



**DEPARTMENT OF DEFENSE
ANNUAL OCCUPATIONAL SAFETY & HEALTH REPORT
TO THE SECRETARY OF LABOR
FISCAL YEAR 2013**

**3400 Defense Pentagon
Washington, DC 20301-3400**

**FY 2013 ANNUAL OCCUPATIONAL SAFETY & HEALTH REPORT TO THE SECRETARY OF LABOR
AGENCY NARRATIVE OF SELF-EVALUATION**

This report satisfies the requirement of section 19(a)(5) of the Occupational Safety and Health Act (OSH Act) for Federal Agencies to submit an annual report on OSH. It is an overall assessment of the Department of Defense (DoD) safety and health management system (SHMS) based on an analysis of the reports and program self-evaluations of the Military Departments, Defense Agencies, Combatant Commands, and other DoD organizations (referred to collectively in this report as the “DoD Components”).

Name of Agency: Department of Defense

Address: 3400 Defense Pentagon, Washington, DC 20301-3400

Number of federal civilian employees covered by this report: 753,996

I. ASSESSMENT OF OCCUPATIONAL SAFETY & HEALTH PROGRAM ACTIVITIES AND EVENTS

a. Federal Government-wide & Presidential Initiatives

Continuity of Operations (COOP) Plans

DoD Component safety and occupational health personnel are well integrated at the installation command team level and regularly participate in COOP planning, training, exercising, and evaluation.

The following DoD policy issuances provide DoD Components with responsibilities and instructions on developing, maintaining, and exercising COOP, installation emergency management, and public health emergency management plans for all hazards. “All hazards” is defined as “... any incident, natural or manmade, that warrants action to protect the life, property, health, and safety of military members, dependents, and civilians at risk, and minimize any disruptions of installation operations.” DoD policies for COOP include safety and health procedures to protect the workforce.

- DoD Directive 3020.26, “Department of Defense Continuity Programs,” January 9, 2009, revises continuity policies and assigns responsibilities for developing and maintaining Defense Continuity Programs to enhance the DoD readiness posture. (<http://www.dtic.mil/whs/directives/corres/pdf/302026p.pdf>)
- DoD Instruction (DoDI) 6200.03, “Public Health Emergency Management Within the Department of Defense,” March 5, 2010, amended October 2, 2013. (<http://www.dtic.mil/whs/directives/corres/pdf/620003p.pdf>); and,
- DoDI 6055.17, “DoD Installation Emergency Management (IEM) Program,” January 13, 2009, amended November 19, 2010. (<http://www.dtic.mil/whs/directives/corres/pdf/605517p.pdf>)

The DoD Component reports provide details on incorporation of safety and health of its employees into respective plans for emergency and disaster response. Additionally, specific DoD Component reports highlight real-world emergency responses and lessons learned associated with the Washington Navy Yard mass shooting incident; Huntsville,

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Alabama, and Oklahoma City tornados; and Colorado wildfires and flooding. Primary lessons learned highlight the need for ongoing planning, training, and exercising; assignment of personnel responsibilities; and communicating with and accounting for all personnel.

Motor Vehicle Safety

DoDI 6055.04, "DoD Traffic Safety Program," April 20, 2009, amended January 23, 2013 (<http://www.dtic.mil/whs/directives/corres/pdf/605504p.pdf>), establishes policy, assigns responsibilities, and provides procedures for motor vehicle safety to include:

- Compliance with Executive Order 13513, "Federal Leadership on Reducing Text Messaging While Driving," October 1, 2009.
- Compliance with Executive Order 13043, "Increasing Seat Belt Use in the United States," April 16, 1997.

The DoDI was updated in 2013 to standardize motorcycle operator training across DoD. Key elements include updating initial, intermediate, and refresher operator training requirements; clarifying cost of training to DoD Components; and updating motorcycle and all-terrain vehicle operator requirements for helmets, eye protection, foot protection, and protective clothing.

