

**Virginia Defense Force  
Regulation 385–10-10**

**Safety**  
**Virginia Defense Force**  
**Safety Program**  
**Supporting the Home Station**  
**and Industrial Base**

**Headquarters**  
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**Headquarters  
Virginia Defense Force  
George Washington Division  
Richmond, VA  
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## Safety

### VDF Safety Program

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**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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## **Supporting the Home Station and Industrial Base**

This regulation addresses those special VDF Safety Program management functions that are appropriate to sustaining VDF operations in home station and industrial activities. The principals and concepts stated in the part apply to individuals performing their non-contingency activities during home station and field operations.

### **Chapter 1**

#### **Occupational Safety and Health Program (Workplace Safety)**

##### **1-1. Introduction**

This chapter prescribes policy and responsibilities for implementing the OSHA program required under Federal OSHA and the Virginia Department of Labor and Industry and to reduce risk of accidental losses, injuries, and occupational illness to VDF personnel. The OSHA programs will be applicable in all VDF operations.

##### **1-2. Policy**

- a. OSHA programs and national consensus standards shall be applicable to an integrated into all VDF operations and workplaces, as applicable.
- b. When no standard exists for contingency operations or the application is not feasible, the VDF will apply the mishap risk management component of CRM.
- c. VDF personnel at all management levels shall promote strong safety programs, safe working conditions, and safe performance to prevent accidents, injuries, and occupational illnesses.
- d. All VDF leaders at each level will develop and implement functional and written procedures as part of the VDF Safety Program to fulfill the following OSHA requirements, as applicable:
  - (1) Ergonomics.
  - (2) Hazardous noise protection.
  - (3) Hazard communications.
  - (4) Personal protective equipment.
  - (5) Materials handling training.
  - (6) Bloodborne pathogens.
  - (7) Emergency action plans and fire prevention plans.
  - (8) Fall protection.
  - (9) Control of hazardous energy.
  - (10) Inspecting and abating hazards.
  - (11) Reporting of unsafe and unhealthful conditions.
- e. There is no known reason for VDF personnel to be involved with the following requirements at either home station or deployed for contingency activities:
  - (1) Respiratory protection program.
  - (2) Confined space program.
  - (3) Process safety management (PSM).
  - (4) Hazardous waste operations and emergency response (HAZWOPER).
  - (5) Chemical hygiene.
- f. All personnel shall be trained on all aspects of the VDF Safety Program at every level that affects their workplace.

- g. All workplace hazards shall be addressed in accordance with the hazard control guidance.

### **1-3. Home station level processes**

Processes will be developed at and for the home station level to:

- a. Reduce risk of accidents, injuries, and occupational illness in home station operations.
- b. Structure and resource home station safety offices to adequately support all functions required to plan, develop, coordinate, evaluate, and implement VDF safety and occupational health programs in accordance with Federal and Commonwealth of Virginia statutes and this regulation.
- c. Evaluate home station safety and occupational health programs annually.
- d. Implement OSHA policies and programs in the workplace to protect personnel, equipment, and facilities.
- e. Train all personnel so they sufficiently and fully understand the purpose, policy, procedures, and responsibilities of the VDF Safety Program designed for the office or facility in which they work.
- f. Ensure that workplaces are free from recognized hazards that are causing or are likely to cause death or serious physical harm.
- g. Correct safety deficiencies that are likely to cause an accident, injury, or occupational illness.
- h. Integrate safety priorities for hazard correction into the work control process.

## **Chapter 2 Workplace Inspections**

### **2-1. Introduction**

- a. Under the OSH Act, employers are required to furnish each employee a place of employment that is free from recognized hazards that are causing or are likely to cause death or serious physical harm. Workplace inspections are one method to identify hazards in work areas.
- b. As VDF personnel on duty status can fall under the state Worker's Compensation Program, they are subject to OSHA regulations during drill status, under TDY orders, on state active duty orders, and when travelling to and from duty locations for occupational injuries and illnesses.
- c. As VDF facilities are comprised mostly of administrative areas or storage areas, this section should not have a significant impact for VDF personnel or facilities.

