	Federal Mediation and Conciliation Services	★
African Development Foundation	●	Federal Mine Safety and Health Review Commission	▲
Agency for Global Media	NR	Federal Reserve Board	▲
Agency for International Development	▲	Federal Retirement Thrift Investment Board	★
American Battle Monuments Commission	▲	Federal Trade Commission	▲
Armed Forces Retirement Home	▲	Harry S. Truman Foundation	NR
Central Intelligence Agency	▲	Holocaust Memorial Museum	★
Chemical Safety and Hazard Investigation Board	★	Institute of Museum and Library Services	▲
Commission of Fine Arts	NR	Inter-American Foundation	▲
Commission on Civil Rights	▲	International Boundary and Water Commission	▲
Commodity Futures Trading Commission	▲	International Trade Commission	●
Consumer Product Safety Commission	▲	James Madison Memorial Fellowship Foundation	▲
Corporation for National Community Service	NR	John F. Kennedy Center for the Performing Arts	●
Court Services and Offender Supervision Agency	★	Marine Mammal Commission	▲
Defense Nuclear Facilities Safety Board	▲	Merit Systems Protection Board	▲
Equal Employment Opportunity Commission	▲	James Madison Memorial Fellowship Foundation	▲
Export-Import Bank of the United States	●	John F. Kennedy Center for the Performing Arts	●
Farm Credit Administration	▲	Marine Mammal Commission	▲
Federal Communications Commission	NR	Merit Systems Protection Board	▲
Federal Deposit Insurance Corporation	NR	Millennium Challenge Corporation	▲
Federal Election Commission	★	Morris K. Udall & Stewart L. Udall Foundation	★

Agency	Rating	Agency	Rating
Federal Energy Regulatory Commission	▲	National Archives and Records Administration	▲
Federal Housing Finance	●	National Capital Planning Commission	▲
National Council on Disability	▲	Office of Special Counsel	NR
National Credit Union Administration	●	Office of the Director of National Intelligence	▲
National Endowment for the Arts	▲	Peace Corps	●
National Endowment for the Humanities	NR	Pension Benefit Guaranty Corporation	▲
National Gallery of Art	▲	Postal Regulatory Commission	▲
National Labor Relations Board	★	Presidio Trust	●
National Mediation Board	★	Railroad Retirement Board	★
National Science Foundation	▲	Securities and Exchange Commission	▲
National Transportation Safety Board	★	Selective Service System	NR
Nuclear Regulatory Commission	★	Small Business Administration	●
Nuclear Waste Technical Review Board	○	Smithsonian Institution	▲
Occupational Safety and Health Review Commission	★	Social Security Advisory Board	NR
Office of Government Ethics	▲	US Agency for Global Media	▲
Office of Navajo and Hopi Indian Relocation	▲	US International Development Finance Corporation	NR
Office of Personnel Management	▲	US Trade and Development	NR
Rating Legend			
<p>★ Highly Effective – Completely in place</p> <p>▲ Needs Minor Improvements – Mostly in place with only minor improvements needed</p> <p>● Needs Major Improvements – Some portion/aspect is present but major improvement is needed</p> <p>○ Does Not Exist – No discernible indication that a portion or aspect is even in place</p> <p>NR – Data not reported by agency</p>			

Table 5. Number of Federal Agencies Self-Assigned Ratings for each OSH Program Attribute, CY 2020.

Operational Component		Number of Agencies with the Self-Assigned Rating					
Subcomponent	Attribute	★	▲	●	⦿	NA	NR
Hazard Anticipation/Detection	Self-inspection	41	34	4	0	6	1
Hazard Prevention/Control	Work Rules and Practices	62	22	1	0	1	0
Managerial Component		Number of Agencies with the Self-Assigned Rating					
Subcomponent	Attribute	★	▲	●	⦿	NA	NR
Planning/Evaluation	Incidence Data	43	20	5	3	15	0
Planning/Evaluation	Annual SHMS Review	38	32	6	1	9	0
Administration/Supervision	Knowledge, Skills, and Information	54	25	4	0	3	0
Cultural Component		Number of Agencies with the Self-Assigned Rating					
Subcomponent	Attribute	★	▲	●	⦿	NA	NR
Management Leadership	Resource Allocation	49	28	6	0	2	1
Employee Participation	Process Involvement	55	26	2	0	2	1
Rating Legend							
<p>★ Highly Effective – Completely in place</p> <p>▲ Needs Minor Improvements – Mostly in place with only minor improvements needed</p> <p>● Needs Major Improvements – Some portion/aspect is present but major improvement is needed</p> <p>⦿ Does Not Exist – No discernible indication that a portion or aspect is even in place</p> <p>NR – Data not reported by agency</p>							

Operational Component Assessment

For CY 2020, most agencies reported that both attributes of the operational component were effective, as indicated by a “highly effective” or a “needs minor improvements” rating. The *self-inspection* attribute centers on whether an agency regularly conducts effective safety and health inspections where identified hazards are immediately corrected or scheduled for correction in the

agency's action plan. These inspections can be formal or informal. The *work rules and practices* attribute focuses on whether an agency's workplace rules regarding general conduct and safe work practices for specific operations are sufficiently communicated to employees and effectively implemented by ensuring that they are followed by all employees at all times.

As a result of the COVID-19 pandemic, most agencies closed their facilities to the public and shifted workers to a maximum telework posture. Essential staff continued to support critical agency functions. Most agencies indicated that comprehensive audits and inspections conducted by safety and health personnel were suspended. The shift to a virtual work environment also impacted safety and health rules and safe work practices. While OSH rules evolved and expanded due to the pandemic, the de-centralized workforce made it difficult for some agencies to engage staff on OSH matters. However, most agencies did report an increase in awareness for the effective use of personal protective equipment (PPE) and social distancing.

Self-Inspection Attribute

In CY 2020, 87 percent of responding agencies (75 agencies) provided a rating of "highly effective" or "needs minor improvements" for the *self-inspection* attribute. Several agencies, like the Agency for International Development, rated their *self-inspection* attribute as "need minor improvements" or "highly effective" but indicated that safety and health inspections were not conducted in CY 2020 due to the COVID-19 pandemic. Other agencies, like the Department of Health and Human Services (HHS), indicated that while the safety and health personnel remained onsite during the maximum telework posture, fewer self-inspections were completed because of building occupancy limits. HHS noted that, due to minimal employee presence, the number of safety and health deficiencies requiring correction was reduced to a negligible amount.

A small number of agencies provided ratings of "not applicable" or "not reported" for the *self-inspection* attribute (seven agencies, eight percent). For example, the Small Business Administration provided a rating of "not applicable" because roughly 85 percent of employees worked remotely due to the pandemic. As a result, the agency's ability to perform self-inspections regularly was severely impacted. Other agencies, like the National Credit Union Administration, reported that all self-inspection activities were suspended in CY 2020 because their facilities were closed.

Work Rules and Practices Attribute

Ninety-eight percent of responding agencies (84 agencies) selected a rating of "highly effective" or "needs minor improvements" for the *work rules and practices* attribute. Agencies reported their response effort in regards to COVID-19, a new workplace hazard with the potential to impact the health of workers. Agencies also reported placing a great emphasis on ergonomic issues for the large number of employees working from home during the pandemic.

Agencies that remained opened indicated an increase in communication with employees regarding safe work practices that must be followed during the pandemic. For example, the Court Services and Offender Supervision Agency communicated safety and health requirements, including safe work practices, via PPE Training; COVID-19 screening pamphlets; increased signage, including digital signage; and social distancing stickers on the floor. DoD expanded

existing OSH policies and procedures to address potential COVID-19 hazard identification and risk management procedures within all workplaces and operations.

Only one agency (1 percent) provided a rating of “not applicable” or “not reported” for the *work rules and practices* attribute in CY 2020. OSHA will work with this agency to assist with determining how best to implement this attribute in its program.

Managerial Component Assessment

In general, agencies reported that all three attributes of the managerial component were effective, as indicated by a “highly effective” or a “needs minor improvements” rating. The *incidence data* attribute is used to determine if an agency can analyze data to enumerate hazard types, detect time trends and spatial patterns, and determine proportional distributions among operations and personnel. Results of the analyses are useful in setting hazard prevention priorities.

The *annual safety and health management system (SHMS) review* attribute is used to ascertain the underlying reasons for an agency’s SHMS accomplishments and shortcomings over the past year. The review provides an overall assessment of the impact that improvements and shortcomings have on organizational performance. The intent of the *knowledge, skills, and information* attribute is to determine if the responsible person knows how and when to accomplish assigned OSH tasks.

Most agencies noted that incidence data collected during CY 2020 was invaluable. For example, several agencies reported that the hazard incidences they experienced the most during the reporting period were related to confirmed or suspected cases of COVID-19. Numerous agencies reported that they conducted COVID-19 job hazard assessments utilizing guidance from OSHA. Jobs with higher risk for COVID-19 were categorized by types of hazards and the necessary control measures for employee safety. Aspects relating to the prevention of COVID-19 were added to several agencies’ SHMS. OSH personnel were provided with additional training on COVID-19 and the protocols needed to protect against potential exposure.

Incidence Data Attribute

Seventy-three percent of responding agencies (63 agencies) provided higher ratings for the *incidence data* attribute. HHS reported that it investigates all reports of incidents and develops targeted interventions to prevent reoccurrence. HHS policy is based on the premise that all incidents can be prevented if appropriately analyzed and corrective measures put in place.

Similarly, the Department of State (DOS) reported that accurate real time analyses of various safety and health data sets are critical for its ability to assess program performance and develop effective strategies for reducing risk. Over the past decade, DOS has developed and implemented several electronic data collection and management systems that enable it to interactively communicate with 275 overseas posts about hazards and how to mitigate risk. DOS currently uses the Mishap Reporting System (MRS) to record all overseas mishaps. The data collected is analyzed to identify trends such as which jobs result in the most lost time injuries, what are the sources and contributing causes of the most frequent mishaps, and what are the leading causes for the greatest number of lost workdays for all posts.

In CY 2020, 21 percent of responding agencies (18 agencies) selected a rating of “not applicable (15)”, “does not exist (2)” or “blank/no answer (1)” for the *incidence data* attribute. Agencies that provided a “not applicable” or “not reported” rating are smaller organizations that experience few incidents. The National Gallery of Art (NGA), for example, has one major facility. NGA reported that accidents (incidents) are infrequent at the facility, therefore, the agency believes that complex incident data management is not necessary. NGA reported that accident (incident) trends are readily identifiable without data analysis and are acted upon to reduce or eliminate hazards.

Annual SHMS Review Attribute

Eighty-five percent of responding agencies (70 agencies) indicated a “highly effective” or a “needs minor improvements” rating for the *annual SHMS review* attribute in CY 2020. Agencies reviewed their overall SHMS and implemented COVID-19 precautionary measures in preparation for employees return to workplaces.

The Department of Commerce (DOC) conducted a review of its OSH program in CY 2020. As a result of the self-evaluation, DOC promulgated new or updated existing Department Administration Orders.

For the Millennium Challenge Corporation (MCC), the pandemic caused senior management to take an active interest in the agency’s OSH program. As a result, MCC created new policies and protocols and increased safety and health awareness among employees.

Seven agencies (eight percent) selected a rating of “not applicable” or “not reported” for the *annual SHMS review* attribute. Several of these agencies indicated that due to COVID-19 restrictions, their facilities were closed during the rating period. As a result, these agencies did not conduct OSH inspections or program evaluations during CY 2020.

Knowledge, Skills, and Information Attribute

Ninety-two percent of respondents (79 agencies), rated their agencies as “highly effective” or “needs minor improvements” for the *knowledge, skills, and information* attribute. For example, the U.S. Department of Agriculture (USDA) reported that it is building a stronger and better prepared safety professional workforce by creating an agency training plan for safety managers and Collateral Duty Safety Officers (CDSOs). The agency is improving training materials and leveraging the OSHA Training Institute’s virtual training opportunities.

Similarly, the Department of Homeland Security (DHS) reported that it uses Individual Development Plans to formally plan and track developmental training and work assignments for OSH professionals. DHS offers web-based safety and health courses through its agency-wide virtual training systems.

Many agencies reported that the COVID-19 pandemic negatively impacted their ability to deliver OSH training to safety professionals and leadership. Specifically, the shift to maximum telework limited direct interactions with the workforce and opportunities to engage and train OSH staff on safe work practices. While most agencies discontinued in-person classroom training, many engaged in virtual training.

However, the Department of Commerce explained that the paradigm shift from a mix of in-person classroom training and virtual training, to only virtual training, benefited learners who thrive in the online environment, while tactile (in-person) learners struggled.

A few agencies, like the Department of Education, indicated that training safety personnel continues to be an ongoing effort and that employee turnover contributes to the challenge of ensuring staff are fully trained.

Three agencies (three percent) provided a rating of “not applicable” or “not reported” for the *knowledge, skills, and information* attribute. Two of these three agencies indicated that employees’ with OSH responsibilities have general OSH experience and training. OSHA will work with these agencies to assist them with determining how best to implement this attribute in their program.

Cultural Component Assessment

Almost all agencies reported that both attributes of the cultural component were effective, as indicated by a “needs minor improvements” or a “highly effective” rating in CY 2020. The attributes in the Cultural Component are *resource allocation* and *employee involvement*. The *resource allocation* attribute focuses on managements’ ability to allocate resources for current safety and health purposes and/or for future safety and health improvements. Resources include personnel, supplies, equipment, facilities, and services. Agencies should have either a safety and health budget or identifiable safety and health components in the general budget. The *employee involvement* attribute addresses how agencies solicit employee input on safety and health issues and encourages their participation in safety and health efforts.

The COVID-19 pandemic negatively impacted the availability of staff, especially those with safety and health related duties in some agencies. In some cases, COVID-19 related tasks impacted the agencies’ ability to move vital safety initiatives forward. Several agencies noted that they needed help financing the necessary resources needed during the pandemic, including PPE and medical supplies. For these agencies, non-essential safety spending was suspended, and spending requests for COVID-19 mitigation efforts were fully supported. When supplies were difficult to obtain, due to high demand, agencies sought alternatives to meet their growing needs.

COVID-19 also limited organizations’ ability to actively engage with staff on an in-person basis. However, many agencies that adopted a policy of maximum telework reported improved feedback and communication from staff, since input was regularly solicited through online channels.

Resource Allocation Attribute

For the *resource allocation* attribute, 90 percent of respondents (77 agencies) provided a rating of “highly effective” or “needs minor improvements.” Most agencies indicated that their OSH managers allocate the resources needed to properly support the organizations SHMS, including an adequate budget to properly maintain the system. Budget allocations vary greatly throughout the federal government, due to the size and complexity of each organization, and the various operations those organizations perform.

Most agencies indicated that the resources needed to properly support the SHMS are most often allocated at the local level, unless there are implications that affect an entire agency or department, at which point the resources are allocated at that level. In instances where budgets fall short of safety and health-related needs, many organizations secure the necessary funds through their headquarters. For example, the Armed Forces Retirement Home (AFRH) includes the safety budget for each department in the overall administration budget, and funds are allocated to each facility annually. Managers of each AFRH department contribute to the allocation of PPE resources, including gloves, foot and eye protection, hearing protection, respirators, full body gowns, etc. During catastrophic events, like a pandemic or natural disaster, the AFRH headquarters provides the funds needed to accomplish safety and health initiatives.

Three percent of respondents (three agencies) provided a rating of “not applicable” or “not reported” for the *resource allocation* attribute. These respondents are small agencies with limited funding whose SHMS must compete with other mission priorities for resources. For example, the Pension Benefit Guaranty Corporation (PBGC) does not have a designated budget allocated for its SHMS. Funds for the agency’s safety and health training and equipment are distributed by the Budget Department, when available. Funds for COVID-19 related safety and health measures were made available to PBGC by federal emergency funding policies.

Employee Involvement Attribute

Ninety-four percent of respondents (81 agencies) selected a rating of “highly effective” or “needs minor improvements” for the *employee involvement attribute*. Employee engagement encourages safe behaviors and boosts overall workplace safety outcomes. Most agencies, despite the pandemic, were able to continue engaging employees in their safety programs. Agencies shared safety and health information with employees, whether they were working remotely or in a federal workspace, using various communication methods. Virtual platforms allowed agencies to hold safety and health training and presentations, and to have one-on-one conversations with employees regarding safety and health initiatives.

For example, the Department of Commerce (DOC) reported holding several virtual safety and health education programs and outreach events throughout the year, including its annual Wellness Day and Community Day events. DOC also posted safety tips and topics in the PTO Weekly, a digital newspaper, to raise awareness about potential hazards employees may encounter both at work and home.

Agencies reported that their safety policies provide opportunities for employees to participate in safety and health programs. Agencies also reported that leaders, supervisors, safety and health professionals, OSH councils, and bargaining units encourage employees to participate in workplace inspections, hazard identification and assessment, hazard control recommendations, and corrective action implementation processes.

Many agencies reported adopting a policy of maximum telework posture in response to the pandemic, dramatically reducing the number of staff in federal workspaces. For some agencies, like the USAID, the remote work structure prevented OSH staff from observing, coaching, and eliciting feedback from staff through direct interaction. Other agencies, like the Central Intelligence Agency (CIA), indicated that the pandemic created an opportunity for improved feedback and communication from personnel because input was regularly solicited through electronic channels.

Three percent of responding agencies (three agencies) provided a rating of “not applicable” or “not reported” for the *employee involvement* attribute. Even with these ratings, these agencies described the various ways they implemented this attribute. For instance, the agencies reported that employees can report safety concerns to management; safety and health policies are discussed at new employee orientations; and safety information is posted on internal websites. OSHA will work with these agencies to help them determine how best to implement this attribute in their program.