Several DoD Components reported reductions in motor vehicle accidents (MVAs) from 2012 to 2013. The overall DoD total decreased by 303 (37%) recordable MVAs. Mishap investigations reveal driver negligence, lack of attention, excessive speed, and weather-related factors as the primary causes. DoD Components continue to investigate causal factors and the need for driver safety program improvements.

DoD Components report a high compliance rate with seat belt and distracted driving policies, which is indicative of aggressive, year-long driver safety emphasis, monitoring, and command team leadership.

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Protecting Our Workers and Ensuring Reemployment (POWER)

DoD met most of the POWER Goal targets for 2013 (see Table and Figures 1-4).

- DoD met all POWER Goal targets for reducing injuries and illnesses:
 - **Met** Goal 1, Total Case Rate reduction by 1%, for the fifth consecutive year for a total reduction of 24.6% from the 2009 baseline.
 - **Met** Goal 2, Lost Time Case Rate reduction by 1%, for the fifth consecutive year for a total reduction of 25.0% from 2009.
 - **Met** Goal 3, Analysis of Lost Time Injury and Illness data. This goal requires regular analysis of lost time injury and illness data. As in previous annual reports, strains, sprains, contusions, and bruises were the leading nature of lost-time injury. Slips, trips, and falls were the leading cause of injury.

- DoD met two of four POWER Goal targets for managing claims:
 - **Met** Goal 4, Timely Filing of Wage Loss Claims, for a total 9.2% increase from the 2009 baseline of 76.05%.
 - **Did not meet** Goal 5, Timely Filing of Illness and Injury Notices. Timeliness decreased 1.9% from the 2009 baseline of 86.44%.
 - **Met** Goal 6, Lost Production Day Rate, for a total 5.6% decrease from the 2009 baseline of 26.5 lost product days per 100 full-time equivalent employees.
 - **Did not meet** Goal 7, Return-to-Work (RTW) Rate, although the Components achieved rates between 86-93% RTW through collaborative claims management, greater worksite accommodations, and reassignments.