### **2-2. Intent**

This chapter provides policy on VDF Safety Program management with special emphasis on hazard recognition and workplace inspections. It implements the requirements of the OSH Act and prescribes VDF policy to protect and preserve VDF personnel and property against accidental loss, provides for safe and healthful workplaces, and assures regulatory compliance. It also provides for public safety incident reporting to VDF operations and activities.

### **2-3. Policy**

- a. Supervisors are responsible for conducting periodic documented inspections of their work area to identify hazards. When hazards are reported by VDF personnel or identified through accident investigations and safety inspections, they will be evaluated and tracked. Once a hazard has been evaluated, prompt action is required to correct significant risk hazards.
- b. Supervisors are to inform all personnel of VDF safety and occupational health regulations, to include the use of protective clothing and equipment for their protection. Supervisors are to ensure adherence to established procedures, taking appropriate disciplinary action where deemed necessary.
- c. VDF personnel are responsible for complying with VDF and OSHA safety and occupational health rules and regulations; using and maintaining the personal protective clothing and equipment that has been provided for their safety; and reporting any unsafe or unhealthful working conditions and accidents to their immediate supervisor.
- d. All personnel will work together to identify and correct hazardous conditions in accordance with locally established procedures for correcting hazards.

### **2-4. Application of mishap risk management component of composite risk management**

Guidance found in Army Pamphlet 385-10 may be used for guidance for hazard assessment, prioritization, and correction.

**2-5. Safety inspections**

- a. Each time the supervisor or other individual enters the workplace, they will conduct a visual safety inspection. Conducting inspections of this type will help integrate safety into the normal routine.
- b. Formal documented inspections (for example, using a checklist) will be done periodically to ensure a complete and total evaluation of workplace based on the type and nature of the work as well as determining the PPE required.
- c. Whenever possible, recognized hazards will be corrected on the spot.
- d. For VDF owned or operated facilities, work orders or service orders for hazards that cannot be corrected on the spot are submitted to the facility manager with a copy to the safety office.
- e. For facilities that are not owned or operated by the VDF, but where the VDF is a “guest” or rents the location, information regarding the hazard(s) will be documented and provided to the facility owner, with a copy to the safety office.

**2-6. Standard VDF safety and occupational health inspection requirements**

- a. Qualified safety and occupational health personnel or specially trained personnel competent to conduct the inspection, using procedures outlined in VDF Pamphlet 385-10-10 (similar to Army Pamphlet 385-10), will conduct workplace safety inspections at least annually.
- b. Facilities or operations involving special hazards will be inspected more frequently as determined by qualified safety and occupational health personnel.
- c. Additional duty safety personnel trained, qualified, and appointed in accordance with procedures in VDF Pamphlet 385-10-7 may perform these inspections for work sites. Additional duty safety personnel should conduct their inspections based on the mission, risk, and commander’s guidance.
- d. Current reference materials pertinent to the work site, such as standards, regulations, SOPs, hazard analyses / job hazard analysis, risk assessments, material safety data sheets (MSDS), and operators manuals, will be readily available.
- e. These inspections may be conducted with or without prior notice. No-notice inspections will be used when local safety and health personnel determine they will provide a significantly more meaningful assessment of actual operating conditions and practices.
- f. A supervisor or other representative of the workplace will be given the opportunity to accompany the inspector during the physical inspection of a workplace.
- g. Follow-up inspections are essential to ensure that hazards have been corrected.
- h. Safety and occupational health inspections will not be conducted in conjunction with any other visit or inspection.

**2-7. Notices of violations**

Notices of violations for RACs 1 and 2 hazards detected during a safety and health inspection will be documented in a memo for record. All posted notices will describe the nature and severity, probability, and associated risk of the violation; the substance of the mishap risk management component of CRM plan; and interim protective measures.

- a. Copies of each notice of unsafe or unhealthful conditions will be given to the appropriate official in charge of the workplace. A copy will be forwarded to the battalion level safety office and to the G.W. Division safety office.
- b. The official in charge of the workplace where the condition was discovered will post notices. Where it is not practical to post the notice at or near the workplace, it will be posted in a prominent place where all affected personnel will readily see it.
- c. Delivery and posting will take place within 15 days, or by the next drill date (whichever is greater) for health and safety violations.
- d. The notices will remain posted for 3 duty days or until correction, whichever is later.