Protecting Employees, Enabling Reemployment Initiative

On January 9, 2020, the Office of Management and Budget created the Protecting Employees, Enabling Reemployment (PEER) Initiative to create an opportunity for the heads of federal departments and agencies to recommit to a safety and health conscious federal workforce. OSHA and the Office of Workers’ Compensation Programs (OWCP) oversee this program. OSHA tracks the first two goals which focus on reducing agencies’ total and lost time case rates; OWCP tracks the five remaining goals which focus on increasing the timely filing of workers’ compensation claims and the rates of returning injured federal employees to work.

OWCP data, which is based on a fiscal year (FY), is used to monitor agencies for PEER. In FY 2020 the Executive Branch agencies as a whole met their OSHA goals for PEER. The target for reducing the total case rate was 1.85 and agencies had an overall rate of 1.59. The target for the lost time case rate was to have a rate at one or below and agencies met that goal with an overall rate of 0.99.

Injury and Illness Statistics and Workers’ Compensation Costs

OSHA calculates injury and illness incidence rates for individual agencies using the fiscal year (FY) injury and illness claims data reported to OWCP together with the Office of Personnel Management’s (OPM) employment data.²

In FY 2020, federal government employment increased by 21,972 (1.00 percent) to 2,212,899 employees. The total injury and illness cases increased by 1,416 to 35,077 (4.2 percent) and the total case rate increased from 1.54 occurrences per 100 to 1.59 (3.25 percent). The Government’s lost-time cases increased by 3,479 to 21,829 (19 percent) and the lost-time case rate increased from 0.84 occurrences per 100 to 0.99 (18 percent).

The costs related to the Federal Employees’ Compensation Act (workers’ compensation for the federal sector) for chargeback year (CBY) 2020 were approximately \$1.4 billion compared to CBY 2019 (\$1.5 billion), CBY 2018 (\$1.5 billion), and CBY 2017 (\$1.5 billion).³ Workers’ compensation benefits provided to employees include payments for medical treatment, rehabilitation services, replacement of lost wages, and compensation benefits to their survivors in cases of death.

Recordkeeping

² OWCP data are available only on an FY basis.

³ On September 28, 1998, Congress amended the OSH Act to make it applicable to the U.S. Postal Service in the same manner as any other employer subject to it. Therefore, the U.S. Postal Service is not included in this report.

As set forth in 29 CFR § 1960.66, federal agencies must maintain injury and illness records in the same format as the private sector. The recordkeeping requirement allows agencies and OSHA to identify worksites with the highest injury and illness rates, and determine federal agency training needs. The U.S. Department of Labor (DOL), through its Bureau of Labor Statistics (BLS), annually collects the statutorily required injury and illness records from all Executive Branch agencies and provides the records to OSHA.

The OSHA data collection cycle first began in CY 2014; the seventh completed data collection cycle occurred in CY 2020. OSHA provided agencies with guidance on the data collection process and followed up with information on errors identified in the submissions. OSHA worked with BLS to track the data collected and monitor the quality. In addition, OSHA worked with OWCP to assist agencies using the Employees' Compensation Operations & Management Portal (ECOMP) to explain the procedures for transferring the data from ECOMP to BLS.⁴

During the reporting period, OSHA received complete establishment data from 81 of 97 agencies (84 percent) and partial data from an additional eight agencies (8 percent). The most common errors were failures to provide the number of employees or hours worked for each establishment. OSHA will analyze the collected data for key findings; and the collection process for lessons learned; to further streamline and simplify the procedure. In addition, OSHA will work with BLS to improve the response rate.

Compliance Assistance

OSHA encourages agencies to eliminate workplace hazards through targeted outreach and compliance assistance to prevent work-related injuries, illnesses, and deaths in federal workplaces. OSHA provides technical assistance, educational materials, and training to help agencies comply with the OSH Act. More specifically, OSHA provides agencies with the necessary resources and tools to identify, investigate, and control workplace hazards; and encourages agencies to allow employees to assist with identifying and abating hazards.

Due to the COVID-19 pandemic, OSHA placed greater focus on providing training and assistance to federal agencies through web-based mechanisms such as Microsoft Teams; and by telephone. Compliance assistance activities, like Field Federal Safety and Health Council meetings were transitioned from in-person events to virtual meetings.

Agency Technical Assistance Requests

Agency Technical Assistance Requests (ATARs) are consultative services available to federal agencies. ATARs are similar to the OSHA On-Site Consultation Program for private-sector employers. Federal agencies may contact an OSHA Area Office and request technical assistance, including hazard abatement advice, training, consultation visits, and/or OSH program assistance. While the request is considered consultative, agencies are expected to abate all hazards identified and correct all violations of the citable program elements under 29 CFR § 1960 or other OSHA standards observed during the consultation visit.

⁴ ECOMP is an electronic claims filing system for OWCP information that also allows federal agencies to maintain their OSHA-required injury and illness data.

During CY 2020, OSHA Area Offices conducted 15 ATARs at the request of DOL, Department of Veterans Affairs, and the Equal Employment Opportunity Commission.

Three OSHA Regions conducted a total of 15 ATARs in CY 2020:

- **Region I** conducted six ATARs in CY 2020 for U.S. DOL agencies. Four of the ATARs were conducted for the Wage and Hour Division (WHD); one for the Office of Labor Management Standards (OLMS); and one for Office of the Assistant Secretary for Administration and Management (OASAM). All the ATARs were conducted virtually via Microsoft Teams:
 - WHD, OLMS, and OASAM consulted with the OSHA Boston Regional Office, Boston, Massachusetts.
 - The WHD had workers from their Boston, Hartford, and Providence offices attend the training sessions.
 - OSHA Boston Regional Office and OSHA Braintree Area Office provided training on Covid-19 guidelines and resources for supervisors and their staff, including investigators.
 - The Regional Office conducted one hour virtual presentations on “Preparing For Onsite Visits During the COVID-19 Pandemic.” The Braintree Area Office provided a one hour virtual training session on “Protection from and Preventing the Spread of COVID-19.” Microsoft Teams and Adobe Connect were used.
 - Staff from each agency, including investigators, were provided guidance on the Occupational Risk Pyramid; the need to implement engineering, administrative, and work practice controls; and PPE. Investigators were equipped with the knowledge to identify COVID-19 risk levels in workplace settings, and to determine appropriate control measures to implement, to protect themselves from exposure, and prevent the spread of the disease. Training also included a demonstration of how to conduct and develop a written Job Hazard Analysis (JHA) prior to performing onsite visits.
- **Region IV** conducted two ATARs in CY 2020 for the Equal Employment Opportunity Commission and the U.S. Department of Veterans Affairs. These ATARs were conducted by the OSHA Atlanta East Area Office, Atlanta, Georgia; and the OSHA Raleigh Area Office, Raleigh, North Carolina.
 - OSHA Atlanta East Area Office supported a request from the Equal Employment Opportunity Commission in Atlanta, Georgia, to support the Federal Agency Labor Law Panel.

- OSHA's compliance assistance specialists (CASs) represented the agency and presented on the panel. The CASs effectively supported the event by providing instruction and education to participants about workers' OSH rights.
- OSHA attended the U.S. Department of Veterans Affairs (VA), VISN 6 (Mid-Atlantic Healthcare Network Conference) Annual Meeting that was held virtually. VA facilities on the east coast from West Virginia to South Carolina participated.
- OSHA presented updated information on its OSH guidance to VA participants. An OSHA industrial hygienist also presented health information at this event.
- **Region V** conducted seven ATARs in CY 2020 for three U.S. DOL agencies in Cleveland, Ohio.
 - The OSHA Cleveland Area Office, Cleveland, Ohio, provided assistance to the U.S. DOL's Employment Standards Division, Office of Workers' Compensation Programs, and Division of Energy Employees Occupational Illness Compensation.
 - A CAS evaluated ergonomic workstations for seven employees and gave recommendations for improving employees' posture and reducing ergonomic stressors.

Field Federal Safety and Health Councils

Field Federal Safety and Health Councils (FFSHCs) are federal interagency groups, chartered by the Secretary of Labor. The councils provide a forum for local federal agencies' OSH professionals to collaborate with local labor organizations, or other civilian employee organizations, at local area federal field activities. FFSHCs located nationwide, facilitate the exchange of ideas and information throughout the government about occupational safety and health. They work to reduce the frequency, severity, and cost of incidents (accidents), injuries, illnesses, and fatalities, within their designated geographic areas.

In CY 2020, 32 FFSHCs actively carried out efforts to improve the effectiveness of OSH functions within the government.⁵ According to the annual reports submitted to OSHA, 35 departments and agencies participated in the FFSHCs, and more than 2,000 federal employees attended meetings and/or council-organized training. Participation decreased for some FFSHCs because of limited funds and personnel shortages.

Agency involvement in council activities varied from extensive engagement to occasional attendance at FFSHC meetings. For example, the Department of Defense reported that approximately 20 percent of its sub-agencies participated in local FFSHCs during CY 2020.

Under 29 CFR § 1960.89, each active FFSHC must submit an annual report to the Secretary describing activities and programs for the previous calendar year and plans, objectives, and goals for the current year. OSHA uses these reports to assess each individual FFSHC's program plans to determine the success of these goals and objectives. The FFSHCs that best exemplify the intent and purpose of the FFSHC program may receive an achievement award from the Secretary of Labor.

⁵ Please see Appendix 1 for a complete listing of active FFSHCs in CY 2020.

In determining award recipients, OSHA forms three categories, based on the size of the federal populations served, which allows FFSHCs to compete with those that possess approximately the same resources and serve similar populations. Each annual report to the Secretary is evaluated, rated, and ranked against other FFSHCs in its category. The top three scoring FFSHCs in each category receive awards for Superior Performance, Meritorious Achievement, and Notable Recognition.

In CY 2020, ten FFSHCs were identified as eligible for a Secretary's Award for their activities. By category, these are noted as follows:

- Category I:** Federal employee population exceeding 24,000
- Superior Performance – Middle Tennessee
 - Meritorious Achievement – Atlanta
 - Notable Recognition – Dallas/Fort Worth
 - Notable Recognition – Oklahoma
- Category II:** Federal employee population between 12,000 and 24,000
- Superior Performance – Greater Kansas City
 - Meritorious Achievement – Minneapolis
 - Notable Recognition – Puerto Rico
- Category III:** Federal employee population of fewer than 12,000
- Superior Performance – Western New York
 - Meritorious Achievement – Mississippi Gulf Coast
 - Notable Recognition – Hudson Valley

Alternate and Supplementary Standards

Under 29 CFR § 1960.17, if an agency cannot comply with an applicable OSHA standard, it may request an alternate standard to ensure appropriate protection for affected employees. An alternate standard is the federal agency equivalent of a private-sector variance from OSHA standards.

Currently, there are six OSHA-approved alternate standards that address air traffic control towers; special-purpose ladders; lifting devices; diving standards; weight-handling equipment; and gas-free engineering.

Under 29 CFR § 1960.18, if no OSHA standard exists for a specific working condition of federal agency employees, an agency must develop a supplementary standard for that working condition and provide the standard to OSHA. Currently, there are two supplementary standards: one addresses explosives, propellants, and pyrotechnics; and the other covers portable tank transportation.

An alternate standard and/or a supplementary standard applies only to the specific federal agency and federal civilian personnel for which it was approved. These standards do not apply to

federal civilian personnel from other agencies or organizations. Private sector employees are not covered by alternate and/or supplementary standards.

In CY 2020, the National Aeronautics and Space Administration (NASA) met with OSHA's Office of Federal Agency Programs (OFAP) to discuss a request for an alternate standard to 29 CFR 1910.423(b)(2). NASA's proposed alternate standard would revise 29 CFR 1910.423(b)(2), that requires divers to remain awake and in the vicinity of a decompression chamber for at least one hour following a dive. NASA submitted its alternate standard request to OSHA in December 2020. The review of this request by OSHA will continue into CY 2021.

FEDWEEK

OSHA provides training opportunities to federal agencies OSH personnel through a number of avenues, including the OSHA Training Institute (OTI), located in Arlington Heights, Illinois. Federal agencies OSH personnel may attend any of OTI's professional and technical courses throughout the year.

OSHA also organizes the annual Federal Agency Safety and Health Training Week (FEDWEEK) at OTI to provide an additional opportunity for continuous professional development through training and education, to federal agencies OSH personnel. The courses are offered free to participants. During FEDWEEK, OSHA delivers half-day courses that allow participants to complete six courses over a three-day period. Relevant courses are selected for delivery based on the feedback OSHA receives from federal agencies OSH personnel.

Due to the COVID-19 pandemic, the annual FEDWEEK planned for July 28 – July 30, 2020 at OTI was cancelled.

Federal Agency OSH Managers' Roundtable

The Federal Agency OSH Managers' Roundtable is a valuable tool that allows agencies to exchange information on safety and health issues and share best practices. In 2020, OSHA held four Roundtable meetings in January, April, August, and November. The roundtables addressed a range of topics, including COVID-19; Employees' Compensation Operations and Management Portal (ECOMP); and recordkeeping requirements. Some of the presentations were done by agencies, including, the Smithsonian Institution's presentation on the Annual Report Process.

All roundtable meetings included a general discussion session to allow federal agency representatives to talk about their experiences with the topics presented and/or express concerns about safety and health in their respective agencies.

Section 2 – Federal Agency OSH Activities

In CY 2020, agencies' safety and health programs were the frontlines of the response to the COVID-19 pandemic for the federal workforce. Agencies were unrelenting in their efforts to implement initiatives to improve the effectiveness of their overall OSH programs, while responding to the unique challenges of COVID-19. Agencies developed and revised safety guidance for employees and implemented numerous safety protocols, including the use of

maximum telework to protect workers from the highly contagious disease. Agencies tracked trends and assessed risks associated with COVID-19, and documented potential occupational and environmental risk factors that could result in exposure. Agencies also tracked and reported work-related fatalities, hospitalizations, and amputations to OSHA.

Agencies adjusted to variable workplace conditions throughout the pandemic by incorporating safety and health measures to maintain operational continuity. Agencies limited the number of employees' onsite to those whose mission critical duties could not be performed remotely, to mitigate the spread of COVID-19 in federal facilities.

Agencies established specific safety protocols and provided safety training for personnel required to report to work in a federal building, consistent with guidance from the Centers for Disease Control and Prevention (CDC), OSHA, and local jurisdictions. Employees in telework status also received relevant OSH training. Many agencies noted an increase in employee participation in the OSH program due to the use of electronic platforms, including virtual training formats. In addition, agencies reported encouraging employees and their representatives to participate in safety and health councils, committees, and special workgroups, particularly those focusing on the implementation of COVID-19 safety measures.

Fatalities, Hospitalizations, and Amputations

The OSH Act provisions of 29 CFR Part 1960, and other regulations, require agencies to investigate, track, and promptly report to OSHA findings that involve work-related fatalities, hospitalizations, and amputations.

Overall, the departments and agencies reported 361 fatalities, hospitalizations, and amputations in CY 2020. One-hundred seventy-four of the 361 fatalities reported were related to COVID-19. Due to the COVID-19 pandemic and its effect on the working conditions and locations of the federal workforce, there is no means of comparing CY 2020 data with the data for previous years.

COVID-19 accounted for 57 of the 69 federal worker fatalities. The other causes of fatalities were fire (1), electrical hazard (1), motor vehicle accident (1), steam (1), and unclassified/unknown causes (8).

Similarly, 116 of the 271 hospitalizations reported were related to COVID-19. Other causes of hospitalizations included slips, trips, and falls (48); motor vehicle accidents (21); struck/struck by (16); heat/dehydration (11); insect/arachnid bite/sting (10); material handling (8); workplace violence (5); caught between (3); animals (3); fire (3); patient handling (2); powered industrial trucks (2); firearms (2); jumping to a lower level (1); splash (1); parasite (1); and unknown/unclassified (19). See Appendix 6, Fatalities, Hospitalizations, and Amputations Reported by Federal Departments and Agencies in CY 2020, for a comprehensive list of the data reported to OSHA.

Table 6, Major Department and/or Agency Fatalities, Hospitalizations, and Amputations in CY 2020, provides an overview of the data reported to OSHA.

Table 6. *Major Department and/or Agency Fatalities, Hospitalizations, and Amputations in CY 2020**

Agencies	Fatalities	Hospitalizations	Amputations
Department of Agriculture	1	18	1
Department of Defense	1 (1)	8 (1)	4
Department of the Air Force		10	3
Department of the Army	2 (1)	25 (3)	1
Department of the Navy	4 (4)	16 (7)	2
Department of Health and Human Services	10 (10)	39 (33)	
Department of Homeland Security	23 (18)	46 (10)	2
Department of the Interior	2 (1)	4	3
Department of Justice		10	
Department of State	1	16	
Department of Veterans Affairs	25 (22)	70 (60)	
Court Services and Offender Supervision Agency		1	
Environmental Protection Agency		1	
Smithsonian Institute		3 (2)	
Tennessee Valley Authority		1	1

* The figures in parentheses indicate the total number fatalities or hospitalizations related to COVID-19.

OSH Committees and Councils

OSH committees and councils bring employees, employee representatives, and management together to promote safe and healthful workplaces. Management commitment and employee participation are crucial for these forums to effectively prevent injuries and illnesses on the job, increase safety awareness, and build a positive safety culture. OSH committees and councils allow participants to discuss ways to improve workplace conditions such as identifying potential health and safety hazards and proposing controls; recommending appropriate safety training for employees, supervisors, and managers; reviewing incident (accident) investigation reports and recommending appropriate corrective actions to prevent recurrence; as well as suggesting new safety and health rules and work practices.

Certified Safety and Health Committee

Under 29 CFR § 1960, Subpart F, Occupational Safety and Health Committees, any agency can form a certified safety and health committee (CSHC) to monitor and assist with improving its OSH program. A CSHC is approved by the Secretary of Labor. An agency with a CSHC must have committees at both the national and field/regional levels. The national-level committees provide policy guidance, while the field/regional level committees monitor and assist with the execution of the agency's OSH policies. An agency with an approved CSHC is exempt from unannounced OSHA inspections.