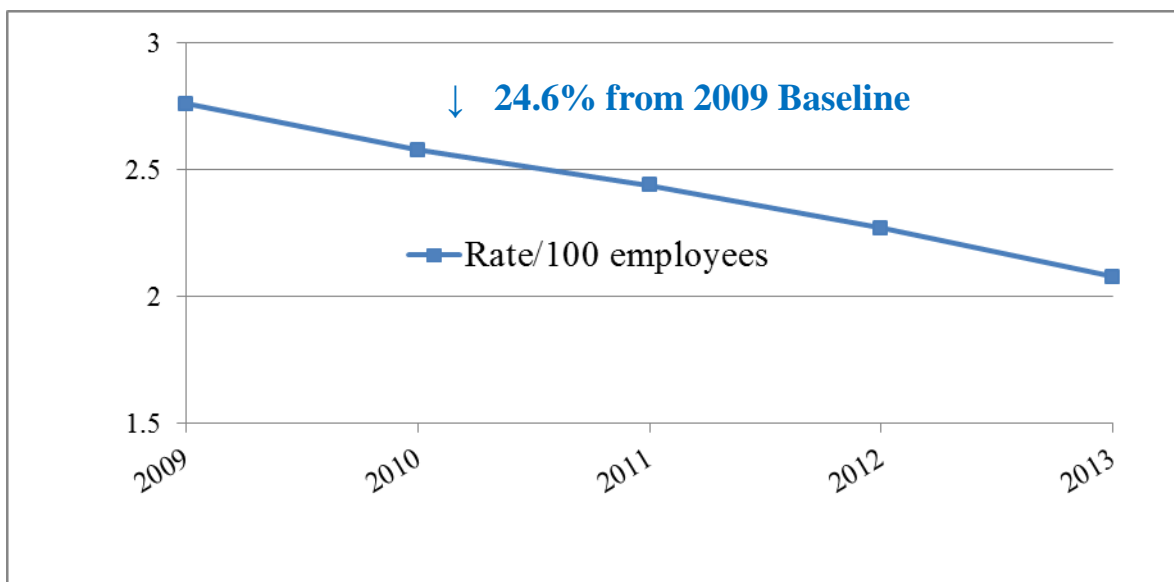
Table. DoD 2013 POWER Goal Performance

POWER Goal	2013 Target	2013 Actual	% Change from 2012	Goal Status
1 – Total Case Rate	2.25	2.08	-7.6	Met
2 – Lost Time Case Rate	1.22	1.11	-9.0	Met
3 – Analysis of Lost Time Injury and Illness Data	N/A	N/A	N/A	Met
4 – Timely Filing of Injury and Illness Notices	89.03%	84.81%	-4.7	Not met
5 – Timely Filing of Wage Loss Claims	78.33%	83.04%	+6.0	Met
6 – Lost Production Days	25.7	24.9	-3.1	Met
7 – Return-to-Work Rate – Air Force	94.58%	92.74	-2.0	Not met
7 – Return-to-Work Rate – Army	94.74%	93.17%	-1.7	Not met
7 – Return-to-Work Rate – Navy	92.17%	92.0%	-0.2	Not met
7 – Return-to-Work Rate – Other DoD	95.0%	86.67%	-8.33	Not met

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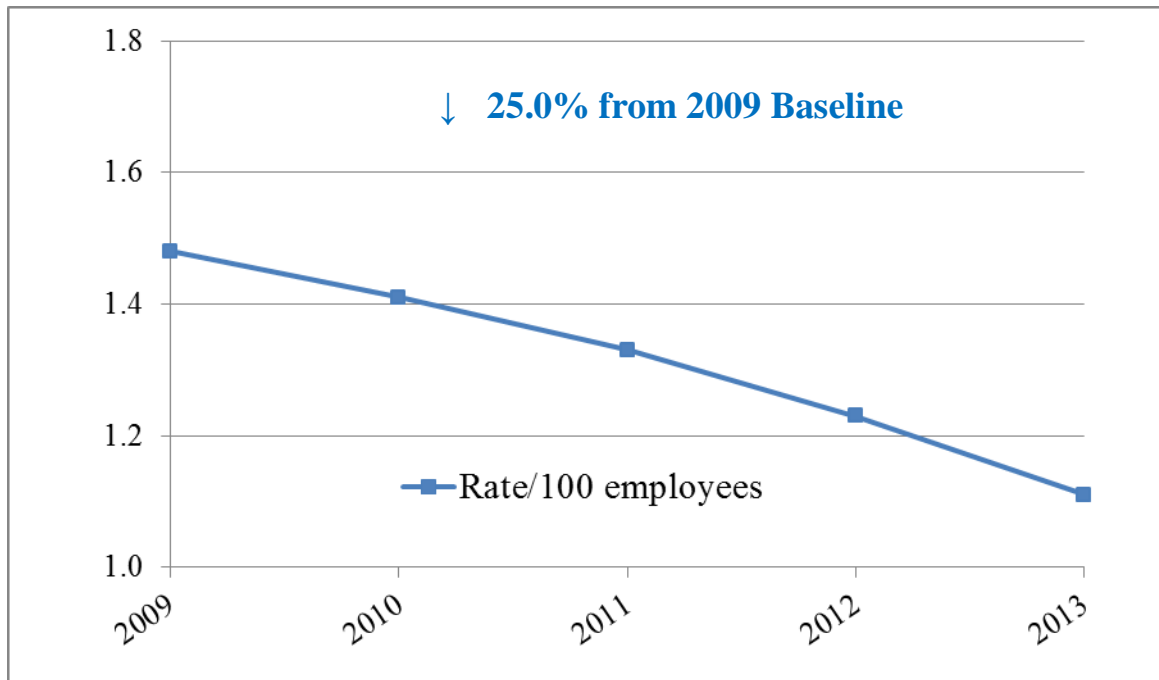
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Figure 1. DoD Total Case Rate: 2009-2013



Data source: Federal Agency Program Injury and Illness Statistics.

