Virginia Defense Force
Regulation 385–10-1

Safety
Virginia Defense Force
Safety Program

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Safety

VDF Safety Program

Summary. This document is an adaptation of the Army Regulation 385-10, Army Safety Program, for use by the units of the Virginia Defense Force (VDF). This regulation provides guidance to commanders and other personnel in regards to the safety program in the Virginia Defense Force.

Applicability. This regulation applies to units of the VDF. During mobilization for state active duty, procedures in this publication can be modified to support policy changes as necessary.

Suggested Improvements. Users are invited to send comments and suggested improvements directly to Headquarters, Virginia Defense Force, George Washington Division, Division Safety Office, 5001 Waller Road, Richmond, Virginia 23230-2915.

Distribution. Distribution is intended for all VDF units down to, and including, company-level.

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Chapter 1  
Virginia Defense Force Safety Program

Section 1  
Introduction

1-1. Purpose  
This regulation prescribes Virginia Defense Force (VDF) policy, responsibilities, and procedures to safeguard and preserve VDF resources against accidental loss. It establishes composite risk management (CRM) as the principle risk reduction methodology and assures regulatory and statutory compliance. This regulation follows the Army Safety Program (AR 385-10 and AP 385-10) where applicable and also incorporates applicable federal and state OSHA standards.

1-2. References  
Required and related publications and prescribed and referenced forms are listed in Appendix A.

1-3. Explanations and terms  
Abbreviations and special terms used in this regulation are explained in the glossary.

Section 2  
Responsibilities
A successful VDF Safety Program depends upon everyone fulfilling his or her safety responsibilities.

1-4. General VDF Safety Program responsibilities
a. VDF members at all levels. All personnel will –
   1) Stop unsafe acts detrimental to VDF operations.
   2) Be responsible for accident prevention by applying the mishap risk management component of CRM.
   3) Comply with this regulation, the OSH Act, safety regulations / pamphlets, work practices, standard operating procedures (SOPs), and local safety regulations of any military installations upon which units of the VDF are located within.
   4) Use all personal protective equipment (PPE) and protective clothing provided, including seatbelts, in accordance with training, hazard analysis, work instructions, and as required by the task at hand.
   5) Report any VDF accidents, near misses, and hazards within their workplace as soon as possible to their supervisor or leader.
   6) Employ CRM in managing risk.

b. Supervisory and operating personnel who direct or affect the actions of others will –
   1) Maintain a safe and healthful workplace.
   2) Inspect the work area for hazards.
   3) Promptly evaluate and take action as required to correct hazards.
   4) Be responsible for use of CRM during planning, preparation, and execution of all operations.
   5) Be responsible for accident prevention to the same extent that they are responsible for production, services, and mission accomplishment.
6) Be held accountable for accidents and property damage occurring in operations under their direct supervision and control.
7) Ensure that VDF personnel are trained and competent to perform their work safely, efficiently, and effectively.
8) Counsel and take action as necessary with VDF personnel who fail to follow safety standards, rules, and regulations (including the use of personal protective clothing and PPE) and seatbelts as set forth in federal and state OSHA regulations, VDF regulations and pamphlets.
9) Conduct safety meetings (i.e., safety awareness, training, and procedures review) with VDF personnel they supervise.
10) Protect VDF personnel who identify hazards, raise safety and health concerns, or engage in authorized safety and occupational health activities against reprisal.
11) Initiate the necessary actions to facilitate accident notification, investigation, and reporting as soon as they become aware of the occurrence of an accident.
12) Establish accountability for safety and occupational health through the performance evaluation system and performance counseling sessions.

