

APPENDIX M

SAFETY AND OCCUPATIONAL HEALTH SUBPLAN

- 1. Purpose.** This appendix outlines the policy and procedures for quality control activities in the Detroit District, Safety and Occupational Health Office.
- 2. Applicability.** This document applies to all products and services produced and compiled by the Safety and Occupational Health Office. All quality control/quality assurance initiatives will complement and support the Detroit District's Vision and Annual Business Plan.
- 3. References**
 - a. Occupational Safety and Health Act of 1970, dated 29 December 1970
 - b. 29 CFR Part 1910, Occupational Safety and Health Standards for General Industry
 - c. 29 CFR Part 1926, Occupational Safety and Health Standards for the Construction Industry
 - d. 29 CFR Part 1960, Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters
 - e. Executive Order 12196, Occupational Safety and Health Programs for Federal Employees, dated 26 February 1980
 - f. AR 385-10, The Army Safety Program, dated 23 May 1988
 - g. EM 385-1-1, US Army Corps of Engineers, Safety and Health Requirements Manual, dated 3 September 1996
 - h. CELRE Pamphlet 385-1, US Army Corps of Engineers, Detroit District, Safety & Occupational Health Administration Manual, **dated**
 - i. Federal Employees' Compensation Act, dated 13 May 1987
 - j. CELRE District Inspection Checklist Manual, 1998.

4. Definitions

- a. Safety Management Evaluation (SME). Annual evaluations of each project by Safety Office personnel that assess compliance with the District's Safety and Health Program.

b. Standard Army Safety and Occupational Health Inspections. Regular inspections performed by project and office team members who focus on the identification and abatement of safety and occupational health hazards in the workplace.

c. Risk Management. A systematic process of identifying hazards, assessing hazards, selecting controls, implementing controls, and supervising/evaluating the effectiveness of the controls.

5. Responsibilities

a. Safety and Occupational Health Office. Responsible for management, technical support, and evaluation of the Detroit District's Safety and Health Program. The Safety and Health function is primarily that of loss control for property, equipment, material and employees. The main program emphasis is now centered on prevention in the form of Risk Management. Responsible for overall management and quality control of the Safety and Occupational Health Office and management and quality assurance of the District Safety and Health Program. Responsible for all portions of the Medical Surveillance and Civilian Resource Conservation Programs.

b. Occupational Safety and Health Committee. Advises the District Commander on all aspects of the District's Safety and Health Program. Committee is comprised of team members from management and labor.

c. District Supervisors and Managers. Responsible for implementing the District's Safety and Health Program by establishing and maintaining safe and healthful work conditions for all team members, eliminating unsafe behavior, and applying all applicable safety and health standards.

d. Collateral Duty Safety Officers (CDSO). Responsible for conducting safety and health inspections/audits, coordinating safety meetings, encouraging the application of sound work practices, advising the project/office responsible person of unhealthful and/or unsafe work conditions. Also assist or perform accident investigations and prepare accident reports (ENG 3394). All projects and offices within the district will have appointed CDSOs.

6. Quality Control. Section 5 of the Occupational Safety and Health Act of 1970 states that each employer shall furnish " . . . a place of employment . . . free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees." Safety is to be given primary importance in planning and operating all District activities. Quality control and quality assurance is difficult to implement and measure in that safety success is scored by a lack of injuries and accidents. Many factors may contribute to a lack of injuries. Traditionally the safety function has been one of enforcement and compliance with published standards. The new paradigm is one of minimizing risk and training our workforce.

a. Operating Plan. The following sections outline the operating plan for Quality Control and Quality Assurance of the Detroit District's Safety and Occupations Health Program:

(1) Safety. District Safety is audited through accident investigations, Safety Management Evaluations (SME), review of safety and health plans, unannounced inspections, providing technical support to the District CDSOs, periodic review of safety and health programs from other elements, and education and training. All reviews, inspections and evaluations focus on the application of risk management principles, safe work practices, and compliance with published standards.

(2) Occupational Health. The Occupational Health of our workforce is evaluated through workplace inspections and reinforced with education and training. The medical surveillance program is also used to closely monitor team members who are exposed to a variety of health hazards. The District Health Unit is available to all employees for consultation, limited treatment, education on health issues, and the wellness program. The Health Unit routinely provides preventative information to the entire workforce.

(3) Injury Compensation. Administration of the District's workers compensation program includes intensive case management, injury investigation, medical surveillance and education and training. Each submitted case is examined, investigated and actively managed such that the affected employees receive due compensation and the financial interests of the Government are protected. Every effort is made to return injured employees to the workplace as soon as possible. Much effort is expended on education and training for management and the workforce to ensure that the respective parties understand their responsibilities.

b. Feedback. Feedback is provided to all levels of the organization when problems or weaknesses are identified. The Safety Office takes an active role in identifying, scoping and implementing necessary corrective actions and provides necessary technical support. Any action taken by the safety office in the form of new policy or procedure is examined from a value-added perspective. All new requirements are discussed and evaluated with our customers. This is done to eliminate unnecessary administrative burden and make the best use of available resources while protecting the health and safety of our workforce.

c. Evaluations. All evaluations performed by the Safety and Occupational Health Office are given a final QA check, *"Are we protecting our people and have we made all reasonable efforts to reduce the risk?"*