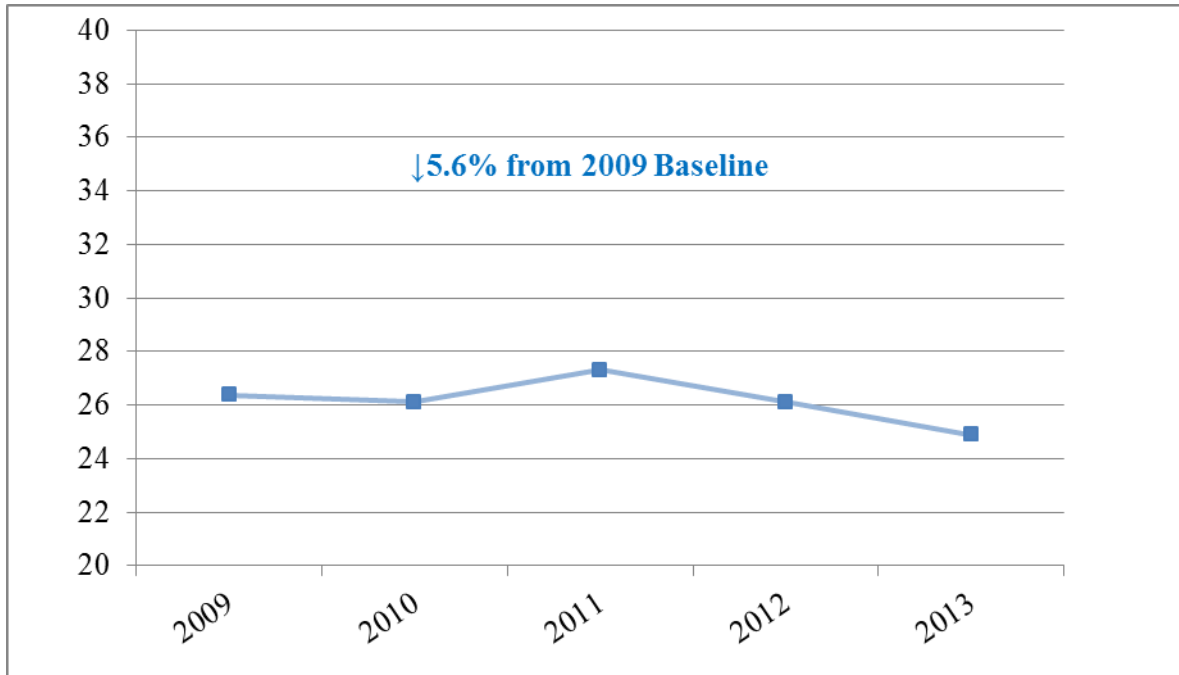
Figure 2. DoD Lost Time Case Rate: 2009-2013



Data source: Federal Agency Program Injury and Illness Statistics.