c. Commanders at all levels will –
1) Provide leadership to their activity/units’ safety and occupational health program and accident reduction initiatives.
2) Protect personnel, equipment, and facilities under their commands.
3) Periodically review their activity/units’ safety and occupational health program and accident reduction initiatives.
4) Provide adequate resources for an effective safety and occupational health program, compliant with VDF and Virginia National Guard policies and program requirements.
5) Establish accountability for safety and occupational health through the performance evaluation system and performance counseling sessions.
6) Implement safety and occupational health policies.
7) Integrate CRM into their mission activities.
8) Execute system safety responsibilities as defined in this regulation when purchasing materiel, software, or equipment for all VDF operations.
9) Prohibit visitors from operating any VDF vehicles or equipment which causes or perceives to cause an increase in risk.
10) Provide equipment improvement recommendations or quality deficiency reports for deficiencies, malfunctions, or failures that create unsafe conditions using DA Pamphlet 738-751 as guidance.
11) Ensure range safety responsibilities and procedures are implemented as directed by a military installation’s range safety office.

d. Safety officer and safety staff will –
1) Serve as the principal advisor to the commander in all safety and occupational health related matters of mission execution pertaining to this regulation and safety and occupational health regulatory and statutory requirements.
2) Execute the commander’s safety and occupational health program.
3) Communicate best practices and share lessons learned.
1-5. Policy
The following principles will be effectively integrated into all VDF plans, programs, decision processes, operations, and activities:

a. Implement applicable federal and state safety and occupational health standards to provide a safe and healthful environment. The VDF will comply with all requirements of any military installation safety program on which VDF units may be located and policies/requirements set forth by the Virginia National Guard. Apply the more protective or stringent standard where a conflict exists between standards or regulations.

b. Instill in VDF members the need to prevent human errors and omissions affecting safety, readiness, and mission success by applying the principles of CRM.

c. Encourage VDF personnel to report workplace hazards and to ensure that no member is subject to restraint, interference, coercion, discrimination, or reprisal for exercising his/her rights to report unsafe or unhealthful conditions.

d. Achieve a high degree of safety and mission effectiveness through systematic management of inherent mission risks. Employ the CRM process to identify and manage risks to personnel, missions, operations, training, procedures, equipment, and the environment to avoid loss of life, personal injury or illness, property loss or damage, or environmental harm in the course of duty during operations.
   (1) Ensure that safety is a principal element in all operations and apply CRM procedures in each phase of the training management cycle to identify hazardous conditions and correct shortcomings responsible for these conditions.
   (2) Integrate CRM procedures into all VDF decision-making processes.
   (3) Integrate the requirement for protecting the force with realistic training and mission readiness.

e. Ensure the health and safety of VDF personnel and the general public is a primary concern in the acquisition, use, and disposal of equipment, facilities, and materials.

f. Apply the system safety and CRM process during acquisition of materials, equipment, facilities, and systems to identify and manage hazards during the complete life cycle and employ engineering principle as much as possible to eliminate risks and to control residual risks.

g. Take appropriate action to expeditiously correct discrepancies with statutory requirements.

Note: Any safety board members may not serve as collateral / legal board members to the same accident. Officers or enlisted members currently performing safety duties may not serve as collateral members.

1-6. Safety advancement
The requirements contained in this regulation represent the minimum safety requirements. Therefore, safety professionals and other VDF personnel at all levels are encourages to constantly advance safety practices and CRM by applying new technologies, innovative best practices, and improved risk management tools.

1-7. Supporting publications
To support the VDF Safety Program and execution of this regulation, two types of VDF pamphlets and a supplement will be utilized.
The standard VDF pamphlets, or supplements, contain the mandatory information needed to carry out the policies and procedures prescribed by this VDF regulation to execute specific areas of the VDF Safety Program (e.g., vehicle or aviation safety).

The informational pamphlets share "best practices." These collections of best practices, from whichever source, provide VDF personnel with models, examples, and tools to aid the VDF Safety Program. Before publishing, each best practice will be reviewed by subject matter experts (SMEs). They will be provided purely for information and are not required to execute the VDF Safety Program or meet requirements of this regulation.

1-8. Conflict resolution
The VDF shall comply with the applicable standard promulgated by the Occupational Safety and Health Administration (OSHA), the Virginia Department of Labor and Industry (DoLI), and any other applicable regulations on military facilities where VDF units perform duty.

a. When requirements in this regulation conflict with a legal standard or provide a lower degree of protection, the more stringent standard will apply.

b. During Joint-Service operations, when requirements in this regulation conflict with the workplace-safety standards of another Service's regulations, or provide a lower degree of protection, the other Service's regulations will apply. When requirements in this regulation are equal to or exceed the other Services' requirements in providing workplace safety, the VDF requirements will apply.