## **2-8. Written reports of violations**

Written reports of violations resulting from safety and occupational health inspections will be provided to the head of the activity or the commander of the unit inspected. These reports will cite hazards and safety management deficiencies and will recommend corrective actions. Copies of these inspection reports will be forwarded to the G.W. Division safety office for information.

## **2-9. Occupational safety and health inspections**

- a. Workplace safety inspections and occupational health assessments may be in response to a complaint from a VDF member or supervisor, the response to an accident involving a death or injury, or a part of an annual evaluation.
- b. If any Federal or Commonwealth of Virginia OSH officials appear on site, they will be admitted to perform any inspections in a workplace during normal working hours.
- c. Any Federal or Commonwealth of Virginia OSH officials will present proof of identification and will initially report to the individual in charge of the facility or work site.
- d. Upon request, Federal or Commonwealth of Virginia OSH officials will be provided available safety and health information on work sites to be visited. Such information may include data on HAZMAT in use, copies of recent inspection reports, accident reports, or hazard abatement reports.
- e. When Federal or Commonwealth of Virginia OSH officials issue notice of unsafe or unhealthful conditions (OSHA-2H Forms), local officials should treat such notices in the same manner as similar internal notices and provide for abatement of significant deficiencies. Units that receive an OSHA-2H will immediately forward a copy to the G.W. Division safety office.
- f. Response to OSH inspection reports will originate at the local level. The OSHA officials will elevate unresolved conflicts through their channels to the Virginia Department of Military Affairs and the VDF, G.W. Division.

## **Chapter 3**

### **Industrial Operational Safety**

#### **3-1. Introduction**

The VDF does not possess any industrial operations or facilities at the time of writing this regulation. Facilities consist primarily of administrative and/or storage locations.

#### **3-2. Policy**

Whenever possible, engineering controls will be used to eliminate hazards, and administrative controls will only be used whenever engineering controls are not feasible.

#### **3-3. Preoperational planning**

Preoperational planning will be developed and promulgated as part of the planning for operations. The preoperational plan will identify hazards that may impact personnel safety and operations and the measures used to eliminate or control them.

- a. The mishap risk management component of CRM will be used to identify and mitigate hazards and manage the associated risk with that activity. This requires that risk assessment, risk decision-making, and implementation of effective risk controls be part of the preoperational safety plan. Operational plans will incorporate preoperational safety briefings and training requirements as part of the plan.
- b. Operational briefings and training will address identified hazards and their impact on operations.

#### **3-4. Standing operating procedures (SOPs)**

- a. Standing operating procedures will:
  - (1) Be developed for all hazardous operations in accordance with guidance in VDF Pamphlet 385-10-10 and provide supervisors and operators the level of detail necessary to execute the task or operation in an efficient, effective, and safe manner. Written standards (i.e., work plans, internal operating plans, operating manuals, work instructions, etc.) may be substituted for SOPs when they provide the level of detail necessary to execute the task or operation in an efficient, effective, and safe manner.
  - (2) Describe all necessary operational and safety and health requirements.
  - (3) Be reviewed and concurred with by subject matter experts (SMEs) within the executing organization and supporting organizations. At a minimum, SOPs will be reviewed annually or at a change of command.
  - (4) Address emergency response procedures, required PPE, and equipment required to execute the operation safely.
- b. Standing operating procedures and revisions will be based on the results of a complete composite risk assessment of all phases of the task or operation and resulting recommended controls.
- c. Supervisors will:
  - (1) Train, observe, and enforce all requirements of the SOP.
  - (2) Read and indicate they understand the requirements of the SOP relative to their job and that it can be executed in an efficient, effective, and safe manner by following the SOP.

- d. All personnel will read and indicate they understand all the requirements of the SOP relative to their job and can execute it in an efficient, effective, and safe manner by following the SOP.