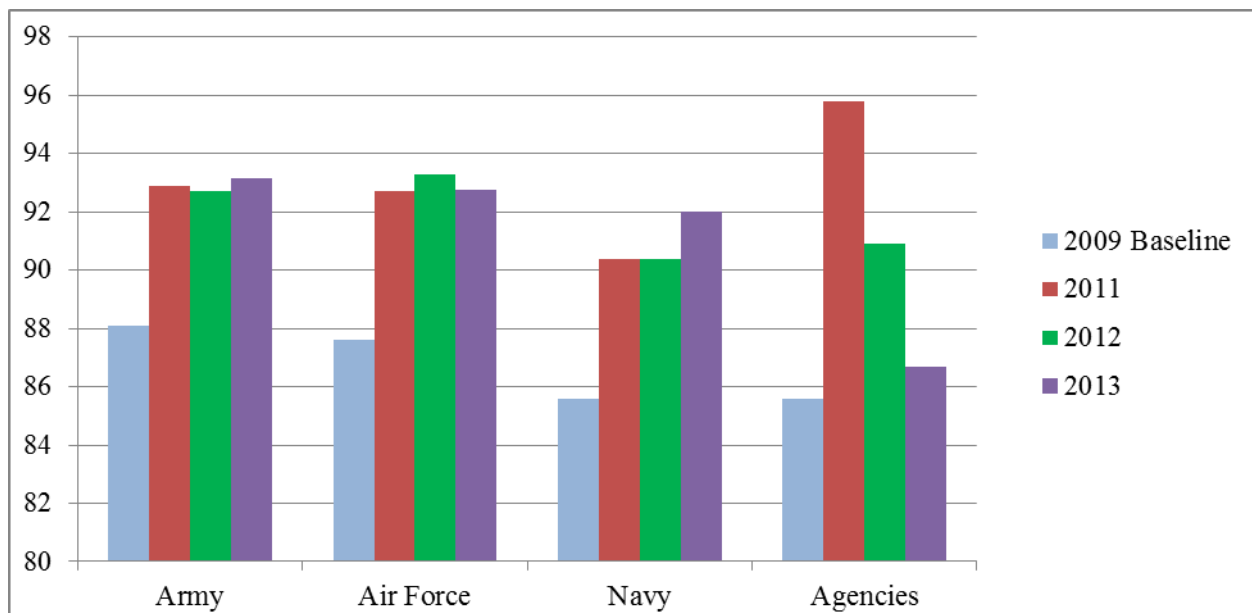
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Figure 3. DoD Lost Production Day Rate: 2009-2013



Data source: Federal Agency Program Injury and Illness Statistics.

Figure 4. DoD RTW Rate: 2009-2013



RTW program data and compliance with POWER Goal 7 are managed by the Defense Civilian Personnel Advisory Service, Injury and Unemployment Compensation Branch.

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Telework Enhancement

DoD fully supports the Telework Enhancement Act of 2010 through DoDI 1035.01, “Telework Policy” (<http://www.dtic.mil/whs/directives/corres/pdf/103501p.pdf>). This policy assigns responsibilities and prescribes procedures for implementing DoD telework programs, demonstrating a strong commitment to workforce efficiency, emergency preparedness, and quality of life. DoD revised DoDI 1035.01 to expand the scope of the program and further define responsibilities and procedures for senior leaders and supervisors.

b. Fatalities & Catastrophic Events

The DoD Components, as a matter of policy and standard operating procedures in DoDI 6055.07, “Mishap Notification, Investigation, Reporting, and Record Keeping” (<http://www.dtic.mil/whs/directives/corres/pdf/605507p.pdf>), conduct comprehensive mishap investigations to identify causes and corrective actions to eliminate mishap and the resulting injuries and illnesses.

The DoD Components reported 14 DoD civilian employee work-related fatalities during 2013: 8 Navy, 3 Army, 2 Air Force, and 1 Defense Logistics Agency (DLA). The fatalities included Navy Yard mass shooting, a diving mishap, motor vehicle mishaps, a vehicle maintenance mishap, a fall from a ladder, and a fall from stairs (see Appendix 2).

The DoD Components reported six catastrophic events: five for Army and one for Navy. The events included a lithium thionyl chloride battery fire, equipment crane damage, dredge grounding, sinking tug, and heating, ventilation and air conditioning (HVAC) maintenance mishap (see Appendix 2).

c. 29 CFR 1960 Requirements

Field Federal Safety & Health Councils (FFSHCs)

DoDI 6055.1, “DoD Safety and Occupational Health (SOH) Program,” August 19, 1998 (<http://www.dtic.mil/whs/directives/corres/pdf/605501p.pdf>), encourages DoD Components to participate as formal members or attendees in FFSHCs and other professional safety and health organizations, conferences, and work groups to promote professional development, communications, and information sharing.