1-9. Existing documentation and programs
Existing documentation (for example, written system safety programs, SOPs, hazard analysis, risk assessments, etc.) which met standards and regulations at the time of their development need not be updated to meet the new requirements of this regulation until other reasons or conditions dictate revision.
Chapter 2
Strategic Planning, VDF Safety Program Structure, Safety Program Evaluation, Councils, and Committees

Section 1
Strategic Goals and Strategic Planning

2-1. Safety program planning
   a. Strategic planning will be conducted at least annually in preparation for the coming fiscal year. Strategic planning should be conducted in time to identify the organizational goals to be achieved over the coming fiscal year, resources needed to achieve those goals, and funding required.
   b. Progress in implementing the plan should be reviewed at least quarterly. The frequency of the review depends on the activity level and changes that may affect the plan.
   c. The strategic planning package will be provided to the organization's commander for review and approval.

2-2. Prioritization
All safety functions and tasks will be prioritized based on regulatory requirements and strategic planning (using DA Pamphlet 385-10 for guidance).
   a. All safety and tasks identified as not being met or completed will be evaluated to identify the potential risk to the organization.
   b. The organization's commander will be provided with the complete ranking of all safety functions and tasks along with the risk assessment for review and approval.

Section 2
VDF Safety Program Structure

2-3. Introduction
The VDF Safety Program provides guidance and emphasis necessary to ensure that the VDF operates in as safe and efficient an environment as is possible. This is achieved by applying the mishap risk management component of CRM and the formal Occupational Safety and Health (OSH) programs directed at the individual VDF member. Therefore, it is important that safety organizations at all levels support the VDF Safety Program. Each organization's goals and objectives are aligned to execute the VDF Safety Program in the most effective manner possible.

2-4. Safety organization's functions
   a. The VDF safety organization will:
      (4) Support efforts to develop VDF safety expertise through training, career development, and management procedures.
      (5) Provide safety and related loss control services to commanders in support of their statutory and regulatory responsibilities.
   b. The medical components of the VDF shall serve as advisors for the occupational health aspects of VDF operations. **NOTE:** As the VDF does not have the capability for medical treatment beyond the level of first aid, VDF operations **shall avoid** using
VDF members in situations / activities that would require prequalification (i.e., medical examinations / assessments) to determine if they are medically qualified for the activity (e.g., wearing a respirator, working around toxic materials, etc.).

c. The safety organization will execute the tasks and functions that address the following aspects of safety: on the job; travel to and from VDF duty; and integration of mishap risk management component of CRM.

d. Each safety organization will support efforts to develop safety expertise through training programs, effective career management, and management procedures.

e. Senior commanders are responsible for safety of people, the environment, and the public in their operation area(s).

2-5. Safety office organizational structure

a. The safety office will be structured and staffed to administer an OSH program through the chain of command based upon the organization’s mission, goals, and objectives as well as statutory requirements.

b. The safety office will be funded and resourced to execute all responsibilities and functions designated in this regulation to assure safety program effectiveness.

c. VDF safety offices and organizations will be established in accordance with the criteria of this chapter and the guidance in DA Pamphlet 385-10 to ensure that each office or organization has trained and experienced personnel of sufficient grade and rank to accomplish the safety of each organization or activity.

d. Additional duty safety personnel will attend Safety training as soon as possible following appointment of this additional duty.