During CY 2020, the following agencies and department maintained Secretary-approved CSHCs: the CIA and the Tennessee Valley Authority (TVA). These agencies and department provided information certifying to the Secretary of Labor that their respective CSHCs meet the requirements of Subpart F. Many agencies reported maintaining internal OSH committees but have not certified those committees under Subpart F.

Other OSH Committees and Councils

Federal agencies were asked to provide information on their involvement in both internal and external OSH committees and councils. This included their participation in FFSHCs.

Of the 86 responding agencies, 49 (57 percent) reported encouraging employee participation in internal OSH committees or councils at the departmental, agency, and field operation levels; and in a variety of local OSH committees, including FFSHCs. Agencies noted that committee participation was open to employees; and was required for employees with OSH expertise, duties, or responsibilities. In addition, 48 agencies (56 percent) reported employee participation in external OSH committees, including the Federal Safety and Health Managers Roundtable meetings organized by OSHA's Office of Federal Agency Programs.

The General Services Administration (GSA) reported that their OSH Manager is working to improve OSH Committees. Generally, GSA's OSH committees consist of standing members that include the agency or regional OSH manager, a representative from human resources (workers' compensation), both Services (Public Buildings and Federal Acquisition), and the two labor unions representing employees (National Federation of Federal Employees and American Federation of Government Employees). The committee meetings are open, and other staff members are welcome to participate. Generally, employee safety and health concerns are presented to the committees through regional safety specialists or union representatives.

The CIA reported having a certified safety committee that meets on a quarterly basis. Representatives from each of the major agency program areas meet to review injuries, illnesses, initiatives, and advances in their programs. The committee provides advice, assistance, and resources to the subordinate safety committees when needed to solve a particular safety or environmental concern. Component Environmental Safety Officers manage subordinate committees that are comprised of personnel at every level within the component, including senior management.

The Department of the Air Force (DAF) reported encouraging all personnel to be involved in safety and health support councils. In 2020, the DAF collaborated with the American Society of Safety Professionals and had over 700 personnel enrolled in the membership. DAF safety professionals are in regular attendance at all National Safety Council Congress and Expositions; American Industrial Hygiene Conference and Expos; and the Voluntary Protection Programs Participants' Association's symposiums.

Hazard Identification and Control Measures

OSH programs foster a proactive approach to "finding and fixing" workplace hazards before they can cause injury or illness. Rather than reacting to an incident, management and workers collaborate to identify and solve issues before they can result in an incident. This collaboration builds trust, enhances communication, and often leads to other business improvements (see

OSHA’s [Recommended Practices for Safety and Health Programs](#)). Therefore, agencies reports of workers participation in the processes used to identify hazards and develop control measures is a positive observation for their OSH programs.

OSHA asked agencies about the mechanisms applied to encourage employees to report hazards; track hazard abatement or corrective measures; and analyze OSH incidents in the workplace to identify trends and implement measures to prevent recurrence, in their CY 2020 Federal Agency Reports. OSHA also inquired about agencies COVID-19 response; motor vehicle safety programs; product safety programs; and whistleblower protection programs.

Identifying, Controlling, and Analyzing Hazards

Reporting Hazards

In an effective OSH program, all workers (such as the agencies’ workers and contractors) are encouraged to participate in the program; feel comfortable providing input and reporting their safety and health concerns; do not experience retaliation when they raise safety and health concerns, report injuries, illnesses, and hazards; and participate in the program, or exercise their safety and health rights. A crucial element of an effective hazard reporting system is that employees are notified of the actions taken to resolve the concerns they report.

OSHA asked agencies how they encourage employees to report hazards and the reporting mechanisms put in place for employees to use. In general agencies reported that employees and contractors are encouraged to report hazards and advised of their rights:

- during safety training sessions;
- at new employee orientations;
- at shop safety talks/toolbox talks;
- through official documents such as standing operating procedures and memoranda that communicate to employees that it is their responsibility to report hazards, and they can do so without fear of retaliation;
- newsletters;
- emails;
- intranet posts;
- publication of OSH related policies and directives that include how to report hazards on the employee intranet portal or safety and health portal;
- recognition programs to acknowledge employees who collaborate with safety professionals in identifying and mitigating workplace hazards;
- prominent posting of the “OSHA Job Safety and Health: It’s the Law” poster;
- use of posters on bulletin boards in common areas identifying the safety and health designees for the workplace;
- encouraging employees to participate in site surveys and inspections;
- safety shares or relevant lessons learned used to engage employees;
- establishing an Employee Concerns Program;
- workplace safety meetings and committees as well as other forums such as the command safety and health advisory councils (SOHACs);
- participating in OSHA sponsored programs like the [Safe and Sound Campaign](#) and holding “Find and Fix” campaigns in the workplace; and

- messages from senior leaders encouraging employees to submit reports of hazards without fear of retaliation.

Agencies gave various examples of how all employees in the workplace may report hazards such as:

- to supervisors;
- to local safety managers;
- to collateral duty safety officers;
- through safety and health committees; safety committee members soliciting assistance and input from field and operational staff in an effort to increase identification and reporting of hazardous conditions;
- safety stand downs/safety awareness programs;
- town hall meetings;
- safety walkthroughs;
- use of online web-based hazard reporting systems (e.g., intranet, SharePoint);
- use of a safety App for hazard reporting;
- safety hotline;
- an email address for reporting hazards;
- hazard reporting help desk;
- suggestion box for anonymous reporting;
- agency email or phone for facilities management;
- hazard reporting form located on the intranet; and
- daily task briefing in which employees analyze their workplaces and tasks.

Safety and Health Self-Inspections

The pandemic resulted in agencies maintaining only mission essential functions in their workplaces, and placing the majority of employees on maximum telework status. Consequently, agencies reported not conducting workplace inspections, limiting inspection frequency, inspecting high risk operations only, and/or conducting virtual inspections.

Thirty-six percent of responding agencies (31 agencies) stated that all workplaces were inspected in CY 2020. The remaining 64 percent (55 agencies) responded that not all workplaces were inspected due to the COVID-19 pandemic impact. Several agencies reported that the absence of employees from workplaces negated the need to conduct self-inspections to identify hazards and protect workers from exposure.

Eighty-seven percent of responding agencies (75 agencies) selected a rating of “highly effective” or “needs minor improvements” for the *self-inspection* attribute (see the discussion on the [Self-Inspection Attribute](#) for additional information).

Hazard Abatement Tracking

As a key component of the SHMS process, it is vital for agencies to ensure that there are established processes in place not only to routinely identify and report hazards; but also to select and track the implementation of appropriate abatement measures (or controls); and monitor implemented controls to ensure they continue to remain effective.

Effective controls protect workers from workplace hazards; help avoid injuries, illnesses, and incidents; minimize or eliminate safety and health risks; and help employers provide workers with safe and healthful working conditions. These include interim control measures used to protect workers from hazards until permanent measures are implemented.

OSHA asked agencies how they control workplace hazards (i.e., please describe how your agency tracks abatement of hazards and adheres to abatement dates). Fifty-eight percent of responding agencies either specified the hazard abatement tracking tool used and/or described the hazard abatement tracking process applied. See Appendix 7, Examples of Hazard Abatement Tracking Mechanisms Used by Agencies.

Forty-two percent of responding agencies either:

- did not provide a response;
- indicated that this inquiry was not applicable to them;
- responded that they had no abatement issues;
- stated they relied on property management or GSA for hazard abatement, but did not describe a coordination or tracking process;
- responded that hazards are abated but did not describe a mechanism for tracking hazard abatement;
- stated that there was a tracking system but did not describe it;
- reported that no injury or illness occurred in CY 2020; or
- that they had never received an OSHA citation.

Hazard incidence data are effectively analyzed (Attribute 3)

The findings from analyzing OSH data (i.e., lagging and leading indicators) should be used to set safety and health priorities such as goals, objectives, and action items for an organization's OSH program. Agencies were asked to rate their effectiveness in analyzing hazard incidence data (i.e., attribute 3).

Forty-nine percent of agencies that submitted their CY 2020 Federal Agency Reports rated their implementation of attribute 3 as highly effective. Although several of these agencies indicated that they routinely analyze hazard incidence data, almost a quarter of these agencies also stated that they did not have incidents occur or had very few incidents, therefore, they did not analyze the data. OSHA will work with these agencies to help them determine how best to implement this attribute in their program.

Twenty-four percent of responding agencies indicated that minor improvements were needed in their implementation of attribute 3, the rationale for this rating included the need for a more appropriate tool for data analysis.

Twenty-one percent of responding agencies stated that attribute 3 did not apply to them, does not exist, or did not provide a response to this inquiry (i.e., blank/no answer). Some agencies indicated their rationale for this rating such as: the agency did not perform hazardous duties, had no history of incidents or none in CY 2020; a small organization, with one major facility; incidents (accidents) are infrequent, and as such, complex incident data management is not necessary; incident trends are readily identifiable without data analysis and are acted upon to

reduce or eliminate hazards; and few onsite injuries occur, therefore, there is insufficient data to analyze.

Six percent of agencies indicated that major improvement was needed in their implementation of attribute 3, mainly for lacking the mechanism to ensure accurate identification, reporting, data collection, and/or analysis of workplace hazards.

Agencies indicated the hazard incidence data they analyzed from the four options listed. The most analyzed hazard incidence data was the number of OSHA non-compliance (50 percent), followed by the failure to use PPE (43 percent) and near misses (43 percent; see Chart 1, Safety and Health Data Analyzed by Agencies). Examples of other types of hazard incidence data that could be analyzed include the number and severity of injuries and illnesses; results of worker exposure monitoring that show hazardous exposures; and workers' compensation data, including claim counts, rates, and cost.

Agencies also indicated the type of analysis completed on hazard incidence data from the four options listed. The most common types of analysis conducted by agencies are identifying injury types (74 percent), detecting trends and patterns (64 percent); and identifying workers most impacted (57 percent). See Chart 2, Types of Analyses Conducted by Agencies.

Sixty-six percent of respondents indicated using the analysis to set priorities for hazard correction.

Chart 1, Safety and Health Data Analyzed by Agencies

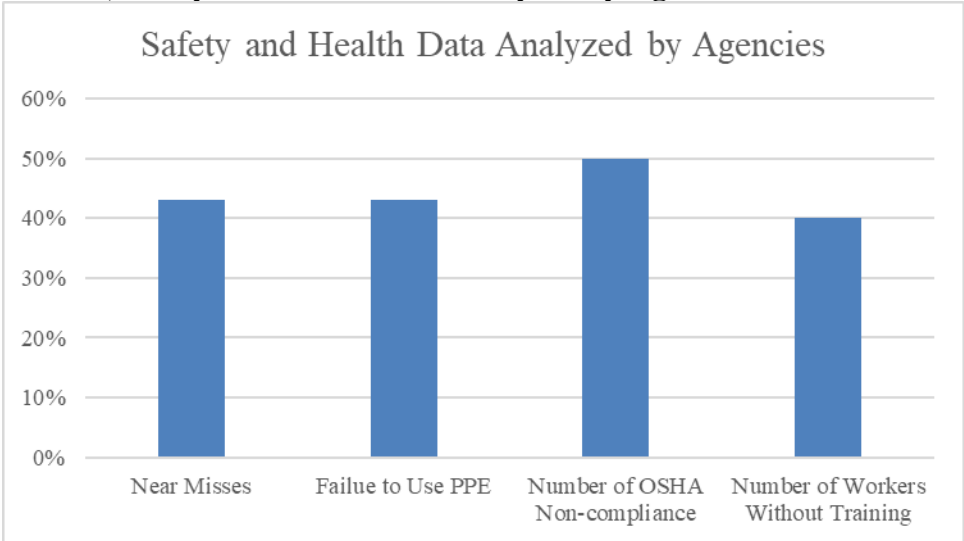
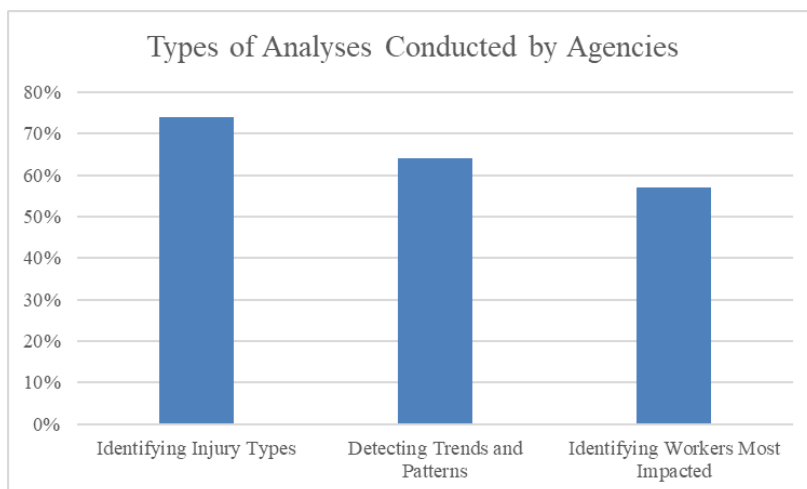


Chart 2, Types of Analyses Conducted by Agencies



COVID-19 Response

Since the onset of the coronavirus disease 2019 (COVID-19) pandemic in CY 2020, the Office of Management and Budget (OMB) has released a series of memoranda to agencies, amending existing policies to prioritize the safety and health of the federal workforce. On March 12, 2020, OMB released Memorandum for the Heads of Departments and Agencies, [M-20-13](#), titled, Updated Guidance on Telework Flexibilities in Response to Coronavirus. On March 14, 2020, OMB, released the Updated Federal Travel Guidance in Response to Coronavirus, [M-20-14](#).” On March 15, 2020, OMB, released, the Updated Guidance for the National Capital Region on Telework Flexibilities in Response to Coronavirus, [M-20-15](#), to All federal Executive Branch departments and agencies within the National Capital Region (NCR), consistent with OMB M-20-13.

In general, these memoranda encouraged federal Executive branch departments and agencies to maximize/expand telework flexibilities while considering the mission critical nature of their work; agency heads were given the discretion to offer weather and safety leave, or the agency's equivalent, if employees are not eligible for telework, including for employees who may not have been considered “at higher risk for serious complications from COVID-19” under OMB M-20-13; recommended mission critical travel only; urged agency heads to develop an operational plan that maximizes resources and functional areas to most safely and efficiently deliver mission-critical functions and other Government services (including but not limited to staggered work schedules and other operational mitigation measures); and to consult with [current Centers for Disease Control and Prevention \(CDC\) operating guidance](#) to maximize safe working environments and implement substantial mitigation strategies for the workplace.

The United States Office of Personnel Management (OPM) issued several guidance documents to specify policy for implementing workplace flexibilities directed by OMB during the COVID-19 pandemic. “OPM works closely with a number of federal agencies, including the [Centers for Disease Control and Prevention \(CDC\)](#), [Federal Emergency Management Agency \(FEMA\)](#), [Department of State](#), [Occupational Safety and Health Administration \(OSHA\)](#) and [Office of Workers' Compensation Programs \(OWCP\)](#) at the Department of Labor to provide updated information to federal agencies and employees as it becomes available.”

Federal Executive branch departments and agencies had to act quickly to interpret, incorporate, and implement new policies and procedures as they were being issued, not only to protect the safety and health of employees, contractors, and visitors; but also to enable mission critical functions to continue. In the CY 2020 Federal Agency Report Template, OSHA inquired about how federal departments and agencies responded to the COVID-19 pandemic.

In general, the responses compiled from the CY 2020 Federal Agencies Annual Reports to the Secretary of Labor, indicate that federal departments and agencies established some form of COVID-19 Taskforce or Workgroup comprised of senior management officials with decision making authority, safety professionals, industrial hygienists, and/or medical staff, to develop and implement strategies to prevent the spread of COVID-19 in their workplaces, and continue mission critical functions, following guidance/guidelines from OMB, OPM, CDC, OSHA and local jurisdictions. Agencies also reported being flexible to update their COVID-19 Safety Plans as new guidance/guidelines are issued by the White House, OMB, OPM, CDC, OSHA, and local jurisdictions.

Employee Awareness Protocols

Agencies utilized various means to engage employees and ensure continuous communication to share new/updated information as they were received (e.g., via training, webinars, websites, intranet sites, SharePoint, town halls, frequent virtual meetings, broadcast emails; newsletters; employee review and acknowledgement of the receipt of safety protocols and procedures; training for employees and managers; briefings to labor organizations; electronic bulletins; hotlines).

Precautions Taken to Limit Exposure

Primarily, all agencies maximized flexibilities in work schedules, including expanding the use of telework and leave to local and overseas personnel, to limit the number of personnel onsite to those essential for mission critical operation only, thereby significantly reducing the risk of employee exposure to COVID-19.

Departments and agencies that provide direct services to the public such as prisons, health clinics, and border patrol had an increased risk of exposure. The following departments and agencies recorded the majority of fatalities from COVID-19: Department of Health and Human Services (10), Department of Homeland Security (18), and Department of Veterans Affairs (22). See Appendix 6, Fatalities, Hospitalizations, and Amputations Reported by Federal Departments and Agencies in CY 2020, for detailed information.