### **3-5. Accident prevention plans**

Supervisors will develop an accident prevention and response plan for each activity under their direct control and administration. Accident prevention plans shall:

- a. Be site specific.
- b. Be available to all personnel, in a common area accessible at all times and shifts.
- c. Be current, reflecting up-to-date procedures, work instructions, and emergency procedures.
- d. Be trained and practiced with documentary evidence on file identifying the trainer, trainee, date trained, and date practiced.
- e. Include detailed emergency procedures including alert and notification, evacuation and response, personnel accountability, and medical response.
- f. Identify known or suspected hazards associated with each particular work instruction, work practice, and operating activity (i.e., physical, chemical, biological, and ergonomic).
- g. Identify required administrative, engineering, and PPE controls associated with each particular work practice, work instruction, and operating activity.
- h. Assign a primary and alternate POC for training and providing documented work instruction, procedure, and/or exposure control equipment.

### **3-6. Training, licensing, qualification**

Supervisors will ensure and make a documented record of the review attesting that each individual has sufficient documented training, licensure, qualification, and experience prior to assigning said individual to a particular job or activity. Only licensed, trained personnel are authorized to operate machinery or motor vehicles.

### **3-7. Preoperational walk-through**

A preoperational walk-through will be conducted for all hazardous operations to validate the SOP, provide operator training, and to ensure all hazards have been identified during all phases of normal operation and emergencies. They are highly recommended for long-term operations as well.

### **3-8. Hazardous materials**

Hazardous materials will be stored in accordance with 29 CFR 1910.101 through 29 CFR 1910.126. Subpart H and National Fire Protection Association (NFPA) Code 30.

### **3-9. Personal protective equipment (PPE)**

- a. The mishap risk management component of CRM will be used and documented to identify the type of PPE required based on the materials and processes being used.
- b. Individuals will use PPE in accordance with 29 CFR 1910.132 through 29 CFR 1910.138, Subpart I, as required.
- c. Personal protective equipment and training will be provided to the individual at no cost to the individual.

**3-10. Fire protection**

- a. Fire protection shall meet the requirements of 29 CFR 1910.155 through 29 CFR 1910.156, Subpart L and the National Fire Codes.
- b. Fire protection plans shall be reviewed during preoperational planning to ensure that they provide the level of protection necessary to address possible fires in the operation.

**3-11. Machine safeguarding**

Supervisors will analyze all equipment to identify point-of-operation hazards and other hazards associated with moving belts and equipment and will provide guards or other means to protect operators and other personnel.

**3-12. Exits and egress**

Exits and egress will meet requirements of 29 CFR 1910.33 through 29 CFR 1910.39, Subpart E; fire prevention plans; and NFPA 101.

**3-13. Lock-out and/or tag-out (LOTO)**

The control of hazardous energy (lockout and/or tag out) shall be developed for each piece of equipment being used and provided to personnel servicing and maintaining that equipment in accordance with 29 CFR 1910.147.

**3-14. After-action reports**

After action reports are a significant part of the VDF's process for documenting and sharing lessons learned. After action reports will be used to document all aspects of accident prevention and preoperational planning associated with industrial operations.

- a. The after action report will be a factual statement of what worked or did not work and will contain recommendations for improvement in accident prevention planning for operations.
- b. When used in conjunction with documenting an accident, the after action report will identify all factors that contributed to the accident, including both those that can be controlled (training of personnel, use of proper safety equipment, etc.) and those beyond direct control (weather, etc.)
- c. Appropriate recommendations shall be included in the after action report.

## **Chapter 4**

### **Emergency Planning and Response**

#### **4-1. Introduction**

This chapter describes VDF safety policy for planning emergency response to save lives; protect the health and safety of the public, responders, and recovery workers; and to exchange information.

#### **4-2. Policy**

- a. The CRM will be applied to all emergency response scenarios to identify the required appropriate equipment and response procedures to increase efficiency and effectiveness. This is to eliminate controlling adverse and risky conditions that will degrade emergency response operations.
- b. The National Response Framework (NRF) and the National Incident Management System (NIMS) contain mechanisms for expedited and proactive Federal, State, and local Government support to ensure that critical lifesaving assistance and incident containment capabilities are in place to respond quickly and efficiently to catastrophic incidents. The emergency preparedness standards prescribed in these sources as well as executive orders, presidential directives, NIMS, and the Commonwealth of Virginia Emergency Operations Plan (CoVEOP), will be used together with this regulation to formulate an organization's emergency response plan.
- c. In addition, the requirements of 29 CFR 1910.38 and 1910.39 will be complied with.