2-6. VDF safety and occupational health program structure

a. The VDF Division Surgeon or senior medical officer will be the advisor to the VDF Commanding General on the occupational health aspects of the OSH Act.

b. The designated Division safety officer will exercise staff supervision over the VDF safety program, mishap risk management component of CRM and accident prevention activities. Duties performed by the Division safety officer will include the full range of applicable program management responsibilities. The Division safety officer is a member of the Division Commander's special staff and reports directly to the G3 Operations.

c. Safety offices will be augmented by additional duty safety personnel to perform required safety and accident prevention functions in VDF units and administrative activities. Additional duty safety personnel will -

1) Be appointed by the commander on written orders.
2) Be a minimum of a warrant officer, at DRF (if applicable) and higher unit levels.
3) Be in the rank of staff sergeant or higher, at the RRT and MRG level.
4) Give their safety duties proper priority.
5) Report directly to their unit commander on safety-related matters.
6) Coordinate activities with the installation safety office, if collocated on a military installation.

d. Additional duty safety personnel will be authorized use of official time for participating in safety and occupational health activities, including application of
mishap risk management component of CRM, walk-around inspections, and other safety functions authorized by this regulation in support of their unit's mission.

2-7. **Performance indicators**
Indicators will be developed by each safety organization based on their strategic goals, strategic plan, mission, and regulatory guidance to measure how effectively their organization's safety program is performing. It is not the intent of this regulation to mandate performance indicators for general use, but to require the development of specific measures tailored to the needs of each organization's safety program. DA Pamphlet 385-10 may be used for guidance.
Appendix A
References

Section 1.
Publications


40 CFR, Protection of the Environment

42 CFR, Public Health

49 CFR, Transportation

DA Pam 385-1, Small Unit Safety Officer / NCO Guide

DA Pam 385-10, Army Safety Program

DA Pam 385-16, System Safety Management Guide

FM 5-19, Composite Risk Management (CRM)

MIL STD 822D, System Safety (http://assist.daps.dla.mil/quicksearch)


NIMS (National Incident Management System) (http://www.fema.gov)

NRF (National Response Framework) (http://www.fema.gov)

Section 2.
Forms

OSHA Form 300, Log of Work-Related Injuries and Illnesses (http://www.osha.gov)

OSHA Form 300A, Summary of Work-Related Injuries and Illnesses (http://www.osha.gov)

VDF Accident Investigation Report Form
Glossary

Section 1
Abbreviations

ADSC – Additional Duty Safety Course
ADSO – Additional Duty Safety Officer (or NCO)
ANSI – American National Standards Institute
AR – Army Regulation
ARNG – Army National Guard
BBP – Bloodborne pathogens
BBPECP – Bloodborne Pathogen Exposure Control Program
BBPP – Bloodborne Pathogen Program
CFR – Code of Federal Regulations
CG – Commanding General
CRM – Composite risk management
DA – Department of the Army
DA Pam – Department of the Army Pamphlet
DoD – Department of Defense
DoDD – Department of Defense Directive
DoDI – Department of Defense Instruction
DoLI – Virginia Department of Labor and Industry (i.e., State OSHA)
DOT – Department of Transportation
DRU – Direct reporting unit
EO – Executive Order
EPA – Environmental Protection Agency
FM – Field Manual

FOIA – Freedom of Information Act

IN – Initial notification

JHA – Job hazard analysis

MIL-STD – Military Standard

MP – Military Police

MSDS – Material safety data sheet (see also SDS or safety data sheet)

MTF – Medical treatment facility

NCO – Noncommissioned Officer

NFPA – National Fire Protection Association

OJT – On-the-job training

OSH – Occupational Safety and Health

OSHA – Occupational Safety and Health Administration

OSH Act – Occupational Safety and Health Act

PL – Public Law

POC – Point of Contact

POV – Privately Owned Vehicle

PPE – Personal Protective Equipment

RAC – Risk Assessment Code

SDS – Safety data sheet (see also MSDS – MSDS being phased out by revision of OSHA Hazard Communications Standard)

SME – Subject matter expert

SOH – Safety and occupational health
SOP – Standing Operating Procedure or Standard Operating Procedure

SSMP – Safety System Management Plan

SSP – Strategic Safety Plan

SSRA – Safety System Risk Assessment

TDY – Temporary Duty Assignment

USACHPPM – U.S. Army Center for Health Promotion and Preventive Medicine

VDF – Virginia Defense Force

Section 2
Terms

Accident – Any unplanned event or series of events that result in death, injury, or illness to personnel, or damage to or loss of equipment or property. (Within the context of this regulation, accident is synonymous with mishap.)