Agencies reported developing and implementing onsite protocols to protect the safety and health of their employees, visitors, and contractors, for mission essential work at their facilities. These onsite protocols include:

- limiting access to mission essential personnel only;
- limiting onsite services such as finger printing and identification card renewals to appointments only;
- limiting access to visitors or not allowing visitors onsite (as practicable);
- requiring prior approval for onsite access;
- reducing occupancy limit; some agencies reported setting a limit of 25% occupancy for their facilities and adjusting the limit based on the local COVID-19 data;

- staggering work times, rotating schedules, and using cohort-based scheduling to reduce density, minimize traffic volume, and avoid crowds during commuting;
- virtual onboarding of new employees;
- requiring daily health screenings to preclude access to symptomatic persons;
- several agencies reported enhancing their ventilation systems to improve air handling efficiency and incorporate the American Society of Heating, Refrigerating and Air-Conditioning Engineers recommendations such as the use of Minimum Efficiency Reporting Values-13 filters or High Efficiency Particulate Air filters; cleaning air ducts and air filters; increasing air exchange rates as feasible;
- mandating the use of face masks for all building occupants in common areas or in all areas;
- making PPE, such as gloves and respirators, available to personnel, in addition to face coverings.
- installing hand sanitizer stations throughout facilities to encourage hand hygiene;
- increased/enhanced cleaning of common areas and surfaces with a high touch frequency;
- disinfecting shared items (e.g., phones, computer, kitchen implements, office equipment) after each use or before transfer;
- limiting the number of individuals that can ride in an elevator at the same time; reprogramming elevators to control pedestrian traffic volume;
- limiting the number of personnel in conference rooms, or closing conference rooms and only allowing virtual conferences;
- designating one-way stairways to reduce the flow of traffic in any direction;
- removing seating from common areas and kitchens;
- using markers to indicate the recommended minimum of six feet distance throughout facilities;
- using COVID-19 signage to share safety and health precautions such as reminders to practice social/physical distancing in common areas;
- installing physical barriers such as plexiglass and sneeze guards around open work spaces such as point of service stations; and
- developing safety protocols for mission essential travel.

Innovative means applied by agencies to promote safe and healthful workplaces include the following:

- incorporating hands free exit and entrance mechanisms to preclude the use of door handles;
- use of digital self-check systems;
- installation of NanoSeptic self-cleaning buttons in elevators;
- use of the 360 Clorox electrostatic sprayer machine for disinfecting work areas; use of ultraviolet light; and electrostatic disinfection;
- the National Aeronautics and Space Administration (NASA) reported developing a COVID-19 case tracing application for the entire agency using data from the CDC, local hospitals and other sources to create an integrated site picture of the risk in the areas that surround NASA centers; and
- NASA also reported developing and implementing NASA's Executive Decision Lens – "a digital dashboard that enables the agency's leadership to evaluate the trends in COVID-19 cases, hospital capacity, and various federal, state, and local determinations and orders to give decision-makers the most up to date site picture on risk possible."

Procedures for Employees that are Positive for COVID-19

All agencies reported establishing policies and procedures to address workplace related positive COVID-19 test results, suspected cases, and potential exposures following CDC, OMB, OPM, GSA, and local health departments' guidance/guidelines. Some agencies established teams for this purpose. For example, the USAID reported activating a "Critical Coordination Structure (CCS) to facilitate quick response to COVID-19 cases and maintaining continuity of operations within the agency. CCS works with the incident response command center to evaluate each case to determine the extent of potential staff exposure, perform contact tracing for affected individuals, and communicate incident details to the leadership team. Additionally, CCS coordinates a response to isolate and clean any exposed work areas using advanced cleaning techniques."

In general, policies and procedures established for employees and contractors with positive test results, suspected cases or potential exposures include the following:

- employees report a positive test or potential exposure to their supervisor or other designated official/office;
- all positive/suspected positive cases are reviewed;
- determination of work-relatedness or community transmission is made and reported as appropriate;
- contact tracing is performed;
- affected employees are notified;
- affected employees are provided instructions on testing, self-isolation, and quarantine timelines;
- affected employees cannot access the workplace, pending full resolution;
- determination regarding the use of telework during quarantine is made if asymptomatic or appropriate leave status applied;
- confidentiality of all affected employees is maintained;
- affected areas in the workplace are shut down for deep cleaning and sanitizing; and
- employees are able to return to work when the established requirements are met.

Discretionary Measures Taken for Provisions of OSHA Standards

Some agencies reported exercising temporary enforcement discretion for provisions of some OSHA standards such as:

- applying the provisions in OSHA's memorandum on Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak, March 14, 2020;
- not performing medical surveillance tests such as audiograms and spirometry;
- not being able to complete certain initial or recurring training that require hands-on application such as Cardiopulmonary Resuscitation (CPR)/Automated External Defibrillator training; and
- not conducting workplace inspections, limiting inspection frequency, inspecting high risk operations only, and/or conducting virtual inspections.

Motor Vehicle Safety

It is important for agencies to recognize and implement appropriate measures to reduce the risk associated with motor vehicle operation. OSHA's motor vehicle safety web page includes information to aid in recognizing motor vehicle hazards, and provides examples of possible solutions; how to promote safe driving behavior; and motor vehicle safety resources.

In the CY 2020 Report Template, OSHA asked agencies about their compliance with E.O. 13043 and 13513 that require using seatbelts in motor vehicles, and ban texting while driving, respectively; the number of motor vehicle accidents that occurred in CY 2020; any changes made to their motor vehicle safety programs (MVSP); and initiatives planned for CY 2021. In responding, 81 of the 86 agencies (94 percent) reported compliance with E.O. 13043 and 13513.⁶ Most agencies reported that MVSPs are major elements of their OSH programs and that compliance with the Executive Orders is necessary to reduce deaths, injuries, and property damage related to vehicular mishaps.

The number of motor vehicle accidents (MVAs) in CY 2020 reduced considerably to 8,277, compared to 12,293 in CY 2019 (see Table 7, Summary of MVAs Reported by Departments and Agencies, CY 2018 through CY 2020). Thirty of the 86 responding agencies (35 percent) accounted for the 8,277 MVAs that resulted in approximately 346 employee injuries in CY 2020. All 30 agencies reported compliance with Executive Orders 13043 and 13513.

Most agencies reported offering motor vehicle safety awareness training developed by the Department of Transportation (DOT), GSA, UUSDA, or similar organizations. Training topics covered include the following: distracted driving prevention; safe holiday/seasonal driving, accident reporting procedures; driver improvement training for personnel involved in vehicle mishaps; vehicle safety inspection procedures; driver education for personnel deployed overseas; use of travel planning tools, and defensive driving.

Some agencies that did not indicate providing additional motor vehicle safety training courses beyond general awareness training reported compliance with Executive Orders 13043 and 13513, but provided no further information on safety protocols or measures. OSHA will follow up with these agencies to offer assistance in addressing motor vehicle safety.

Agencies like the Department of the Air Force (DAF) supported nationally recognized safe driving programs in CY 2020. DAF installations used training programs such as the American Automobile Association's Defensive Driving, National Safety Council's Alive at 25, and the Street Smart Program to reinforce motor vehicle safety and mishap prevention.

Some agencies indicated they made changes to their MVSP in CY 2020. DOS indicated that Safe Driver Training remained in effect for CY 2020, but adjustments were made for COVID-19 precautions to implement social distancing and reduce overall group size per class. The DOT continued to promote the National Safety Council's Defensive Driving Course, but vehicles were used only for mission-critical activities. The Department of the Interior (DOI) noted that its motor vehicle safety policy was revised and submitted to Bureaus/Offices for review and feedback, with changes to the agency's policy intended to better align with internal DOI driver requirements.

⁶E.O. 13043, "Increasing Seat Belt Use in the United States," requires federal employees to use seat belts while on official business. E.O. 13513, "Federal Leadership on Reducing Text Messaging while Driving," bans federal employees from engaging in text messaging when driving a vehicle on official business.

Some agencies indicated they would implement new initiatives to their MVSP in CY 2021. DOS indicated that in CY 2021, the Event Recorder (i.e. DriveCam) program will be expanded to additional posts overseas, increasing their ability to manage risky driving of government vehicles abroad. DOS also indicated that New Agent Training for Diplomatic Security will include Safe Driver Training, beginning in CY 2021. The Department of the Navy stated that in CY 2021, the agency will implement a robust motor vehicle safety promotion campaign that will include Public Service Announcements, flyers, digital advertising, billboards, and social media messaging. The campaign will also include information on the risks of driving/riding, control measures that can be used to reduce mishaps; education of employees about the policy; training offerings; and mentorship.

Table 7. Summary of MVAs Reported by Departments and Agencies, CY 2018 through CY 2020

Department/Agency	Status	Number of MVAs	Number of MVAs	Number of MVAs
		CY 2018	CY 2019	CY 2020
Department of Agriculture	↔	2,142	2,060	NR
Department of the Air Force	↑	21	16	94
Department of the Army	↑	345	212	288
Department of Commerce	↑	2	306	544
Department of Defense	↓	945	943	812
Department of Energy	↓	NR	74	63
Department of Health and Human Services	↓	91	304	25
Department of Homeland Security	↓	2,392	2,190	1,765
Department of Housing and Urban Development	?	NR	NR	NR
Department of Justice	↓	2,197	4,124	2,311
Department of Labor	↓	512	452	213
Department of the Interior	↑	960	501	564
Department of the Navy	↑	136	10	12
Department of State	↔	NR	NR	1,102
Department of Transportation	↓	47	40	13
Department of the Treasury	↓	231	176	93
Department of Veterans Affairs	↓	301	144	21
Environmental Protection Agency	↓	39	33	12
General Services Administration	↓	64	59	26
National Aeronautics and Space Administration	↑	177	103	104
Social Security Administration	↓	39	24	13
Tennessee Valley Authority	↓	193	245	175
Office of Personnel Management	↓	246	212	1
AbilityOne	↔	NR	0	0
Access Board	↔	0	0	NR
African Development Foundation	↔	0	0	0

Department/Agency	Status	Number of MVAs	Number of MVAs	Number of MVAs
		CY 2018	CY 2019	CY 2020
Agency for Global Media	?	0	NR	0
Agency for Internal Development	↔	0	0	0

American Battle Monuments Commission	↔	0	1	1
Armed Forces Retirement Home	↔	0	0	0
Chemical Safety and Hazard Investigation Board	↓	1	1	0
Commission of Fine Arts	?	0	NR	NR
Commission on Civil Rights	↔	0	0	0
Commodity Futures Trading Commission	↔	0	0	0
Consumer Product Safety Commission	↔	0	0	0
Court Services and Offender Supervision Agency	↓	7	5	1
Defense Nuclear Facilities Safety Board	↔	0	0	0
Equal Employment Opportunity Commission	↓	0	3	2
Export-Import Bank of the United States	↔	NR	0	0
Farm Credit Administration	↓	0	1	0
Federal Communications Commission	?	3	3	NR
Federal Deposit Insurance Corporation	?	3	NR	NR
Federal Election Commission	↔	0	0	0
Federal Housing Finance Agency	↔	0	0	0
Federal Labor Relations Authority	↔	NR	0	0
Federal Maritime Commission	↔	0	0	0
Federal Mediation and Conciliation Service	↔	0	0	0
Federal Mine Safety and Health Review Commission	↔	0	0	0
Federal Reserve Board	↔	0	0	0
Federal Retirement Thrift Investment Board	↔	0	0	0
Federal Trade Commission	↔	0	0	0
Harry S. Truman Foundation	?	0	NR	NR
Holocaust Memorial Museum	↔	0	0	0
Institute of Museum and Library Services	↔	0	0	0

Inter-American Foundation	↔	0	0	0
International Trade Commission	↔	0	0	0
International Boundary and Water Commission	↓	10	4	2
James Madison Memorial Fellowship Foundation	?	0	NR	0

John F. Kennedy Center	↔	NR	0	0
Marine Mammal Commission	?	0	NR	0
Merit Systems Protection Board	↔	0	0	0
Millennium Challenge Corporation	?	NR	NR	0
Morris K. Udall & Stewart L. Udall Foundation	↔	0	0	0
National Archives and Records Administration	↑	1	0	1
National Capital Planning Commission	↔	0	0	0
National Council on Disability	↔	0	0	0
National Credit Union Administration	↓	0	2	0
National Endowment for the Arts	↔	0	0	0
National Endowment for the Humanities	?	0	0	NR
National Gallery of Art	↓	3	5	0
National Labor Relations Board	↓	4	1	0
National Mediation Board	?	0	NR	0
National Science Foundation	↔	0	0	0
National Transportation Safety Board	↔	0	0	0
Nuclear Regulatory Commission	↔	0	0	0
Nuclear Waste Technical Review Board	↔	0	0	0
Occupational Safety and Health Review Commission	↔	0	0	0
Office of Government Ethics	↔	0	0	0
Office of Navajo and Hopi Indian Relocation	↔	1	0	0
Office of Special Counsel	?	0	NR	NR
Overseas Private Investment Corporation	?	0	NR	NR
Peace Corps	↓	0	39	2

Pension Benefit Guaranty Corporation	↔	0	0	0
Postal Regulatory Commission	↔	0	0	0
Presidio Trust	?	NR	NR	4
Railroad Retirement Board	↔	0	0	0
Securities and Exchange Commission	↔	1	0	0
Selective Service System	?	NR	NR	NR
Small Business Administration	↑	0	0	2
Smithsonian Institution	?	14	NR	11
Social Security Advisory Board	?	0	0	NR
Trade and Development Agency	?	193	0	NR
Total Number of MVAs		11,321	12,293	8,277
Legend				

↔	No change from 2019 report	NR	Not reported
↓	Decrease from 2019 report	?	Undetermined from reported data
↑	Increase from 2019 report		

Product Safety Programs

In CY 2020, agencies were asked how they ensure that the products and services they procure comply with the product safety requirements of 29 CFR § 1960.34, including the use of Safety Data Sheets (SDSs). Sixty-nine of the responding agencies (80 percent) reported compliance with the standard.

OSHA asked agencies to provide details on their policies for addressing chemicals in fragrances such as those in perfumes and air fresheners. In total, 56 of the 86 responding agencies (65 percent) indicated some form of a fragrance policy exists.

The Environmental Protection Agency (EPA) reported ensuring compliance with the Hazard Communication standard. The agency explained that it uses SDSs to meet product safety requirements. The EPA subscribes to ChemWatch, a database that provides access to SDSs for millions of different chemicals, including uncommon ones. Safety Health and Environmental Management Program (SHEMP) managers use this repository to learn about chemical properties and potential hazards associated with new chemicals that enter their facilities.

The EPA reported that in a recent questionnaire, 97 percent of EPA locations responded “yes” to both of the following questions:

- Has your location established a procedure to ensure that the SHEMP manager (or another designated official) is notified before new chemicals (e.g., cleaning chemicals, pesticides, laboratory chemicals) are introduced to the facility?
- Does the SHEMP manager evaluate the chemical’s SDS to determine if it poses a safety or health hazard that requires protective measures?

The EPA reported that in a recent questionnaire, 94 percent of EPA locations responded “yes” when asked if they ensure that hazardous materials are labeled in accordance with current laws or regulations to alert users, shippers, OSH personnel, emergency action personnel, and others to basic information on flammability, toxicity, compatibility, first aid procedures, and emergency handling and disposal procedures.

The EPA reported that in regards to a recent questionnaire about special handling procedures for products, 91 percent of EPA locations responded “yes” when asked if they ensure that appropriate PPE is available and employees are aware of special handling requirements.

The EPA also reported that in regards to a recent questionnaire about product recalls, 91 percent of EPA locations responded “yes” when asked if procedures are in place to ensure that products are removed from local inventories if they are recalled by the manufacturers (either voluntarily or by order from a regulatory authority).

Whistleblower Protection Programs

As required by 29 CFR § 1960, Subpart G, Allegations of Reprisal, agencies must have procedures in place 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.

OSHA asked agencies to provide information on any federal employee allegations of reprisal in CY 2020 to assess agencies’ whistleblower protection programs. OSHA also asked agencies to describe how allegations were investigated, and the impact of investigation findings on the agencies’ OSH programs.

A total of 78 of the 86 responding agencies (91 percent) reported having functional whistleblower protection programs. A few agencies, like the GSA, reported not having a written whistleblower protections program, but stated that GSA employees have several options to disclose wrongdoing. These agencies noted they would continue to assess the need for an anti-retaliation policy each year.

During CY 2020, several agencies reported investigating allegations of reprisal – HHS, Department of the Army (DOA); Department of the Treasury; and the National Aeronautics and Space Administration (NASA).

OSH Training

E.O. 12196 requires agencies to provide OSH training for all employees. Additionally, 29 CFR § 1960, Subpart H, prescribes the necessary OSH training for employees with respect to applicable standards. Safety and health training is an important part of an effective OSH program. Training provides employees with the knowledge, skills, and abilities to perform their work safely. OSHA requires agencies to: provide safety and health training to employees who face hazards on the job; provide sufficient information for managers and supervisors to perform their responsibilities; and, provide employees with safety and health responsibilities with the know-how to perform their duties effectively. Training ranges from formal classroom training, to one-on-one instruction, to informal discussions, behavioral modeling, and practice. Agencies reported providing employees with ongoing safety and health training to safely, efficiently, and effectively perform their jobs.

OSHA required agencies to train employees on elements of infection prevention and control, including the use of PPE, to protect employees from exposure to COVID-19. Federal employees received training on the source of exposure to the virus, potential effects associated with exposure, and appropriate protocols in place to prevent or reduce the risk of exposure. Training also included information on how to quarantine if exposed, and how to report cases of COVID-19.

Agencies reported offering a wide range of OSH training to their stateside employees during CY 2020. While most agencies provided employees with OSH training based on their job responsibilities, some augmented their efforts to ensure that collateral duty OSH personnel received all appropriate training. Many agencies also published OSH information on their websites and in newsletters; encouraged OSH personnel to participate in local FFSHCs and professional OSH organizations; and recognized employees who collaborated with safety professionals to identify and mitigate workplace hazards.

Almost all OSHA Training Institute (OTI) courses are open to federal employees, and do not have a tuition fee associated with them. (See the [OTI Training Schedule for Federal, State, and Local Agency Employees web page](#) for enrollment instructions.) An online course specifically for federal agencies is the #6008, *Introduction to OSHA for Other Federal Agencies*, it can be accessed at <https://oshaelearning.coursemill.com/osha/logins/OSHA-OGA/oga.html>. In addition, each year OSHA provides a week of training to federal employees, called FEDWEEK: <https://www.osha.gov/enforcement/fap/fedweek>.