#### **4-3. Chemical, biological, radiological, nuclear, and explosives (CBRNE)**

The VDF is not tasked with, nor equipped for, direct response for CBRNE. VDF personnel will essentially be utilized for manpower requirements to support those that are tasked with direct response activities.

#### **4-4. Concept of operations**

All incidents are handled at the lowest possible organizational and jurisdictional level. Police, fire, public health and medical, emergency management, and other personnel are responsible for incident management at the local level. The National Incident Management System (NIMS) provides a consistent nationwide template to enable Federal, State, local and tribal Governments and private sector and nongovernmental organizations to work together effectively and efficiently to prepare for, prevent, respond to, and recover from domestic incidents, regardless of cause, size, and complexity to include acts of catastrophic terrorism.

## **Chapter 5 Marine Activities**

### **5-1. Introduction**

Leaders and managers will use the CRM process to establish and operate an effective marine activities safety program to include water operations and water activities. Specific requirements for each program area are provided in the following paragraphs.

### **5-2. Water operations**

Operators will follow U.S. Coast Guard (USCG) guidance for safe operation of nontactical vessels and watercraft.

### **5-3. Operator qualification**

Operators of nontactical VDF vessels / watercraft will be licensed in accordance with AR 600-55 and by USCG regulations, as applicable, for the specific type and size of vessel / watercraft.

### **5-4. Protective equipment**

- a. Personnel aboard nontactical vessels or working on/over water shall wear personal floatation devices as prescribed by USCG and OSHA.
- b. Throwable devices (ring buoys, life rings, etc.) shall be provided on all vessels in accordance with USCG regulations.

### **5-5. Inspections**

Qualified personnel shall inspect all vessels / watercraft at least annually for seaworthiness and safe operating condition. Periodic inspections and tests shall assure that a safe operating condition is maintained.

### **5-6. Pre-accident or pre-emergency planning**

Prior to vessel / watercraft deployment, plans shall be prepared for response to marine emergencies such as fire, sinking, flooding, severe weather, man overboard, and HAZMAT incidents as outlined by USCG guidance. Drills and exercises of these plans shall be conducted as stated in the guidance.

## **Chapter 6 Medical Safety**

### **6-1. Introduction**

The health care delivery industry requires strenuous activities to include lifting, pulling, sliding, turning of patients, transferring of patients, moving of equipment, and standing for long periods of time. Such requirements create environments conducive to accidents and injuries. This chapter provides:

- a. Guidance for medical commanders, medical safety personnel, supervisors, and other medical personnel in the medical facility to provide a safe, functional, supportive, and effective environment for patients, staff members, and other individuals in the medical facility.
- b. As the VDF does not possess or operate a medical treatment facility (MTF), if performing duties in a civilian facility or in a military facility, medical personnel WILL conform to the safety program and/or requirements of that facility.
- c. If not performing duties within an established MTF, personnel will function in accordance with the acceptable codes, standards, and laws for that level of care.

### **6-2. Policy**

An effective medical safety program must go beyond the minimum requirements found in the regulations, codes and standards.

### **6-3. VDF Medical Safety Program Management**

- a. Personnel performing duties in either a military or civilian MFT will comply with their safety program.
- b. Accident reporting and recordkeeping procedures and responsibilities for medical safety personnel are defined in 29 CFR 1904, Chapter 3 of this regulation, and (as applicable) the JCAHO environment of care standard.

### **6-4. Medical safety**

- a. The medical commander has overall responsibility for safety in medical facilities operated by the VDF. If operating in either a civilian and/or military MFT, the medical commander is responsible for ensuring that all personnel comply with the MTF's safety program and requirements.
- b. The medical unit will have written safety policies to include procedures for safety of patients and accident reporting procedures for patients and staff.
- c. Safety training:
  - (1) A safety orientation program will be provided to all new personnel.
  - (2) Ongoing safety education will be provided by the supervisor for all personnel and it will be documented.
  - (3) All personnel will be instructed by their supervisors as to the hazards inherent in their jobs and the safety rules pertaining to their specific duties.
  - (4) Education related to job hazards will be coordinated with occupational health personnel, the safety director, and the infection control nurse as appropriate.
- d. In accordance with DoD and JCAHO policies, no smoking will be allow within medical treatment facilities for staff, patients, or visitors. This will include areas on

the outside of the building within 25 feet of any doorway, a window capable of being opened, and the fresh air intake for the buildings air conditioning system(s).