Accident-based risk management – A component of CRM used to identify, evaluate, manage and prevent accidents to personnel, equipment, and the environment during peacetime and contingency operations due to safety and occupational health factors and other accident-based factors.

Annual basis or annually – Annual basis or annually should be from the month of the current year to the same month of the following year. However, the time will not exceed 13 months.

Audit – A process of collecting information about an organization’s safety and occupational health management system and making judgments about its adequacy and performance, identifying both the strengths and weaknesses of the safety and health program as implemented by the organization. To ensure that all necessary safety and health program elements are operating and that procedures are in place for thorough implementation. The aims of auditing should be to establish that: appropriate management arrangements are in place; an adequate CRM control system exists which both reflect the hazard profile of the organization and is properly implemented; and appropriate workplace precautions are in place.

Command responsibility – Commanders down the entire chain of command are responsible for the safety of their personnel.

Commander – An individual that lawfully exercises over subordinates by virtue of rank or assignment. This includes the authority and responsibility for effectively using available resources for planning the employment or, organizing, directing, coordinating and controlling forces for the accomplishment of assigned missions. This also includes responsibility for health, welfare, morale and discipline of assigned personnel in his or her “command.”
Competent authority – An individual designated in command, responsible for the direction, coordination and control of personnel. The commander alone is responsible for everything his or her unit does or fails to do. They cannot delegate their responsibility or any part of it, although they may delegate portions of their authority to competent individuals. An individual designated by the commander to address areas of primary interest within that individual’s technical expertise.

Composite risk – Blends threat-based risks with accidental, hazard-based risks.

Control – Action taken to eliminate hazards or reduce their risk.

Educational – Includes classroom training, excludes field settings such as field training exercises and maneuvers. Examples: Teach/instruct/brief/counsel student/audience activities.

Emergency – An event for which an individual perceives that a response is essential to prevent or reduce injury or property damage.

Engineering controls – Regulation of facility operations using prudent engineering principles, such as facility design, operation sequencing, equipment selection, and process limitations.

Environmental factors – Environmental conditions, which had, or could have had, an adverse effect on the individual’s actions or the performance of equipment.

Establishment – A single physical location where business is conducted or where services or operations are performed. Where distinctly separate activities are performed at a single physical location, each activity shall be treated as a separate establishment. Typically, an establishment refers to a field activity, regional office, area office, installation, or facility.

Evaluation – A specialized inspection designed to determine the effectiveness of a unit’s safety and health program.

Exposure – The frequency and length of time personnel and equipment are subjected to a hazard.

Facility – An area within a building that provides appropriate protective barriers for persons working in the facility and the environment external to the facility and outside of the building.

Federal OSHA official – Investigator or compliance officer employed by, assigned to, or under contract to OSHA.

Field operations – Operations conducted outdoors or outside of man-made enclosures or structures. Short-term operations in storage structures are also considered as field operations.
First aid – First aid is defined as using a list of procedures that are all-inclusive and is not a recordable injury. If a procedure is not on the list, it is not considered first aid for recordkeeping purposes. The following are the procedures contained in the list:

a. Using nonprescription medication at nonprescription strength. However, if an individual is provided prescription medications or nonprescription medications at prescription strength, this is considered medical treatment.
b. Tetanus immunizations.
c. Cleaning, flushing, or soaking surface wounds.
d. Wound coverings, butterfly bandages, Steri-Strips. The use of wound closure methods such as sutures, medical glues, or staples is considered medical treatment.
e. Hot or cold therapy regardless of how many times it is used.
f. Nonrigid means of support.
g. Temporary immobilization device(s) used to transport accident victims.
h. Drilling of fingernail or toenail; draining fluid from blister.
i. Eye patches.
j. Removing foreign bodies from eye using irrigation or cotton swab. However, use of other methods to remove materials from the eye is medical treatment.
k. Removing splinters or foreign material(s) from areas other than the eye by irrigation, tweezers, cotton swabs, or other simple means.
l. Finger guards.
m. Massages. Massage therapy is first aid, but physical therapy or chiropractic treatment is considered medical treatment.
n. Drinking fluids for relief of heat stress. (Drinking fluids for relief of heat stress is first aid, but administering an IV is medical treatment.)