Federal Employees Overseas

The OSH Act, E.O. 12196, and 29 CFR § 1960 have no geographical limits. Agencies must provide safe and healthful workplaces to all federal civilian employees, including those who work outside U.S. borders. Traditionally, between 50,000-70,000 employees from any number of federal Executive Branch departments and agencies, ranging from DOS diplomats to Peace Corps volunteers, live and work outside U.S. borders. However, in March of 2020, as the threat and scope of the COVID-19 pandemic became a new reality, OMB directed agencies to review their travel policies, and reduce non-essential travel as appropriate.

OMB advised agencies to bring back to the U.S. personnel working in certain countries or specific regions within countries that were designated as Level 4 (Do Not Travel), due to the COVID-19 pandemic. Federal employees planning official travel to other overseas destinations were advised to review DOS's website for up-to-date overseas travel information, the Emergency Alert for Coronavirus web page, and complete the "eCountry Clearance" process. These employees also needed to obtain all necessary DOS clearances, and complete required training.

Most of the overseas federal workers that continued to perform their jobs outside the continental U.S. received OSH coverage under either the Department of Defense (DoD) or DOS. DoD extends its OSH programs and coverage to include overseas federal civilian employees; and follows OSHA standards in all operations worldwide, where feasible. Agencies outside DoD rely upon DOS's Safety, Health, and Environmental Management Program to address safety and health issues for their overseas federal employees.

Given the pandemic-related fluctuations in the overseas employment of federal workers, OSHA did not ask agencies to provide data on the numbers of workers employed outside U.S. borders in CY 2020.

Specific Agency Reporting Requirements

OSHA regulations 29 CFR § 1960, Subpart E require GSA and the National Institute for Occupational Safety and Health (NIOSH) to assist federal agencies with specific activities that affect the safety and health conditions of federal employees. GSA and NIOSH provide OSHA with details of these activities annually.

Specifically, GSA reported on its programs for ensuring that federal facilities are designed, operated, and maintained in accordance with OSH requirements and best practices. GSA also addressed how it ensured that the products and services offered to federal agencies complied with product safety requirements; how federal purchasers were made aware of the safe use of such products; and how safety recalls were implemented.

In its annual report, NIOSH provided information on the agency's Request for Technical Assistance Program. This included details of the different types of assistance NIOSH provided to federal agencies in CY 2020.

General Services Administration

GSA reported that: "Safety and health requirements for GSA-designed and -constructed facilities are included in its P100-Facilities Standards for the Public Buildings Service. Safety and health requirements for leased facilities are included in GSA's "Request for Leasing Proposals" and lease contract forms. Both sets of requirements are continually updated. Most Operations and Maintenance (O&M) activities are conducted through contract services. The O&M and custodial specifications include safety and health clauses. These requirements are current."

GSA stated that its "process for addressing safety and health in products and services offered is a mature program that did not require significant improvements or changes in CY 2020." GSA stated that its Federal Acquisition Service continually makes improvements to the overall "customer experience" and "supplier experience" through application upgrades, industry/customer liaison, and organizational optimization.

GSA noted that if it receives information concerning a product recall in the commodity line it manages, it initiates a review of the product line to determine if the item under recall was supplied to agencies. GSA stated that it immediately notifies suppliers to cease shipments of products associated with a recall. It also identifies customers that have ordered the item under recall and provides instructions on how and whom to contact concerning the item.

National Institute for Occupational Safety and Health

NIOSH received 11 federal requests for technical assistance involving health hazard evaluations (HHEs) in CY 2020,⁷ compared to 40 in 2019, and 32 in 2018 (see Appendix 2, Number of Agency Requests for Technical Assistance from NIOSH, CY 2018 to CY 2020). NIOSH completed all the 11 (100 percent) technical assistance requests it received in CY 2020. NIOSH also completed six HHE requests from prior years.

In total, NIOSH performed no field investigations in CY 2020, compared to six in 2019, and two in 2018. NIOSH completed 17 desk investigations in CY 2020, compared to 34 in 2019, and 36 in 2018. See Appendix 3, Types of Investigations Completed by NIOSH from CY 2018 to CY 2020.

Federal agency requests for technical assistance varied by both exposure groups and health issues evaluated by NIOSH. For the reporting period, the exposure groups evaluated by NIOSH were indoor environmental quality, biological hazards, and chemical hazards. See Appendix 4, Exposure Groups Evaluated by NIOSH in Response to Requests for Technical Assistance in CY 2020.

The following health issues were investigated by NIOSH in CY 2020: respiratory system, nervous system, viral/bacterial, cancer, mental/behavioral, and skin disorders. See Appendix 5, Health Issues Investigated by NIOSH in Response to Requests for Technical Assistance in CY 2020.

⁷ NIOSH's response to a federal agency's Request for Technical Assistance usually involves a HHE: a workplace study to learn whether workers are exposed to hazardous materials or harmful conditions. Based on the information provided, NIOSH answers an HHE/technical assistance request in one of the following ways: in writing with pertinent information or a referral to a more appropriate agency, by telephone to discuss the problems and how they might be solved, or with a visit to the workplace. During a visit, NIOSH will meet with the employer and employee representatives to discuss the issues and tour the workplace. NIOSH may review records about exposure and health, interview or survey employees, measure exposures, and perform medical testing. At the end of an evaluation, NIOSH will provide a written report to the employer and employee representatives. Depending on the type of evaluation, the final report may require a development time of a few months to a few years.

Appendices

Appendix 1. Active FFSHCs by OSHA Region, CY 2020

Region I (CT, MA, ME, NH, RI, VT) Greater Boston	Region VI (AR, LA, NM, OK, TX) Dallas/Fort Worth Oklahoma South Texas
Region II (NJ, NY, PR, VI) Greater New York Hudson Valley Puerto Rico Southern New Jersey Western New York	Region VII (IA, KS, NE, MO) Greater Des Moines Greater Kansas City Greater Omaha Greater St. Louis
Region III (DC, DE, MD, PA, VA, WV) Hampton Roads Metropolitan Washington, DC	Region VIII (CO, MT, ND, SD, UT, WY) Denver
Region IV (AL, GA, FL, KY, MS, NC, SC, TN) Atlanta Central Florida Coastal Empire Louisville Area Middle Tennessee Mississippi Gulf Coast North Carolina South Florida	Region IX (AS, AZ, CA, GU, HI, MP, NV) Phoenix San Francisco Bay Area
Region V (IL, IN, MI, MN, OH, WI) Chicago Detroit Duluth/Superior Minneapolis	Region X (AK, ID, OR, WA) Mt. Rainier

Appendix 2. *Number of Agency Requests for Technical Assistance from NIOSH, CY 2018 to CY 2020*

Department/ Agency	Technical Assistance Requests		
	2018	2019	2020
Agriculture	3	0	0
Commerce	0	1	0
Defense	7	10	4
Energy	1	0	0
General Services	0	1	0
Health and Human Services	1	0	0
Homeland Security	3	6	1
Interior	0	2	0
Justice	2	4	0
U.S. Postal Service	6	9	3
Social Security Administration	2	0	0
Transportation	1	1	0
State	0	0	0
Treasury	0	1	0
Veterans Affairs	6	5	3
Other	0	0	0
Total	32	40	11

Appendix 3. Types of Investigations Completed by NIOSH from CY 2018 to CY 2020

Department/ Agency	Completed Investigation by Type					
	Desktop			Field		
	2018	2019	2020	2018	2019	2020
Agriculture	0	2	1	0	1	0
Commerce	0	1	0	0	0	0
Defense	10	9	4	0	1	0
Energy	0	0	0	0	0	0
General Services	0	1	0	0	0	0
Health and Human Services	0	1	0	1	0	0
Homeland Security	4	1	1	0	2	0
Interior	0	1	1	0	1	0
Justice	0	3	1	0	1	0
U.S. Postal Service	2	9	4	0	0	0
Social Security Administration	4	0	0	0	0	0
Transportation	0	2	0	0	0	0
State	0	0	0	0	0	0
Treasury	0	1	0	0	0	0
Veterans Affairs	9	3	5	1	0	0
Other	7	0	0	0	0	0
Total	36	34	17	2	6	0

Appendix 4. *Exposure Groups Evaluated by NIOSH in Response to Requests for Technical Assistance in CY 2020*

Department/Agency	Exposure Group*							
	Chemical	Biologic	Indoor Environmental Quality	Noise	Heat	Stress	Radiation	Ergonomics
Agriculture	1	0	0	0	0	0	0	0
Commerce	0	0	0	0	0	0	0	0
Defense	2	0	2	0	0	0	0	0
Energy	0	0	0	0	0	0	0	0
General Services	0	0	0	0	0	0	0	0
Health and Human Services	0	0	0	0	0	0	0	0
Homeland Security	1	0	0	0	0	0	0	0
Interior	0	0	1	0	0	0	0	0
Justice	0	0	1	0	0	0	0	0
Labor	0	0	0	0	0	0	0	0
U.S. Postal Service	1	0	2	0	0	1	0	0
Social Security	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0
Treasury	0	0	0	0	0	0	0	0
Veterans Affairs	2	1	2	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total	7	1	8	0	0	1	0	0

* A Request for Technical Assistance, also known as a Health Hazard Evaluation request, may involve an investigation under more than one exposure group category. This is illustrated by the VA's single request to investigate three exposure groupings: "Chemical," "Biologic," and "Indoor Environmental Quality."

Appendix 5. Health Issues Investigated by NIOSH in Response to Requests for Technical Assistance in CY 2020

Department/Agency	Health Problem							
	Respiratory	Viral/Bacterial	Cancer	Musculoskeletal	Mental/Behavioral	Sensory	Skin Disorder	Nervous System
Agriculture	1	0	0	0	0	0	0	0
Commerce	0	0	0	0	0	0	0	0
Defense	2	0	0	0	2	0	0	0
Energy	0	0	0	0	0	0	0	0
General Services	0	0	0	0	0	0	0	0
Health and Human Services	0	0	0	0	0	0	0	0
Homeland Security	0	0	0	0	0	0	1	0
Interior	1	0	0	0	0	0	0	0
Justice	0	0	0	0	1	0	0	0
Labor	0	0	0	0	0	0	0	0
U.S. Postal Service	1	0	0	0	1	0	1	1
Social Security	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0
Treasury	0	0	0	0	0	0	0	0
Veterans Affairs	1	1	1	0	2	0	0	0
Other	0	0	0	0	0	0	0	0
Total	6	1	1	0	6	0	2	1

Appendix 6. Fatalities, Hospitalizations, and Amputations Reported by Federal Departments and Agencies in CY 2020

Department of Agriculture

Fatality

- Employee was entrapped and died during wildland fire operations.

Amputation

- Employee was detaching a trailer hitch when the pressure of the utility terrain vehicle (UTV) and trailer hitch slid forward cutting off the tip of the employee's right index finger.

Hospitalizations

- While the employee was walking across a rain-soaked parking lot the employee fell onto the left knee and shattered the patella. The employee was taken to the hospital for immediate surgery.
- A fire crewmember was bent over clearing recently cut material when a rock in excess of 150 pounds rolled down the hill and struck the worker's helmet.
- A stob caught the inside of an employee's pant leg, causing the employee to fall. The employee used their right hand to catch the fall and injured their shoulder.
- Smokejumper was parachuting into a designated jump spot and landed in a tree. The smokejumper then fell 40 feet to the ground and suffered blunt force trauma to the back.
- While walking through a timber sale unit in the forest, an employee slipped on a stick under the snow and twisted the right ankle, breaking a bone.
- Individual was performing work-related physical fitness training and was struck by a vehicle.
- Employee ran low on water and drank stream water. A week later the employee was extremely ill from a parasitic infection.
- While on fire assignment, employee tripped and fell, injured a knee, resulting in hospitalization and medical treatment.
- While fighting a fire, the employee fell on uneven terrain resulting in critical compound fracture of the lower left leg.
- Employee suffered rhabdomyolysis and was hospitalized after work-related physical fitness training.
- Three firefighters involved in an entrapment were transported by life flight to a local hospital for burns and smoke inhalation.
- Two recreation employees operating a side-by-side UTV were involved in a collision with a private citizen driving a pickup truck and were critically injured.
- Employee was injured and hospitalized after riding a motorcycle in the performance of his duties in a National Forest.
- Employee was injured while backing a snowmobile off a trailer and was hospitalized due to injuries.
- Volunteer employee was cutting out a trail and was struck by a tree. The employee was hospitalized due to injuries.

Department of Defense

Fatality

- Employee worked on the medical-surgical unit for COVID-19 positive patients, caring for a COVID-19 positive patient for approximately four shifts. The employee last worked on 12 April 2020. Employee called out sick on 15 April 2020, was directed to stay home by the personal physician on or about 21 April 2020 due to COVID 19 symptoms, was admitted to a local hospital the next day, transferred to an intensive care unit (ICU) on 24 April 2020 and died on 26 April 2020. Employee was reportedly COVID-19 positive at the time of death.

Amputations

- Employee was operating a lift beam and crane to lift a forklift battery for cleaning. His left middle finger was caught in the lift beam clamp/hook, removing the tip of the finger. The employee received first aid, a clean compression dressing, and emergency medical services (EMS) transport.
- Employee developed a blister on a toe. The blister became infected resulting in amputation of the toe.
- Meat cutter was preparing to cut steaks using the bone saw. The meat cutter was securing the meat against the plate to begin cutting. While applying pressure to the meat against the guide plate, the employee's left hand slipped and went into the blade, severing the employee's left thumb tip.
- Ground beef was stuck on the conveyor as it passed through the conveyor from the grinder to the bulker. The employee reached into the bulker to unclog the bulk and her sleeve activated the cutting blade switch triggering the blades to come down and amputate the tips of three fingers.

Hospitalizations

- Employee contracted the COVID-19 virus while working in the store.
- Employee reached to pick up a 24 pack case of canned soup/broth. Employee felt a sharp pain radiate from her chest to her back.
- Employee was moving banana cases and strained the back. Employee was hospitalized overnight.
- Employee was injured in a motor vehicle accident. Individual stated “wind caused by a semi-truck moving in front of him, caused him to veer right, lose control, and run into a ditch.” Police report stated condition of driver (tired/fatigued) as primary factor of incident.
- Employee attempting to unwrap a pallet of material pulled on wrap, lost grip, fell backwards onto cement floor, breaking the right hip.
- Employee bit on the back of left leg by a spider.
- Firefighter slipped on spilled wet paint while fighting fire in zero visibility. Employee twisted or buckled his knee.
- Teacher descended down an embankment and slipped on the wet grass. The employee suffered a fractured fibula and tibia.

Department of the Air Force

Fatalities (none)

Amputations

- Employee performing maintenance on equipment made contact with a rotating fan blade, amputating the pinky finger. The employee spent two days in the hospital.

- Employee lifting a manhole cover by hand lost grip and suffered a finger amputation. The employee was hospitalized for four days.
- Employee was de-burring metal on disc sander and made contact with the sander, severing a thumb tip. The employee was hospitalized for one day.

Hospitalizations

- Employee fell while descending a staircase and fractured an arm. The employee was hospitalized for six days.
- Employee was struck by a door, fell down, and fractured a leg. The employee was hospitalized for four days.
- Worker helping move 60k-loader deck extension outward, sustained multiple injuries when two fingers were pinched in between the extension arm. The employee was hospitalized for five days.
- During a basketball game, employee hyperextended an elbow and tore the bicep tendon. The employee was hospitalized for one day.
- An employee walking on a paved walkway broke a femur when a foot slipped off edge, onto grass. The employee was hospitalized for six days.
- Employee tripped over shoe laces and fell, fracturing a sternum. The employee was hospitalized for six days.
- Employee installing an exhaust cover slipped and fell in puddle, resulting in a wrist fracture. The employee was hospitalized for one day.
- Employee lost balance while descending a staircase and fractured a leg and ankle. The employee was hospitalized for three days.
- Employee descending a ladder fell and fractured an ankle. The employee was hospitalized for two days.
- Employee tripped over an aircraft grounding cord, landed on the hip, and broke a femur. The employee was hospitalized for eight days.

Department of the Army

Fatalities

- While performing maintenance beneath live power lines, a crane operator maneuvered the crane boom and associated load into the industrial standard 20-foot “prohibited zone” around live power lines and was fatally electrocuted.
- COVID-positive employee was admitted to the hospital and later discharged. 4-5 days later the employee was found unresponsive and was rushed to the emergency room (ER). The employee died in the ICU early the next morning.

Amputation

- An employee caught the left hand between the chock and the rail car wheel. Employee lost distal end of left ring finger to the first knuckle.

Hospitalizations

- Employee 1 placed himself on the left side of the dumpster and placed his hand on the top of the door to hold it in place until the backhoe applied pressure. After Employee 1 motioned for Employee 2 to bring the backhoe forward to push the door shut, the boom of the backhoe made contact with the door causing it to pinch/crush Employee 1's hand between the door and body of the dumpster. Employee 1 then motioned for Employee 2 to back up to release the pressure.