#### **6-5. Medical systems safety and health**

- a. Significant safety and health exposures that are unique to MTF's can affect patients, visitors, and staff with potentially lethal consequences. When outside of military or civilian MTF's (e.g., a VDF operated facility), the safety director will work with the preventive medicine / occupational health personnel, engineering, and maintenance personnel to coordinate the identification and elimination of hazards. When operating within military or civilian MTF's, the medical personnel will coordinated with that facility's safety director.
- b. For VDF operated facilities, hazards must be identified and abated:
  - (1) All violations will be entered in the violation inventory log.
  - (2) Any hazard that cannot be abated within 30 calendar days will automatically have a hazard abatement plan developed along with a plan for improvement.

#### **6-6. Safety director functions**

The safety director will perform the following additional duties:

- a. Perform as the facility's fire marshal.
- b. Conduct fire drills for all personnel at least annually for all personnel at home location and monthly for deployed locations. If operating in a civilian or military MTF, you will conform to their requirements.
- c. Conduct hazard surveillance for all areas annually at home location and at start up in deployed locations and monthly thereafter.
- d. Deficiencies will be documented on DA Form 4754 (Violation Inventory Log), or equivalent, and tracked until abated. Hazards that cannot be abated within 30 days will have a hazard abatement plan completed and tracked / followed up every 30 days until abated.
- e. Ensure all medical personnel receive initial and annual safety and fire training.
- f. Document training provided.

## **Appendix A References**

### Section 1. Publications

ANSI (American National Standards Institute) Safety Code Z87.1, Occupational and Educational Personal Eye and Face Protection Devices.

AR 40-5, Preventive Medicine

Code of Federal Regulations (CFR) (<http://www.gogpoaccess.gov/cfr/index.html>)

29 CFR 1910.38, Emergency Action Plans

29 CFR 1910.39, Fire Prevention Plans

29 CFR 1910.120, Hazardous Waste Operations and Emergency Response (HAZWOPER)

29 CFR 1910.147, Control of Hazardous Energy (Lockout/Tag out)

29 CFR 1910.165, Employee Alarm Systems

29 CFR 1910, Subpart E, Means of Egress.

29 CFR 1910, Subpart H, Hazardous Materials

29 CFR 1910, Subpart I, Personal Protective Equipment

29 CFR 1910, Subpart L, Fire Protection

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

FM 3-0, Operations (<http://www.apd.army.mil>)

FM 4-01.011, Unit Movement Operations

FM 5-0, The Operations Process

FM 5-19, Composite Risk Management (CRM)

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

NFPA (National Fire Prevention Association) 101, Life Safety Code.

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**

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

CBRNE – Chemical, Biological, Radiological, Nuclear, and Explosives

CFR – Code of Federal Regulations

CG – Commanding General

CHEMTREC – Chemical Transportation Emergency Center

CONOPS – Continuity of operations

CPR – Cardio-pulmonary resuscitation

CPSC – Consumer Product Safety Commission

CPX – Command post exercise

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

GFE – Government furnished equipment

GFP – Government furnished property

GOV – Government Owned Vehicle

HAZMAT – Hazardous Materials

HBV – Hepatitis B virus

HIV – Human immunodeficiency virus

JHA – Job hazard analysis

MIL-STD – Military Standard

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

PPE – Personal Protective Equipment

RAC – Risk Assessment Code

SOH – Safety and occupational health

SOP – Standing Operating Procedure or Standard Operating Procedure

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.

**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.

**Double hearing protection** – Wearing ear plugs **AND** noise attenuating headsets.

**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.

**Explosion** – A chemical reaction of any chemical compound or mechanical mixture that, when initiated, undergoes a very rapid combustion or decomposition, releasing large volumes of highly heated gases that exert pressure on the surrounding medium. Depending on the rate of energy release, an explosion can be categorized as a deflagration or a detonation.

**Extremely hazardous substances** – The EPA uses the term extremely hazardous substance for the chemicals that must be reported to the appropriate authorities if released above the threshold reporting quantity. Each substance has a threshold reporting quantity. The list of extremely hazardous substances is identified in Title III of Superfund Amendments and Reauthorization Act (SARA) of 1986 (40 CFR 355).