Ground accident – Any accident exclusive of aviation (flight / flight-related / aircraft-ground).

Hazard – Any actual or potential condition that can cause injury, illness, or death of personnel or damage to or loss of equipment, property, or mission degradation or a condition or activity with potential to cause damage, loss, or mission degradation.

Hazard analysis – A hazard analysis is a clear, systemic, concise, well defined, orderly, consistent, closed-loop, quantitative or qualitative and objective methodology used to identify possible hazards within a mission, system, equipment, or process that can cause losses to the mission, equipment, process, personnel, or damage to the environment. Examples of hazard analyses are: What-If, Preliminary Hazard Analysis, Sneak Circuit Analysis, Hazard and Operability Study, Fault Tree Analysis, Failure Mode and Effects Analysis, and Fault Hazard Analysis.

Health hazard – An existing or likely condition, inherent to the operation, maintenance, storage or disposal or materiel or a facility, that can cause death, injury, acute or chronic illness, disability, or reduced job performance.

Health hazard assessment – The application of biomedical and psychological knowledge and principles to identify, evaluate, and control the risk to the health and effectiveness of personnel.
Human error – Human performance that deviated from that required by the operational standards or situation. Human error in accidents can be attributed to a system inadequacy / root cause in training, standard, leader, individual, or support failure.

Human factors – Human interactions (man, machine, and/or environment) in a sequence of events that were influenced by, or the lack of human activity, which resulted or could result in an accident.

Imminent danger – Conditions or practices in any workplace that pose a danger that reasonably could be expected to cause death or severe physical hardship before the imminence of such danger could be eliminated through normal procedures.

Independent evaluation – The process used by the independent evaluators to independently determine if the system satisfies the approval requirements. It will render an assessment of data from all sources, simulation and modeling, and an engineering or operational analysis to evaluate the adequacy and capability of the system.

Individual risk – Risk to a single exposed person.

Inherent hazard – An existing or permanent hazard (i.e., high voltage).

Injury – A traumatic wound or other condition of the body caused by external force, including stress or strain. The injury is identifiable as to time and place of occurrence and member or function of the body affected, and is caused by a specific event, incident, or series of events within a single day or work shift.

Inspection – Comprehensive survey of all or part of a workplace in order to detect safety and health hazards. Inspections are normally performed during regular work hours or the organization, except as special circumstances may require. It is also the process of determining compliance with safety and health standards through formal and informal surveys of workplaces, operations, and facilities.

Medical treatment – Medical treatment is the management and care of a patient to combat disease or disorder. It does not include:
   a. Visits to a physician or licensed health care professional solely for observation or counseling.
   b. Diagnostic procedures.
   c. First aid.

Mishap risk management – A component of CRM used to identify, evaluate, and prevent accidents to personnel, equipment, and the environment during peacetime and contingency operations due to safety and occupational health factors, design and construction of equipment, and other mishap factors.
Near miss – A potentially serious accident or incident that could have resulted in personnel injury, death, or property damage, damage to the environment and/or illness, but did not occur due to one or more factors.

Non-DoD component – Any entity (government, private, or corporate) that is not a part of DoD.

Note – Additional information provided to expand understanding of the subject and to call attention to areas of interest.

Occupational hazard – Conditions, procedures, and practices directly related to the work environment that creates a potential for producing occupational injuries or illnesses.

Occupational illness – Non-traumatic physiological harm or loss of capacity produced by systemic infection; continued or repeated stress or strain; for example, exposure to toxins, poisons, fumes; or other continued and repeated exposures to conditions of the work environment over a long period of time. Includes any abnormal physical or psychological condition or disorder resulting from an injury caused by long- or short-term exposure to chemical, biological, or physical agents associated with an occupational environment. For practical purposes, an occupational illness is any reported condition that does not meet the definition of an injury.