- Employee was sharing the same general office space with another employee who became symptomatic and tested positive for COVID-19. Several days later, the employee became symptomatic and subsequently went to the emergency room when symptoms worsened. That employee tested positive for COVID-19 and was admitted to the hospital.
- Employee disembarked a vessel by jumping over the side and broke an ankle.
- Employee operating a motor vehicle veered into oncoming traffic to avoid a vehicle that stopped ahead of him to turn left.
- Employee working on a milling machine sustained contusions and laceration as a result of impact from the die set.
- Employee closing a door by kicking loose a wood door wedge being used to prop the door open lost balance and fell to the floor. The employee suffered a hip joint fracture and was hospitalized.
- Warehouse worker strained the left upper arm trying to move beer keg stock single-handed.
- Employee fell while running and injured a leg.
- Employee was bit by a spider.
- Employee was trying to remove a pump without properly draining it, was splashed with high temperature line water, and suffered bodily burns.
- Employee suffered heat stress and was hospitalized.
- Employee operated a forklift on a tank road, struck a divot, and rolled the powered industrial truck (PIT) over onto its side.
- Welder was performing maintenance on an M3A1 Container Roll-in/Out Platform (CROP) suspended from a 10-ton remote operated gantry crane. In preparation for returning the load to the ground, the task lead removed safety chains while the welder gathered tools and equipment. Once the safety chains were removed, the 5,900-lb load transferred to the lifting strap that was rated for only 2,400 lbs. The strap failed and the platform fell, striking the welder on his right side: upper torso and hip.
- Employee was using a chainsaw to cut up downed trees in a recreation area. As the employee cut a section within ~ 8-10 ft of the base of the tree, the weight of the root ball sprung the tree into an upright position. The tree hit the employee, propelling him into a metal chain-link fence and the wood line. Somehow, the employee's left arm got trapped under another piece of log. The employee dislodged his arm, got himself back to the maintenance complex, notified the Resource Manager, and called 911.
- Employee performing clean up duties bumped his leg on the skid steer bucket causing injury. Employee continued to work and did not report the incident. On Sunday employee was unable to work due to an unknown medical condition. The employee's medical condition worsened and the following Sunday was admitted to local hospital with a leg infection.
- Employee was attempting to enter an elevator with an electric cart. The employee accidentally pressed the gas instead of the brake, running the cart into the closed elevator doors. The employee sustained a small laceration to his right leg but refused any medical treatment. A few days later the employee sought medical attention for what he thought was shingles. The medical facility ruled out shingles and diagnosed a leg infection from the laceration. The employee was hospitalized for 8 days/7 nights for treatment of the infection.
- Employee performing a routine inspection of a powerhouse transformer slipped and fell when exiting the containment area, resulting in head and lower leg injuries.

- Employee driving a GSA vehicle proceeded into an intersection in front of an oncoming truck. The truck struck the passenger side of the GSA vehicle. An ambulance took the employee to the hospital.
- Employee fell backward while standing and holding an empty cardboard box. The employee sustained potential shoulder and head injuries. Ambulance was summoned and employee was placed under observation at the hospital.
- Employee was hospitalized overnight for observation due to his throat swelling. In accordance with contact tracing protocol following an initial COVID-19 incident at work, the employee was placed on mandatory quarantine due to being in "close contact" with an infected employee.
- Contracted COVID-19.
- A trainer was standing on bulldozer tracks next to the student who was operating the bulldozer. The bulldozer suddenly lurched forward and caused the trainer to fall off the side, striking his head on the machine's tracks.
- Employee slipped and fell while walking on a slippery surface and twisted the right ankle.
- Employee twisted an ankle.
- Insect (tick) bite. Lyme disease and supplemental respiratory conditions.
- Employee slipped and twisted an ankle.
- Fell down stairs and twisted the left knee.

Department of the Navy

Fatalities

- An employee's family member tested positive for COVID-19. That crew member and several other members began to exhibit signs of COVID-19 within a few days.
- Once underway a member of the crew began to exhibit symptoms of COVID-19. Within a day several other members began to exhibit symptoms of COVID-19. Training operations were canceled and the vessel returned to port where all members were tested for COVID-19. Member was admitted to the hospital on 11 December, 2020 and succumbed to complications of the virus on 04 January, 2021.
- Employee was exposed to COVID-19 by a co-worker. Employee was admitted to the hospital and later succumbed to COVID-19.
- It is believed that the mishap victim contracted COVID-19 from other employees while working in a child day care kitchen.

Amputations

- An employee investigated a blockage in the plastic media recovery system used for paint blasting operations. The work leader shut off what was believed to be the power to the system. When they cleared the clog the open adjustable rotor started to spin, making contact with three of the employee's fingers.
- Employee disassembling a metal storage rack with a 6-lb sledgehammer crushed finger between the hammer handle and the horizontal angle iron of the rack on a missed swing.

Hospitalizations

- Member was exposed to a co-worker who tested positive for COVID-19. Member became infected with COVID-19 and required hospitalization and advanced medical support.

- Member experienced symptoms of COVID-19 while at work. Member tested positive for COVID-19 and later required hospitalization and advanced medical support.
- Member was exposed to a co-worker who tested positive for COVID-19. Member became infected with COVID-19 and required hospitalization and advanced medical support.
- Security guard was completing their physical agility test as part of their annual evaluation. Employee began having chest pains and was transported to the hospital.
- Employee suffered a heart attack after capturing and removing an alligator from a running track.
- Employee began feeling sick and later tested positive for COVID-19. Employee required hospitalization.
- A worker contracted COVID-19 from a presumed work-related transmission that eventually required hospitalization
- An employee performing sandblasting work lost their grip on the blasting nozzle, and it recoiled back into their leg. Blast grit struck the employee in the leg and became embedded in the skin. The employee was hospitalized to remove the embedded abrasive blasting grit.
- Two employees tested positive for COVID-19 while working in an area where other coworkers had also recently tested positive.
- Employee slipped and fell on ice while walking to his work station, injuring his head, knee, and hands. The following day the employee suffered from slurred speech and went to an emergency room for evaluation where he was admitted for treatment of a blood clot and subsequent stroke.
- An employee slipped and fell on ice resulting in fractured ribs. Employee was admitted to the hospital for treatment.
- Individual was descending the access ladder into the workspace. Individual attempted to reposition footing, lost grip, and fell to bottom of ladder resulting in a broken leg.
- Worker was feeling unwell and went home early. Employee sought medical attention when symptoms did not improve by 9 pm. Employee was diagnosed and hospitalized to receive treatment for severe dehydration and heat exhaustion.
- Firefighter lacerated left thumb while cutting ¾-inch plywood on a table saw. Employee was admitted overnight awaiting surgery the following morning.
- Employee hit foot on a file cabinet. Foot later became infected requiring medical treatment.

Department of Health and Human Services

Fatalities

- A registered nurse working in the emergency room at a health center contracted and subsequently passed away from COVID-19.
- A custodial work leader contracted and subsequently passed away from COVID-19.
- A motor vehicle operator for the hospital had close contact with a coworker who tested positive for COVID-19 while not using PPE. Employee contracted and subsequently passed away from COVID-19.
- A housekeeper at the hospital contracted and subsequently passed away from COVID-19.
- An optometry technician at a health center contracted and subsequently passed away from COVID-19.
- A security contractor at a hospital contracted and subsequently passed away from COVID-19.

- A housekeeper at an outpatient healthcare facility contracted and passed away from COVID-19.
- A medical records technician working in the Health Center contracted COVID-19 and passed away.
- Employee working in the laboratory and phlebotomy room, contracted and subsequently passed away from COVID-19.
- An information technology (IT) specialist contracted and subsequently passed away from COVID-19.

Amputations (none)

Hospitalizations

- A certified nursing assistant at the hospital volunteered as an interpreter and brought them in close contact with patients. Employee contracted COVID-19 and was hospitalized.
- Employee was in a common building restroom when an elderly person entered, coughing uncontrollably. Employee helped the other person to leave the restroom. Employee contracted COVID-19 and was hospitalized.
- A dentist was working in the COVID-19 testing area was hospitalized with COVID -19.
- A group of five employees had lunch together. The following day, one of the five workers tested positive for COVID-19. Employee subsequently tested positive, and suffered symptoms secondary to COVID illness that resulted in hospitalization.
- Employee reported to have had some sort of seizure, which caused them to fall and strike their head.
- Employee working in the emergency department (ED) of a hospital contracted COVID-19 and was hospitalized.
- An employee working in the hospital business office contracted COVID-19 and was hospitalized.
- Employee working in the medical records department at the hospital contracted COVID-19 and was hospitalized.
- Employee at the hospital contracted COVID-19. Employee was hospitalized with COVID-19.
- Employee working in the hospital's business office contracted COVID-19 and was hospitalized.
- Employee, working in dietary services for the hospital, contracted COVID-19 and was hospitalized.
- A hospital housekeeper contracted COVID-19 and was hospitalized.
- An RN in the pediatric department of the hospital contracted COVID-19 and was hospitalized.
- Employee working on Medical/Surgical ward at the hospital contracted COVID-19 and was hospitalized.
- An RN in the ED of the hospital contracted COVID-19 and was hospitalized.
- A health technician in the hospital's intensive care unit (ICU) contracted COVID-19 and was hospitalized.
- A health technician in the outpatient clinic contracted COVID-19 and was hospitalized.
- An employee works in the hospital's housekeeping department contracted COVID-19 and was hospitalized.
- An EMS provider for the hospital contracted COVID-19 and was hospitalized.

- Employee working in the IT department for the hospital contracted COVID-19 and was hospitalized.
- Employee, providing patient care in the Medical/Surgical ward was hospitalized with COVID-19.
- Employee was reporting to work and slipped on an icy curb causing a fall.
- After wheeling a patient to bed, the patient stood up; but when going to sit on the bed used the employee to bear their weight unexpectedly.
- As employee was reporting to work, they slipped on ice under snow in the parking lot. Employee lost consciousness but was revived before being taken to the ED for evaluation.
- Patient assaulted employee rendering him unconscious.
- A RN in the family medicine clinic was hospitalized with COVID-19.
- A RN on the Medical/Surgical ward treating COVID patients was hospitalized with COVID-19.
- A RN working in the hospital's ED was hospitalized with COVID-19.
- An employee works on Medical/Surgical ward was hospitalized with COVID-19.
- A security guard at the hospital was hospitalized with COVID-19.
- Employee works in the outpatient clinic, testing for COVID and caring for positive patients was hospitalized with COVID-19.
- A health technician who was working at the symptom screening station at the entrance to the hospital was hospitalized with COVID-19.
- An assistant in the hospital's dental clinic was hospitalized with COVID-19.
- An employee working in respiratory therapy with COVID patients was hospitalized with COVID-19.
- A medical support staff at the hospital was hospitalized with COVID-19.
- A dental hygienist at the health center's dental clinic was hospitalized with COVID-19.
- A health technician, working in the hospital's emergency department. Employee was hospitalized with COVID-19.
- A health technician working in the hospital's emergency department was hospitalized with COVID-19.
- Employee was injured while repositioning a patient in bed.

Department of Homeland Security

Fatalities

- Officer tested for COVID-19 after exposure at work. He was on Weather and Safety Leave when symptoms worsened. He was hospitalized until he passed away from COVID-19 related complications.
- Employee patrolling border at Forward Operating Base was found unresponsive.
- Officer became ill during his shift and called for assistance. EMT and ambulance were called, and the officer was taken to the hospital. Officer was pronounced dead at the hospital. Cause unknown.
- Technician reported to his supervisor that he was feeling ill after reporting for his shift. He went home on sick leave, and later died as a result of COVID-19.
- Officer tested for COVID-19 after exposure at work. He was on Weather and Safety Leave when symptoms worsened. He was hospitalized until he passed away from COVID-19 related complications.
- Officer was exposed to and developed COVID-19. He was hospitalized and passed away due to COVID-19 related complications.

- On March 24, the officer went home to quarantine after developing COVID like symptoms. On April 2, the officer was hospitalized, and remained in the hospital on a ventilator until he died on May 8.
- Employee was teleworking. Employee was found unresponsive in home during duty hours.
- While on duty the officer lost consciousness and stopped breathing. He was transported to the hospital where they determined he had suffered a brain aneurysm. He underwent surgery and subsequently developed an infection, and was on life support until June 23 when he was removed from life support and died.
- Agent began experiencing COVID symptoms. He was tested, found to be positive, sent home to quarantine, admitted to the hospital, and died of COVID related complications on July 25.
- Customs and Border Protection Officer (CBPO) reported symptoms of COVID-19 while on duty. He was subsequently tested and found to be positive. He was put on Weather and Safety Leave and sent home to quarantine. On August 13, the Officer died at his residence as a result of COVID-19.
- Officer tested positive for COVID-19, and subsequently passed away due to COVID related complications.
- Officer tested positive for COVID-19 on September 12. On September 13, the officer was experiencing minor symptoms, but was otherwise doing well. On September 15, a welfare call from CBP went unanswered and on September 16, the officer was found by a relative, deceased in his home.
- On October 27, the agent was informed that he was positive for COVID-19 and was admitted to the hospital with breathing problems. He was placed on oxygen at the time. On November 3, he was moved to ICU, and on November 13, suffered two strokes. On November 16, he passed away.
- On November 11, an officer was informed of a positive COVID-19 test. On November 14, he was hospitalized with breathing problems. On December 2, he passed away from COVID-19 complications.
- On November 8, an officer tested positive for COVID-19. On November 18, the officer was admitted to ICU. On December 2, the officer passed away due to COVID complications.
- On November 16, an agriculture specialist tested positive for COVID-19 and was sent home to quarantine. On November 20, the agriculture specialist was hospitalized. On December 16, the agriculture specialist died from COVID-19 related complications.
- On December 14, an employee tested positive for COVID-19 after developing symptoms, and was sent home to quarantine. On December 16, the employee was rushed to the hospital after a cardiac event. The employee passed away on the morning of December 17, due to COVID related complications.
- On December 9, an officer tested positive for COVID-19, and was sent home to quarantine. On December 12, the officer was hospitalized. On December 14, the officer was moved to ICU. On December 19, the officer passed away due to COVID related complications.
- On July 3, the officer received notice of a positive COVID-19 test. The officer was quarantined. On July 4, the officer was admitted to the hospital. On July 5, the officer was moved to ICU. On July 13, the officer passed away due to COVID-19 related complications.

- Agent tested positive for COVID-19 on June 23, and was directed to quarantine. On June 29, the agent was admitted to the hospital with breathing problems, and passed away on July 11 due to COVID related complications.
- On June 29, the officer was experiencing COVID-19 symptoms. He tested negative and was admitted with pneumonia. On July 7, he was transferred to ICU and was positive for COVID-19. The officer passed away on July 9, due to COVID related complications.
- A Border Patrol agent lost contact with his coworker just after the agent reported issues with muscle cramps. The agent was found unresponsive. Resuscitation attempts were unsuccessful and the agent died.

Amputations

- Employee crushed fingers in a large metal shear. The employee lost the index finger tip and nail during the mishap. The fingertips of the left middle and forefinger were ultimately removed after failing to recover from the crushing injury.
- Employee amputated ends of three fingers on table saw.

Hospitalizations

- During his shift, a Supervisory Border Patrol Agent (SBPA) was experiencing chest pains. EMTs were called and the agent was transported by ambulance to the hospital where they determined the agent had a heart attack.
- On January 16, U.S. Border Patrol Agents reported that an on-duty agent experienced a medical emergency. Border Patrol EMTs responded and determined the agent was suffering from a possible life-threatening condition. CBP Air and Marine Operations responded and airlifted the agent to a local airfield where he was then transported via air ambulance to a regional medical center for evaluation and treatment.
- U.S. Border Patrol Agents reported that an on-duty agent experienced a medical emergency. EMS responded and determined the agent was suffering from a possible life-threatening condition. The agent was transported to a local medical facility in stable condition. Medical personnel determined that the Agent had a heart attack.
- On January 27, U.S. Border Patrol Agents reported that an on-duty agent was involved in a single vehicle accident while operating his assigned government vehicle. The agent lost control of the vehicle and rolled down an embankment. Nearby agents extracted the agent from the vehicle and EMS responded. The agent was transported to a hospital.
- On May 2, U.S. Border Patrol Agents reported an on-duty agent experienced a medical issue. The agent was transported to a local hospital where he was diagnosed with a mild stroke, and subsequently transferred to a regional hospital for further monitoring and treatment.
- On May 15, U.S. Border Patrol Agents reported an on-duty agent called for medical assistance. An EMT responded to the area and found the agent complaining of difficulty breathing and experiencing numbness in his legs. The agent was transported by Border Patrol to a local hospital, where he was admitted for further treatment and evaluation.
- On May 22, two CBPOs were involved in a vehicle accident. One CBPO, the driver of the vehicle, struck a cement barrier as he approached a curve, causing the vehicle to deploy the airbags. The other CBPO was a passenger. Both were transported to a local hospital for evaluation via an ambulance and were admitted to the hospital.
- On June 1, Intelligence Operation Supervisor was notified of an on-duty injury by Supervisory Border Patrol Agent (SBPA). The SBPA injured his right elbow and bicep while attempting to move weights out of his immediate area during a workout session. SBPA heard and felt his right bicep pop, followed by immediate sharp pain.