Approximately 40% of DoD organizations reported participation in FFSHCs. Descriptions of the involvement of DoD Component managers and employees in FFSHCs are provided in the Military Department reports (submitted directly to OSHA) and Appendixes 5-22 of this report.

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SHMS Response to the Inspection Process

The Military Departments, DLA, Defense Contracting Audit Agency, Defense Contracting Management Agency, and Defense Finance and Accounting Agency reported OSHA inspections at 85 installations and worksites, with 289 citations issued. Each responded in a timely manner to ensure expeditious abatement of the identified hazards.

The actions taken in response to the OSHA inspections and findings are detailed in the Military Department reports and Appendixes 5, 7, 8, and 9 of this report.

Training of Overseas Federal Employees

The DoD Components provided safety and health support to approximately 52,000 employees working overseas equivalent to DoD employees working in the United States. These actions are detailed in the Military Department reports and Appendixes 5-22 of this report.

Whistleblower Protection Program

DoD policy requires DoD Components and their subordinate commands to provide written notification of whistleblower rights and protections pursuant to Public Law 107-174 (also known as the “No Fear Act”). DoDI 6055.1 encourages employees to report unsafe or unhealthful working conditions, and requires DoD Components to establish procedures to protect all DoD personnel from coercion, discrimination, or reprisals for participation in the SOH program. These procedures include provisions to ensure individual anonymity; prompt, impartial investigation of allegations of reprisal; and appropriate administrative action when allegations are substantiated.

The DoD Components maintain effective whistleblower protection programs at all organizational levels and workplaces through publication of policies and procedures, web links to organizational websites, training for employees and supervisors, posters, anonymous hotlines and other hazard reporting mechanisms, and other fully visible means of communication.


In 2013, the DoD Components reported no reprisal allegations against employees reporting unsafe or unhealthy working conditions.

- d. *Special 29 CFR 1960 Reporting.* DoD does not have Certified Safety and Health Committees (see Appendix 3).

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II. SAFETY & HEALTH MANAGEMENT SYSTEM (SHMS) SELF-EVALUATION

Overall Assessment

Agency Safety & Health Management System – Overall Assessment Score				
0	1	2	3	NA
				

Summary of Self-evaluation

DoD performance metrics and the overall program self-assessment indicate the SHMS is functioning well (see Appendix 4).

DoD continues to make OSH program improvements to provide safe and healthful places and conditions of employment for all employees. Worksite injury and illness rates continued to decline. Recordable motor vehicle mishaps decreased by 37%.

Tragically, worksite fatalities increased due to the mass shooting at the Washington Navy Yard in September 2013.

The major strengths and improvement areas of the DoD OSH program include the following:

Strengths:

- Senior leadership, managerial, and supervisory emphasis on OSH programs to protect the workforce and enhance force readiness, to include assignment of responsibilities, authority, and accountability.
- Organization structure to accomplish safety and health objectives.
- Initial and sustainment OSH training for leaders, supervisors, and employees.
- Comprehensive worksite hazard communication program.
- Completion of hazard characterization and mitigation in high risk workplaces.
- Initiatives to implement SHMSs within each DoD Component.

Improvement Areas:

- Use of safety and health action plans to guide achievement of organizational objectives.
- Higher headquarters ability to centrally track hazard corrections.
- Completion of hazard characterization and mitigation in low lower priority (Risk Assessment Codes 3 and 4) workplace.
- Full participation of employees in safety and health evaluations.

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- Updating baseline hazard surveys and conducting periodic surveys and inspections within available resources.

III. GOALS

The DoD OSH program annual goal is a significant reduction in all accidents and occupational injuries and illnesses, with the ultimate goal of zero accidents and no occupational injuries or illnesses.

DoD OSH objectives for 2014 are:

- Improve implementation of SHMSs across DoD; and,
- Exceed the Presidential POWER Initiative targets for lost time case rate and total case rate.