Occupational injury – A wound or other condition of the body caused by external force, including stress or strain. The injury is identifiable as to time and place of the occurrence and a member or function of the body affected, and is caused by a specific event, incident, or series of events or incidents within a single day or work shift.

Office – Activities associated with the performance of clerical, typing, and administrative type duties. Excludes supervisory activities. Examples: Typing / work processing, filing / posting, telephoning, operating office machines.

Operational control – Operational control is the authority to perform those functions of command over subordinate forces involving organizing and employing command and forces, assigning tasks, designating objectives, and giving authoritative direction necessary to accomplish the mission. Operational control includes authoritative direction over all aspects of military operations and Joint training necessary to accomplish missions assigned to the command. It does not, in and of itself, include authoritative direction for logistics or matters of administration, discipline, internal organization, or unit training.

Physical training – Body conditioning or confidence building activities. Examples: Confidence courses, marches, running / jogging, physical training test.

Probability – Probability is the qualitative or quantitative likelihood of a particular event or sequence of actions initiated by a hazard-related Cause resulting in a Maximum Credible Loss. The Probability can be expressed as the product of the Incident Rate and Mishap Set Likelihood.
**Qualified safety and health personnel** – Includes personnel who have been primarily engaged in safety and occupational health specialties in the military or civilian occupations, have documented training within these areas (i.e., associates, bachelors, and/or masters degrees), and/or are qualified under the civil service classifications for safety, medical, occupational health, or industrial hygiene.

**Recommendations** – Those actions advocated to the command to correct system inadequacies that caused, contributed, could cause or contribute to a VDF accident. Also referred to in this regulation as corrective action, remedial measures and/or countermeasures.

**Recordable accident** – Reportable accident that meets the minimum criteria stated in the regulation for aviation and ground Class A-D accidents.

**Reportable accident** – All occurrences that cause injury, occupational illness, or property damage of any kind must be reported to the local safety office and to the VDF, G.W. Division Safety Office.

**Residual hazards** – Hazards that are not eliminated by design.

**Residual significant risk** – Any risk remaining in a system after corrective actions have been executed.

**Residual risk** – The levels of risk remaining after controls have been identified and countermeasures selected for hazards that may result in the loss of effectiveness. Risks remaining after hazard mitigation measures have been applied.

**Restricted work activity** – Individual’s injury is such that they are unable to perform their normal duties (e.g., light duty).

**Risk** – Risk is directly related to the ignorance or uncertainty of the consequences of any proposed action. Risk is an expression of possible loss in terms of hazard severity and hazard probability. Risk is the expected value of loss associated with a loss caused by a hazard expressed in dollars. The risk associated with this loss is mathematically derived by multiplying the probability of the loss’s likelihood by the probable dollar loss associated with the loss’s severity. Note that risk has two dimensions – likelihood and magnitude, while a hazard has only one – varied magnitude.

**Risk acceptability** – Risk acceptability is that level of risk which has been determined as tolerable in order to fulfill mission requirements. It represents a level of risk where either the output of resources to rectify safety deficiencies does not result in a proportional increase in the level of safety to be provided; or so restricts the performance that the assigned mission cannot be executed.

**Risk acceptance** – Risk acceptance is a formal and documented process indicating that leadership understands the hazard, its associated cause, and the probable consequences to
mission, personnel, equipment, public and/or the environment and that they have determined that the total risk is acceptable because of mission execution.

**Risk acceptance level** – Used to denote the level of risk a particular level of leadership may accept. These levels are based on the magnitude of the risk involved and the duration of the risk acceptance.

**Risk assessment** – An evaluation of a risk in terms of loss should a hazard result in an accident and against the benefits to be gained from accepting the risk.

**Risk decision** – The decision to accept or not accept the risk(s) associated with an action; made by the commander, leader, or individual responsible for performing the action and having the appropriate resources to control or eliminate the risk’s associated hazard.

**Safety** – Freedom from those conditions that can cause death, injury, occupational illness, or damage to, or loss of, equipment or property.

**Safety objectives** – Criteria for comparing and judging measures for adequacy. Safety objectives incorporate the safest measures consistent with operational requirements.