- A Border Patrol Agent was injured while riding on an ATV. A tree branch struck his helmet, which caused his head to be pushed back. The agent continued to ride his ATV and suddenly felt discomfort in his neck and head area. He immediately stopped his ATV and notified a second agent of the incident. The second agent, a certified EMT, immediately responded and rendered medical aid.
- On June 17, two Border Patrol Agents were involved in an UTV rollover accident while attempting to track and apprehend an illegal alien. The agents were transported to a hospital for treatment.
- An agent suffered significant injuries to the right side of his face from an impact with a manzanita branch as he was driving his agency issued ATV. A large branch entered the front opening of his helmet, striking him in the face and knocking him off the ATV. The agent exhibited signs of a concussion and was escorted to a hospital. The agent was admitted and required reconstructive surgery to repair broken bones under his nose and right eye.
- During training, an agent was performing body carries on one of his classmates and fell to the ground. His classmate landed on top of his lower left leg, causing an ankle injury. The agent was admitted to the hospital for surgery to fix a broken ankle.
- SBPA was bucked from his service horse. The agent hit his head on the ground and sustained a back injury. After the fall, the horse stomped on the agent's leg creating an additional injury.
- CBPO suffered a medical emergency and collapsed while walking. Surrounding CBP Officers provided medical assistance. CBPO lost consciousness and stopped breathing. CPR was initiated by trained on-site paramedic. EMS responded and transported CBPO to a hospital for further treatment for a heart attack.
- Border Patrol Agent reported having chest pains and needed medical evaluation. He was taken to the ED for evaluation. Medical staff diagnosed a spontaneous pneumothorax (right lung collapsed), and flew him for specialized treatment. He underwent surgery to repair collapsed lung.
- An on-duty agent unintentionally discharged his service issued handgun. The agent was preparing to clean his weapon when the unintentional discharge occurred and round went through his left hand. The agent was transported to a specialized hospital for evaluation and treatment and underwent surgery to repair injured hand.
- A trainee started exhibiting altered mental status during a training course. He was evaluated and treated by onsite paramedics who determined that he needed additional medical evaluation. He was taken a hospital for diagnosis and subsequently admitted.
- Agents reported an on-duty vehicle accident with injuries. The agent inadvertently drove into a concrete irrigation lateral with his service vehicle while pursuing a suspect. The agent was transported to a local hospital and was diagnosed with a fractured vertebrae. He was transferred to another hospital for surgery.
- An agent trainee was admitted into the hospital due to a reaction to a bug bite on right knee cap that occurred within the academy facility. The trainee was admitted and scheduled for surgery.
- An employee collapsed unresponsive, and was transported by emergency medical personnel to a local hospital for further care. The employee was hospitalized.
- A laden table fell on an officer's left leg above his ankle causing a compound fracture. Coworkers called EMS and rendered first aid to stop the bleeding. EMS transported the officer to the hospital where he was admitted and underwent surgery.

- An agent was working with his service K9 outside his residence when a fight began between the service K9 and family dog. The service K9 bit the agent's nose when he attempted to separate the animals. He also received a laceration on his right hand while kenneling the service K9. The agent was transported to the hospital where he received four stitches to his hand, and surgery and 68 stitches to his nose.
- An on-duty agent was bitten by a rattlesnake. The Agent was transported to a local hospital where he received antivenin, and was admitted to the ICU for further treatment and evaluation.
- An employee experienced an illness while teleworking from his home. The employee went to a local hospital for care, where an MRI confirmed he had suffered a stroke and also uncovered a possible issue with his heart. The employee underwent an angiogram to gather more information.
- An on-duty agent was bitten on the thigh by a service K9 during a response to illegal activity. The agent was transported to a local hospital then transferred to a larger hospital for further treatment. The agent was hospitalized due to the severity of the wound.
- An on-duty employee suffered a stroke, was transported to a local hospital, and admitted for further evaluation and treatment.
- An agent fell while chasing a group of illegal aliens and injured his knee and thumb and was unable to move. The agent was transported via helicopter to a local hospital where he was treated for a broken leg.
- Employee fell on a parking curb, fracturing right femur. The leg required surgical repair.
- Employee was loading equipment onto a vehicle and securing it with bungee cords. A bungee cord broke and recoiled, hitting employee in the face, breaking the sunglasses he was wearing, causing immediate swelling and impaired vision in his left eye. The hospital noted that the direct blow to employee's left eye caused orbital wall fracture.
- Officer was physically attacked by unknown assailants while arresting a fugitive. Officer sustained bodily injuries. Incident is under investigation.
- Officer was physically attacked by unknown assailants while arresting a fugitive. Officer sustained bodily injuries. Incident is under investigation.
- Following transport of a detainee, officer developed symptoms of COVID-19, tested positive, and was hospitalized.
- On March 12, employee attended a training class. Employee believes he was exposed to COVID-19 while in training. On March 18, the employee felt feverish with headaches. Sick day was taken on March 19. Employee returned to work on March 20. Symptoms worsened resulting in hospitalization with COVID pneumonia.
- Employee was hospitalized on April 11 with pneumonia and was COVID-19 positive.
- Employee claims she contracted COVID-19 through an officer who works in close proximity with her.
- Officer was exposed to COVID-19 while performing his duties.
- Employee contracted COVID-19.
- Employee contracted the COVID-19 virus while performing duties at the work.
- Employee contracted COVID 19.
- Employee contracted COVID-19 from someone while on a "High-Risk Charter Flight" trip. Several days after his return, employee displayed fever and fatigue. His self-administered COVID-19 test results proved positive. Employee contacted the VA which provided medical equipment and monitored employee's progress via telephone. One morning, after a telephone assessment, VA medical personnel instructed him to go to the

hospital because his oxygen levels had declined. The employee spent nine days in the hospital. Employee was then instructed to stay home for the next 10 days.

- Employee notified supervisor of undisclosed/unknown medical condition on November 17, and requested sick leave. December 3, the employee elected to report the condition via CA-1. The initial complaint, from November, was of leg pain and swelling. The leg also had some discoloration, according to the employee.
- Employee was on duty and was reporting to the training room. While descending the stairs, employee lost balance/footing and fell four steps onto a concrete walkway. Employee hit head on the concrete walkway and lacerated left and right legs on the stairwell steps. EMS transported employee.
- Employee was transiting from ship's deck to adjacent barge. Morning rain combined with residual dirt from sand storms created a muddy mixture that accumulated on the barge deck.

Department of the Interior

Fatalities

- Employee contracted and subsequently passed away from COVID-19.
- National Park Service (NPS) volunteer entered the entry station at approximately 0605 and hiked up toward the cave to begin the workday. A park visitor saw the volunteer in distress, but the volunteer told the visitor he was okay, and the visitor continued his ascent. On the way back, the visitor found the volunteer on the ground. Lifesaving efforts failed.

Amputations

- NPS employee was cutting plywood and his hand slipped and contacted the moving blade under the guard.
- NPS employee was holding a high density polyethylene (HDPE) board for another employee operating a table saw. While trying to stabilize the board, the employee's left middle and ring finger contacted the moving blade, amputating both fingers at first tip.
- An employee was feeding shrubs into a wood chipper. The chipper clogged. Employee disengaged the blade(s), waited for it to stop spinning, and then tried to remove the clogged limbs. When the limbs moved, the blade unexpectedly engaged and cut off the tip of the employee's right index finger.

Hospitalizations

- Employee was driving a GOV when a bee flew in the open window and stung the employee twice on the throat.
- Employee was moving a burro into horse pasture when the burro spooked and kicked the employee in leg, breaking the left tibia.
- Volunteer was weed eating around an electrical transformer when the motorized weed eater agitated a bee colony inside the transformer. When the volunteer noticed this, it was too late, and the colony attacked him.
- Volunteer was attacked by bees.

Department of Justice

Fatalities (none)

Amputations (none)

Hospitalizations

- The employee was shot in the arm while making an arrest.
- The employee was shot while making an arrest.
- Employee was executing an arrest warrant and was shot in the hip by the suspect.
- While participating in try outs for special weapons and tactics (SWAT) selection the employee became lightheaded, dizzy, and weak and was diagnosed with rhabdomyolysis.
- The employee was participating in some intense physical training when they succumbed to symptoms of rhabdomyolysis.
- While participating in try outs for SWAT selection the three employees became lightheaded, dizzy, and weak and were diagnosed with rhabdomyolysis.
- The employee was participating in intense physical training when they succumbed to symptoms of rhabdomyolysis.
- Employee was participating in an annual fitness for duty test, running on an outdoor track. The employee was stopped by an observer after displaying signs of heat exhaustion and was immediately hospitalized.

Department of State

Fatality

- Employee was operating a moped on public roads and struck a newly-poured speed bump that was irregular in size and not marked distinctly from the road. The employee was ejected from the moped and died of head trauma.

Amputations (none)

Hospitalizations

- Vehicle rolled while in neutral. The open door pinned the driver against a concrete pillar, fracturing a collar bone.
- As the employee was lifting on the Cushman-style cart, they injured their back muscle.
- Employee was crossing a public road to access a workplace location when they were struck by a local vehicle.
- Employee was en route to a maintenance call on their personally-owned motorcycle when they were struck by a local vehicle and hospitalized for injuries resulting from the collision.
- Employee slipped on snow, injuring their quadriceps and requiring surgery.
- Employee's contracted shuttle collided with a local vehicle. Resulting force caused an unsecured object in the employee's hired vehicle to fly forward, striking them in the head, leading to hospitalization.
- Electrical technician was helping to move a Genie lift inside a building when it started to tip over. The employee attempted to stop the lift from falling. The lift fell on top of the employee, causing multiple fractures and lacerations.
- The employee was standing on a ladder cleaning air ducts, lost balance, and fell approximately 13 feet, fracturing a vertebra.
- Employee slipped and fell due to a puddle of water on the floor near the refrigerator. The employee suffered a fractured toe.
- Employee entered through the front gate and did not see the change in elevation. The employee overextended a foot, separating cartilage, requiring surgery and hospitalization for correction.

- Employee was using team lifting and pallet jacks to move equipment out of a container when they felt abdominal pain. They were later hospitalized for hernia surgery.
- Employee fell down stairs and shot themselves in the foot.
- While biking, the employee collided with another bicyclist and fell, dislocating his clavicle.
- Weapon accidentally discharged, striking the vehicle tailgate and causing injury to femoral artery.
- A person opened the door from the restroom to enter the corridor and struck the employee in the spine with the door handle.
- Employee was manually removing a maintenance cover when it shifted and crushed the employee's finger.

Department of Veterans Affairs

Fatalities

- Facility Manager was found inside the switchgear. The bolts were removed securing the panel, the switchgear lock was removed, and the locked gate was open. The facility manager was not wearing any of the required PPE.
- COVID-19 related death, employee was exposed by COVID-positive coworker on November 23.
- COVID-19, co-worker had onset of symptoms two days before employee in question had symptoms. Listed as work related because the co-worker had a positive test.
- An employee was home after testing positive for COVID-19. Two days went by and was unable to contact employee. The local police department was called to do a wellness check, and the local police found the employee expired in his home.
- An EMS housekeeper tested positive for COVID-19 and was admitted to the hospital on March 26, 2020. Employee expired on April 6, 2020.
- Employee worked with a fellow employee who reported sick to work on June 20, and later tested positive for COVID-19. He became symptomatic while providing patient care on the unit on June 25. He was sent to the Department of Veterans Affairs' (VA) ER, and tested positive for COVID. He was sent home to quarantine. On June 30, he died at home.
- An echocardiogram technician in Cardiology last worked on March 24, and fell ill later that evening. Employee got tested on March 25 and received a positive test for COVID-19 on March 27. Succumbed to the illness on April 1.
- Employee had been at work, functioning normally through last workday of the week (March 26) prior to hospitalization. Spouse contacted employee's supervisor on March 30, to inform her that his wife had been hospitalized on March 28, again on April 2, and had tested positive for COVID-19. Employee passed away on April 13.
- Employee worked in the Release of Information office, which was still serving patients up to the date of his last day at work. Employee was diagnosed with COVID-19 and was hospitalized. The employee passed away from COVID-19.
- Outpatient Surgical Clinic employee diagnosed with COVID-19 and passed away.
- COVID-19 fatality.
- Employee saw patients, in person, within 30 days of passing. The last patient that they saw, in person, was on March 6. The employee passed on March 27.
- Employee was exposed to a COVID-19 positive coworker. Employee was tested late due to being on leave when the rest of the department was given community testing.

Technician was hospitalized shortly after receiving positive results. Health faltered and lead to death.

- Care provider was diagnosed with COVID-19 and admitted to a local community hospital. Death occurred on August 28. Notified August 31. Reported to OSHA area office on August 31.
- Employee exposed to several coworkers, later deemed COVID-19 positive.
- Employee reportedly tested positive for COVID-19, during the third day of leave. Employee reportedly died 13 days later, but cause of death was not disclosed.
- Employee's last day of work was Friday, March 20, became COVID-19 symptomatic on Sunday, March 22, and expired 24 days later. The local OSHA office was contacted.
- Employee was performing duties as an Infection Control Nurse at the St. Albans Community Living Center. The local OSHA office was contacted.
- Exposure to COVID-19, while fit testing employees.
- Exposure to COVID 19 positive patient while cleaning patient room.
- Exposure to COVID-19 positive patient.
- Exposure to COVID-19 positive patient.
- Exposure to COVID-19 positive patient.
- Exposure to COVID-19 positive patient while giving patient care.
- Steam Pressure Accident – During scheduled maintenance and repair on a leaking steam line in Building 22.
- The employee took five shifts off due to bereavement of a family member (not COVID related). Employee called on April 7, to report she had a fever and was going to be tested. We were informed that she tested positive for COVID on April 9, 2020. We were informed that she passed away from the illness on April 16. The employee had multiple co-morbidities at the time of her death.

Amputations (none)

Hospitalizations

- Employee is a nurse assistant on medical surgical ward. Employee contracted and was hospitalized with COVID-19.
- Employee was elevated in a forklift man-basket to assess tree trimming needs. Upon descent, cage descended in an uncontrolled fashion. Employee suffered compound fracture when cage impacted the ground.
- Employee has post-traumatic stress disorder and major depressive disorder.
- As employee stepped on paver border, stumbled, and fell to the ground/landscaped area.
- Employee arrived at work, slipped on ice in the parking lot, and fell to the ground. Employee felt severe pain in right lower leg. The local city Fire Department transported the injured employee to a local hospital. The employee fractured the right leg.
- Employee providing patient care to patient who was tested for COVID, and was positive.
- Employee providing patient care to patient who was tested for COVID, and was positive.
- COVID-19.
- COVID-19.
- COVID-19: multiple co-workers also tested positive prior to this person contracting COVID-19.
- Staff traveling in a GOV back to the clinic after completing home-visit appointment struck a fence alongside roadway.

- While performing duties of patient care the employee started having symptoms related to COVID-19.
- While performing duties of ward clerk the employee started having symptoms related to COVID-19.
- The employee started feeling sick after work shift. The employee tested positive for COVID-19.
- The employee started feeling sick after work shift. The employee tested positive for COVID-19.
- While performing duties of patient care the employee started having symptoms related to COVID-19.
- The employee was performing cleaning/water testing for hemodialysis and portable RO systems from July 28, 2020 to August 4, 2020. The employee started feeling the symptoms of COVID a few days later.
- While performing duties as a material handler the employee started having symptoms related to COVID.
- Employee tested positive for COVID-19 and was hospitalized April 13-20, 2020.
- Employee tested positive for COVID-19 and was hospitalized April 13-20, 2020.
- Employee tested positive for COVID-19 and was hospitalized March 27-April 2, 2020.
- Employee tested positive for COVID-19 and was hospitalized March 24-27, 2020.
- Employee tested positive for COVID-19 and was hospitalized March 24-April 2, 2020.
- Employee tested positive for COVID-19 and was hospitalized March 27-April 1, 2020.
- Employee works in the ED where potential exposure to positive patients and/or coworkers that have COVID can occur.
- Employee reported exposure to COVID-19 from patient and/or employee. On June 20, the employee worked with a colleague who reported sick to work and later tested positive for COVID-19. On June 25, employee was escorted to the ER by a fellow employee who also tested positive for COVID-19.
- Employee works in call center where cubicles are in close proximity with other healthcare disciplines. She worked around co-workers who were coughing and sick. She stated the exposure occurred around March 2-6. On March 17, Infectious Disease informed the department that we were exposed to a confirmed positive COVID-19 fellow co-worker.
- Employee was exposed March 3, while working in the Clinical Contact Center, sitting in a cubicle near co-workers who were not feeling well. On March 9, employee noticed several co-workers were absent from work. Two hours before the shift ended, she was feeling fatigued. On March 10, she was fatigued, coughing, and febrile. It progressively got worse that week. On March 16, she was sent to the ER because of fever, cough, and worsening shortness of breath.
- Employee was exposed while working in close contact with a COVID-positive patient and co-workers.
- On March 24, employee conducted three COVID-19 screenings on employees who were all exposed to COVID-positive patients in the CLC. On March 9, employee worked in the SICU caring for COVID-positive patients. Employee tested positive and was hospitalized for COVID-19.
- On December 1, a nursing assistant tested positive and was hospitalized for COVID-19. The nursing assistant stated all appropriate PPE and hand hygiene procedures were followed per Centers for Disease Control and Prevention (CDC) guidelines.

- On November 23, a Program Support Assistant at the Marion Campus was hospitalized due to COVID-19. The Program Support Assistant stated all appropriate PPE and hand hygiene procedures were followed per CDC guidelines.
- On November 4, a nursing assistant tested positive and was hospitalized due to COVID-19. The nursing assistant performed duties that include assisting patients by feeding, showering, and daily social interacting. The employee stated all appropriate PPE used per CDC guidelines. Employee stated on October 22, began mild symptoms of COVID 19. October 23, employee reported to work but was asked to report to Employee Health by supervisor, and was sent home due to flu-like symptoms. On October 24, employee reported to his primary care physician to be tested for COVID-19. On October 25, employee tested positive for COVID-19. Supervisor notified Employee Health of the COVID positive results. November 4-7, employee was hospitalized.
- On October 21, a nursing assistant tested positive for COVID-19. The nursing assistant noted that symptoms worsened: dyspnea and high fever which resulted in hospitalization on October 29. The nursing assistant was discharged from the hospital on November 2. At the time of the exposure, there were no patients documented to be positive with COVID-19.
- Employee went to the VA's ED on March 30, and was sent home. Employee went to the Methodist Hospital's ED on April 1, and was admitted, then discharged. Employee was hospitalized April 5-20. Employee returned to work May 7.
- Employee was performing cleaning duties on the fourth floor when he was exposed to COVID-19 positive patients. Employee experienced low grade fever, cough, weakness, loss of appetite. Employee states that he was hospitalized for five days and returned to work on April 13.
- Employee was exposed to COVID-19 and hospitalized for six days. Employee returned to work May 4.
- Three employees were diagnosed with COVID-19 and hospitalized for treatment.
- An employee was walking in the hallway when she suffered a fall resulting in a fractured right arm.
- COVID-19 diagnosis.
- Employee was diagnosed with COVID-19 and hospitalized for treatment.
- Two nurses on a COVID-19 nursing ward were hospitalized for treatment.
- Employee tested positive for COVID-19.
- Employee was replacing belts on the heating ventilation and air conditioning (HVAC) on the roof. As he stepped back to retrieve a part his pants leg caught the edge of the housing, causing him to fall backwards, and land on an access hatch on the roof. Fall resulted in three broken vertebrae and four broken ribs.
- Employee contracted COVID-19.
- Provider contracted COVID-19.
- Employee contracted COVID-19 while in performance of her work duties. This resulted in hospitalization.
- Employee tested positive for COVID 19 after high risk exposure (health care worker), became symptomatic, and was eventually hospitalized on November 20, for COVID-19 pneumonia and respiratory failure.
- COVID-19 resulting from exposure during group therapy with patients.
- Employee worked as a biomedical equipment technician and tested positive for COVID-19 on July 15.
- Employee worked as a door screener and tested positive for COVID-19 on May 1.