**Security / law enforcement** – Activities associated with MP or other personnel performing security or law enforcement rescue duties. Examples: Traffic safety guarding / patrolling, controlling disturbances.

**Severity** – A qualitative or quantitative assessment of the degree of injury, occupational illness, property, facility, or environmental damage associated with a maximum credible loss. Severity is dependent only on the Maximum Credible Loss. Once established for a Maximum Credible Loss, it does not change. Only the probability of a Maximum Credible Loss can be reduced.

**Significant Risk** – A risk associated with a particular hazard where the hazard likelihood of occurrence and its potential impact on the mission, person, equipment, or facility is such that it can be reasonably expected to cause bodily harm, damage to equipment, or the facility, or delay in the execution of the mission unless corrected. Normally, they are assigned a RAC of 1, 2, or 3.

**Single-hazard risk** – Risk associated with a single hazard of the system.

**Special hazards areas** – Areas identified containing hazards which due to their nature could not be eliminated through design selection and therefore depend upon training, procedures, and PPE for control of the hazards to tolerable levels. Examples: Kitchens, machine shops, areas around conveyor belts, hazardous chemical storage areas, etc.

**Standards failure** – Standards / procedures not clear or practical, or do not exist.

**State OSHA official** – Investigator or compliance officer employed by, assigned to, or under contract to state OSHA / Commonwealth of Virginia Department of Labor and Industry.
**Supervisory** – Activities associated with the management of personnel.

**Support failure** – Inadequate equipment / facilities / services in type, design, availability, or condition, or insufficient number / type of personnel, which influenced human error, resulting in a VDF accident.

**System** – A composite, at any level of complexity, of trained personnel, procedures, materials, tools, equipment, facilities, and software. The elements of this composite entity are used together in the intended operational or support environment to perform a given task or achieve a specific production, support, or mission requirement.

**System inadequacy** – A tangible or intangible element that did not operate to standards, resulting in human error or materiel failure. Also referred to as causes, readiness shortcomings, and/or root causes.

**System safety** – The application of engineering and management principles, criteria, and techniques to optimize safety within the constraints of operational effectiveness, time, and cost throughout all phases of systems’, equipment’s, or facilities’ life cycle.

**System safety lesson learned** – A collection of real or potential safety or health-related problems based on data analysis or experience that can be applied to future and current systems to prevent similar recurrences.

**System safety management** – An element of management that defines the system safety program requirements and ensures the planning, implementation, and accomplishment of system safety tasks and activities consistent with the overall program requirements.

**System safety management plan (SSMP)** – A management plan that defines the system safety program requirements of the VDF or Government. It ensures the planning, implementation, and accomplishment of system safety tasks and activities consistent with the overall program requirements.

**Tolerable risk** – The level of risk associated with a specific hazard below which a hazard does not warrant any expenditure or resources to mitigate. From a legal standpoint it would be considered as a “de minimus” risk, from the Latin phrase “de minimus noncurat lex,” meaning “the law does not concern itself with trifles.”

**VDF accident** – A VDF accident is defined as an unplanned event, or series of events, which results in one or more of the following:

a. Occupational illness to VDF personnel.
b. Injury to on-duty VDF personnel.
c. Damage to VDF property.
d. Damage to public or private property, and/or injury or accident to non-VDF personnel caused by VDF operations (i.e., the VDF had a causal or contributing role in the accident).
**VDF property** – Any item of VDF property, or property leased by the VDF for which the VDF has assumed risk of loss, such as aircraft, vehicle, building, structure, system, etc.

**VDF Vehicle** – Any vehicle that is owned, leased, or rented by the Virginia Defense Force. A vehicle that is primarily designed for over-the-road operation. A vehicle whose general purpose is the transportation of cargo or personnel. Examples are passenger cars, station wagons, trucks, ambulances, and buses.

**Workplace** – A place (whether or not within or forming a part of a building, structure, or vehicle) where any person is to work, is working, for the time being works, or customarily works, for gain or reward; and in relation to an employee, includes a place, or part of a place, under the control of the employer.

**Work-related injuries** – Injuries or occupational illnesses incurred while performing duties in an on-duty status.