- COVID-19 hospitalization April 2–July 17, 2020.
- Social worker was exposed to COVID-19 positive co-worker in her office on several occasions. Neither employee was masked.
- Nurse working in a patient care setting with shared patient rooms, and was exposed due to a positive COVID case in the unit.
- Food service worker delivers food trays to multiple units throughout the medical center. There is no known exposure to a COVID-19 positive patient or co-worker at or outside/off work. However, due to her work duties within a hospital setting Occupational Health (OH) determined her exposure to be work related.
- Physician shared office with other potentially COVID-19 positive providers and contracted COVID-19.
- Two care providers and a security guard were diagnosed with COVID 19 and admitted to a local community hospital.
- Care provider was diagnosed with COVID-19 and admitted to a local community hospital. Hospitalized for 35 days.
- The employee was providing nebulized medications to the patient on March 16. Patient was placed on droplet precautions for positive influenza test. The employee followed proper protocol and was wearing proper PPE for droplet precaution.
- Asymptomatic employee was hospitalized for COVID-19 as a precaution due to late term pregnancy. Presumed work related as employee is a nurse in the CLC who tested positive during a routine check of all staff members. Employee was discharged on or about May 2.
- Employee is an RN in a Medical/Surgical unit. On or about April 24, employee had direct contact with a patient who tested positive for COVID-19 on April 27. Employee became symptomatic on May 1, was placed on quarantine, and tested positive on May 5. Employee was subsequently admitted to the hospital and later discharged.
- Nurse on the CLC unit developed COVID symptoms on April 20, and was quarantined, hospitalized, discharged.
- Employee was a nurse in a mental health unit, and noted COVID-19 symptoms on April 6, after work. Employee tested positive, and was subsequently hospitalized with complications from co-morbidities. Employee was discharged on or about May 13.
- Employee works in education at the VAMC. The employee tested positive for COVID-19 after developing symptoms and was quarantining at home when admitted to the hospital.
- Employee fell while transporting furniture, and was caught between a Tommy Lift tailgate and bed of truck. Employee fractured the right leg.

Court Services and Offender Supervision Agency

Fatalities (none)

Amputations (none)

Hospitalizations

- An employee picked-up scissors/shears and fell backward, clutching the scissors during the fall. The employee suffered a laceration under the left pinky finger that extended onto the hand.

Environmental Protection Agency

Fatalities (none)

Amputations (none)

Hospitalizations

- Employee was responding to the California wildfires. He was overseeing contractors who were removing hazardous waste from burned residential structures. The employee developed a fever while in the field and went to a local emergency room. He was diagnosed with an infection and spent a week in the hospital.

Smithsonian Institute

Fatalities (none)

Amputations (none)

Hospitalizations

- After using the conference phone in the staff break room, the employee became ill with coughing, high fever, tightness in the chest. The employee was diagnosed with COVID-19.
- Employee was determined to be a close primary contact of another employee or contractor who later tested positive for COVID 19. Employee was subsequently also diagnosed with COVID-19.
- Employee was using a drill to remove screws from a piece of wood that was attached to the wall. Employee was working at height, on a scaffold, when he stepped back and his foot went through a gap in the decking that was not fully planked. He hit his right side on the wooden plank beside the gap and broke several ribs.

Tennessee Valley Authority

Fatalities (none)

Amputations

- On January 29, a craftsman reassembling Main Steam Isolation Valve (MSIV) actuator suffered a partial finger amputation requiring offsite medical attention.

Hospitalizations

- TVA employee was greasing a track hoe. While reaching for a vacuum located on the floor of the cab, the operator inadvertently bumped the control with his arm, activating the bucket. A member of the ground crew was directly struck by the bucket, and knocked into a nearby bulldozer.

Appendix 7. Examples of Hazard Abatement Tracking Mechanisms Used by Agencies

Department/Agency	Please describe how your agency tracks abatement of hazards and adheres to abatement dates:
American Battle Monuments Commission (ABMC)	<ol style="list-style-type: none"> 1. The "ABMC Safety and Health Inspection Checklist" is used to perform inspections of work areas and operations. 2. After conducting the inspection, a completed certification is submitted by the inspector. 3. Leadership then coordinates with cemetery operations to implement controls to reduce risk to an acceptable level. 4. All mitigation plans must be approved by Cemetery Operations. OSH risk acceptance must be in writing and signed by the applicable acceptance authority prior to resuming related operational capability. 5. When completed, a printed form is signed by the Superintendent. In addition, a completed Hazard Abatement Plan is submitted that identifies deficiencies that cannot be corrected on the same day, or the correction is beyond the control of the cemetery Superintendent.
Central Intelligence Agency (CIA)	<ol style="list-style-type: none"> 1. Environmental Safety Officers are responsible for collaborating with their site management in monitoring the progress and effectiveness of hazard abatement and controls that are implemented in their work areas. 2. Environmental Safety Division utilizes Archibus – a commercial off-the-shelf workplace management system that includes safety and environmental management modules. 3. It has improved documentation and tracking of incident investigations, and safety audit findings and corrections. 4. The Archibus system issues scheduled reminders for upcoming correction dates.
Defense Nuclear Facilities Safety Board	<ol style="list-style-type: none"> 1. OSH Manager maintains a hazard tracking spreadsheet, updates and reviews the status of hazards monthly. 2. If a hazard presents an immediate threat to safety, it is tracked daily until abated.
Department of Commerce (DOC)	<ol style="list-style-type: none"> 1. DOC policy requires that hazards be tracked from identification through abatement, but leaves the exact mechanism by which such tracking will occur up to the individual bureaus. Bureau hazard tracking mechanisms may be as simple as a work order log for smaller bureaus co-located in the Herbert C. Hoover Building (HCHB), or may utilize fully developed information management systems for those bureaus with multiple buildings, facilities, or unique workspaces. National Oceanic and Atmospheric Administration's (NOAA) facility and safety managers at all levels are responsible for developing and maintaining a Hazard/Deficiency Tracking Log to track and manage hazards and deficiencies. Hazards and deficiencies that cannot be resolved immediately must be logged, tracked, and managed. 2. National Institute of Standards and Technology (NIST) records all formal inspection dates and findings, as well as all abatement actions and dates, in a single electronic information management system, the Workplace Inspection Recording System (WIRS). WIRS automatically communicates a list of the findings to the supervisor of each workplace. For each finding in the list, the supervisor records both the interim and final abatement actions that were taken and their dates. WIRS sends monthly reminders to supervisors when findings remain uncorrected for more than 30 days. 3. At Census headquarters, the Remedy System is used to report unsafe conditions or building problems that require repairs. The system reports issues directly to the GSA to allow prompt remediation. Census facilities and safety staff use Remedy to check on reported problems and

the status of corrective actions, and to generate reports useful in assessing trends of problems or hazards. Census and the GSA meet biweekly at facilities meetings to assess hazards as they arise. Hazards and other facilities' issues are noted, and placed on a standing agenda to be addressed until they are resolved or mitigated to the maximum extent possible. The Safety and Claims Branch also collaborated with Census IT staff to develop SAFER, which provides an automated process for Safety Representatives to perform building inspections and hazmat inventories once every fiscal quarter, and to assign safety monitors when needed.

4. At the Bureau of Economic Analysis, once hazards are identified, the Safety and Health Coordinator will investigate and work with staff members to correct the issue as quickly as possible. The Safety and Health Coordinator maintains a detailed document of the deficiency, which lists who is assigned to correct the issue, what corrective action was taken, and the date the correction was completed.
5. The Bureau of Industry and Security (BIS) Safety and Health Coordinator tracks abatement of hazards that are identified and reported to them on a spreadsheet. The hazard remains on the spreadsheet in an open status until corrected. Forms are provided on the BIS intranet for supervisors and employees to retrieve, complete, and post in the office/workplace to identify the hazardous work area. Once the hazard is identified, it should be corrected within 3 working days. Hazards that are identified during annual safety and health assessments that cannot be corrected on the spot are generally allowed 45 days for correction, and are tracked on the spreadsheet.

Department of Energy (DOE)

1. In most cases, the abatement of hazards that are identified during the inspections are followed up and tracked through various management information systems. Hazards identified by DOE headquarters (HQ) staff are categorized as high, medium, and low hazards and are entered into the Office of Management's (MA) computerized facilities maintenance management software program. This is an internal program used to initiate all repair and maintenance work orders at the HQ buildings. Each individual hazard or instance is assigned a unique identification number for tracking purposes. Each identification number corresponds to an active service request that is distributed to the appropriate facilities team or individual(s) for correction. MA tracks the progress of all hazard abatements and reports on the status on a weekly basis. High and medium hazard findings are fixed or mitigated immediately. For example, during the annual Federal Employee Occupational Safety and Health (FEOSH) inspection of public and higher hazard areas such as mechanical equipment rooms, all high hazard findings were reported immediately to Facilities, given a unique identification number, and corrected immediately.
2. At the DOE Savannah River Operations Office, the abatement of hazards and due dates are tracked via the Site Tracking Analysis and Reporting database for tracking and trending of safety data and to ensure satisfactory corrective actions are implemented to eliminate the identified hazards.
3. At National Nuclear Security Administration sites for example, hazards are tracked and abated by the Management and Operating contractor, as appropriate, and by Safety and Health Professionals as appropriate, in the DOE-HQ Computer Accident Incident Reporting System database. Identified hazards and abatement are dispositioned and tracked through the laboratories, plants, and sites facility and maintenance support service contractors through closure.

Department of Health and Human Services (HHS)

1. Abatement of hazards are tracked by the HHS Safety Chief and the OS Safety Officer. They will work directly with the employee to resolve the issue. Hazards found during the annual safety inspections will be annotated on the report along with suggestions and abatement methods. A reasonable amount of time is given for all minor findings, along with several email reminders. Upon completion of abatement methods leadership must report directly with the appropriate safety personnel to verify completion. Follow up inspections will then be held.

2. The CDC tracks hazard correction using Cority™, the Survey Tracking System (STS), and the Integrated Facilities Management System (IFMS). STS is used by the Occupational Safety and Health Office (OHSO) and the Office of Laboratory Science and Safety (OLSS) to identify all CDC spaces requiring a survey and manage the results of all associated surveys while IFMS is used by the Office of Safety, Security, and Asset Management to create, review, authorize, or track the progress of changes to CDC owned facilities. Incidents and their corrective actions are tracked in these systems, assigned a date by which a response is required and are not closed out by the initiating safety personnel until resolved by the appropriate staff and their supervisor. Additionally, in CDC laboratory areas, OLSS created a “Lab Alert” system of rapid communication to share awareness of reported hazards with all laboratory programs.
3. NIOSH personnel report safety concerns through the local Environmental, Health and Safety (EHS) Team, managers, the local Health and Safety Committees, and through anonymous mechanisms that are available at each worksite. Safety concerns are expected to be corrected within 30 days. Requests or concerns are logged and tracked to completion by the local EHS Office within NIOSH using a SharePoint database.
4. The Food and Drug Administration (FDA) utilizes accident and incident reporting that have structured timelines for submission of Employee Resources and Information Center ERIC system tickets, DOL Employee Compensation and Operations Management Portal (ECOMP) submittals. The Workplace Incident Management System and Quality Management information System all of which provide time tracking of the abatement of hazards as well as documentation on notification and corrective action. All of these systems utilized by FDA have integrated schedule features that provide notification if issues are not corrected within specific time bound parameters.

Department of Homeland Security (DHS)

1. Customs and Border Protection (CBP): Inspection findings are issued within 15 days of the inspection date. Findings are tracked in CBP’s Human Resources Business Engine – Safety Tracking And Reporting (HRBE-STAR) System. The Management Official in Charge has 30 days to correct the hazard and report the corrective action in HRBE-STAR. The inspection results are also reported to the local safety and health committee and the union official that accompanied the inspector. The corrective actions are discussed at the next local safety committee meeting. CBP Health Physicists and Safety and Occupational Health Specialist monitor corrective actions and conducts follow up inspections as deemed necessary. Most hazards are corrected within 30 days. Repeat violations are rare.
2. Federal Emergency Management Agency (FEMA): Each fixed site facility conducts an annual safety & health self-evaluation via a self-evaluation checklist that requires an abatement plan for each identified deficiency. The local Safety Official provides their completed checklist to the Environmental Safety and Health (ESH) Division for review and follow up on abatement of identified deficiencies. FEMA’s ESH Division performs routine Safety & Health technical assistance reviews at FEMA locations to evaluate facility and its operations to assess safety and health program strengths and weaknesses, identify compliance issues, best management opportunities, and recommended corrective actions. ESH Division tracks the findings with the local Safety Official until they are successfully closed.
3. U.S. Coast Guard: The Coast Guard Hazard Condition Management System (HCMS) is used to document and track hazardous conditions from identification to corrective action. Safety managers are required to provide specific corrective actions for each hazardous condition in the system and the unit Executive officer (XO) is required to endorse completion of corrective actions within the HCMS system. All imminent and serious hazardous conditions are closely tracked by OSH professionals to ensure implementation of appropriate interim and permanent controls within policy-required timelines.

Department of Justice (DOJ)

1. Bureau of Alcohol, Tobacco, Firearms and Explosives: During Facility Safety Inspections, for example, any office hazard discovered and documented requiring immediate attention is

brought to the attention of the Supervisor and GSA. Environmental, Safety, and Health (ESH) typically performs follow-up action at thirty-day intervals.

2. Drug Enforcement Agency: In addition to the return of the Certification page to HQ upon completion of the self- inspection, for a potential hazard that will take longer than 30 days to correct the deficiency and abatement form is attached. The abatement form is reviewed and followed up on until reported completed.
3. Federal Bureau of Investigation (FBI): Findings associated with regular workplace inspections are maintained on the Division's Hazard Abatement Log that tracks the hazard in addition to the abatement practices. The Regional Occupational Safety and Environmental Program Managers and Full-time Field Office or Division ESH professional assist in abating hazards. Most FBI properties are leased facilities, and the lessor is responsible for facility- related hazard reduction and mitigation. Before properties are leased, a market survey is conducted to identify and eliminate hazards before moving into the space. Hazards are assessed and mitigated during the planning process for operational activities.
4. United States Marshals Service (USMS): The USMS attempts timely tracking of the abatement of hazards and weekly tracks for correction. USMS District/Division Management and OEOH coordinates to track the abatement of hazards. The hazards are tracked via email, on the Form USM-468, and all abatement notes, updates, and resolutions are documented on the form. Of note, any hazard information documented on the Form USM-468 is shared with supervisors for immediate action and/or abatement.

Department of Interior (DOI)

1. Abatement tracking is decentralized in many DOI Bureaus/Offices. Most use spreadsheets or a database to track abatement of reported hazards and safety deficiencies. Status updates to inspection hazards and safety deficiencies are recorded at various intervals depending on the Bureau/Office with quarterly updates being the most frequent.
2. Two Bureaus have developed a more comprehensive means to track abatement hazards.
3. Bureau of Indian Affairs (BIA) developed a system known as the Safety and Condition Assessment Portal (S&CAP) which enables BIA safety inspectors to document the results of several types of inspections into the Indian-Affairs Facilities Management System. S&CAP enables authorized users to create an abatement/correction for the hazard/deficiency identified during the inspection. This system also provides an automated abatement plan email notification that follows the hazard through the duration of the abatement process.
4. U.S. Geological Survey uses an electronic system (Safety Management Information System Inspection and Abatement System) to create Abatement Plans that integrate Risk Assessment Codes for all safety and health findings and those initially identified through condition assessments. All inspection findings not abated within 30 days are automatically transferred to the local organization's hazard abatement log within the IAS. This system provides automated email notifications on the status of the hazard abatement to both management and those responsible for the abatement.

National Aeronautics and Space Administration (NASA)

1. The Safety, Health, and Environmental Tracking System (SHEtrak) is used at most Centers for tracking and correction of hazardous situations found as part of annual safety inspections. Hazards or non-compliances identified by safety and health inspectors, during routine and unannounced inspections, are coordinated with applicable personnel (i.e., facility safety heads, building managers, system or facility managers, or employee supervisors) and tracked to closure using this application.
2. A set amount of time is allotted for the abatement plan to be incorporated. If it is not completed by this time, an interim abatement plan is required, and a final closure date is agreed upon. A fixed time period is assigned for final closure. Not achieving an end date generates an automatic email every day to the safety professional that issued the finding along with the employee assigned to correct the finding until it is properly closed.

3. As noted earlier, we are developing an application tool that will replace SHEtrak's functionality and be more aligned with a centralized agency approach to facilities funding. This new tool is expected to be operational near the close of CY2021.
4. Hazards identified as a result of a mishap or employee injury require immediate abatement to an acceptable level of risk. Final abatement is documented as part of a corrective action plan to prevent occurrence of similar work-related injury, property damage, or mission failure. Depending on the mishap classification, the tracking and completion of corrective actions is assigned to the appropriate management level. Corrective actions are tracked in the NASA Mishap Information System until resolved. They are then reviewed and authorized as complete by the appropriate Office of Safety and Mission Assurance Engineer.