**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.

**Firefighting** – Activities associated with developing or using firefighting skills.

**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.)

**Flammable** – A material that has the characteristic of being easily ignited and burning readily.

**Flight mission** – Flight or series of flights (sorties), conducted to accomplish a specific task or series of tasks in support of the unit's approved mission statement. Each mission is assigned to a designated pilot-in-command (PC) and/or air mission commander.

**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.

**Hazardous chemical** – OSHA uses the term hazardous chemical to denote any chemical that would be a risk to individuals if exposed in the workplace. Hazardous chemicals cover a broader group of chemicals than the other chemical lists.

**Hazardous wastes** – The EPA uses the term hazardous wastes for chemicals that are regulated under the Resource Conservation and Recovery Act (RCRA) (42 USC 6901). Hazardous wastes in transportation is regulated by DOT (49 CFR 170 through 49 CFR 179).

**Hazard class** – The United Nations Organization hazardous classification system, which contains 9 hazard classes, is used by the DOT for dangerous materials to identify the hazardous characteristics of the material(s).

**Hazardous materials (HAZMAT)** – Definitions are:

- a. “Hazardous material” means any material that has been designated as hazardous under 49 USC 5101 to 49 USC 5127 and is required to be placarded under 49 CFR 172, Subpart F or any quantity of material listed as a select agent or toxin in 42 CFR 73.
- b. Substances that have hazardous characteristics such as flammable, corrosive, reactive, toxic, radioactive, poisonous, carcinogenic or infectious, having properties capable of producing adverse effects on the health and safety or the environment of a human being. Legal definitions are found in individual regulations.
- c. Any substance of material involved in an accident and released in sufficient quantities, poses a risk to people’s health, safety, and/or property. These substances and materials include explosives, radioactive materials, flammable liquids or solids, combustible liquids or solids, poisons, oxidizers, toxins, and corrosive materials (Federal Emergency Management Agency definition).
- d. The DOT uses the term hazardous materials which covers 8 hazard classes, some of which have subcategories called classifications and a ninth class covering other regulated materials. The DOT includes in its regulations hazardous substances and hazardous wastes as other regulated materials-E (ORM-E), both of which are regulated by the EPA, if their inherent properties would not otherwise be covered.

**Hazardous Substances** – Two form of definitions:

- a. The EPA uses the term hazardous substance for the chemicals that, if released into the environment above a certain amount, must be reported and depending on the threat to the environment, Federal involvement in handling the incident can be authorized. A list of the hazardous substances is published in 40 CFR 302, Table 302.4.
- b. OSHA uses the term hazardous substance in 29 CFR 1910.120, which resulted from Title I of SARA and covers emergency response. OSHA uses the term differently than the EPA. Hazardous substances, as used by OSHA, cover every chemical regulated by both DOT and EPA.

**Health hazard** – An existing or likely condition, inherent to the operation, maintenance, storage or disposal of material 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.

**Hospitalization** – Admission to a hospital as an in-patient for medical treatment.

**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.

**Intent for flight** – Intent for flight begins when power is applied or brakes released to move the aircraft under its own power, for the purpose of commencing authorized flight with an authorized crew. Intent for flight ends when the aircraft is at a full stop and power is completely reduced. Intent for flight is the physical act of applying power to move the aircraft, not the thought process of the crew member as to what is going to occur in the future.

**Investigation** – A systematic study of an accident, incident, injury, or occupational illness circumstance.

**Job transfer** – When personnel are assigned to a job other than their regular job for part of the day as a result of an injury or occupational illness.

**Life cycle** – The life of a system from conception to disposal.

**Maintenance / repair / servicing** – Activities associated with the maintenance, repair or servicing of equipment or other property. Excludes janitorial, housekeeping, or grounds-keeping activities.

**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.

**Off-duty** – VDF personnel are off-duty when they:

- a. When they are not in an on-duty status, whether on or off a VDF facility or military in stallation.
- b. Have departed official duty station or temporary duty station at termination of normal work schedule. (**NOTE:** For VDF personnel, this normally includes the one-way travel period to and from the individual's home of record and the duty location. It does not include travel time for multiple-day events other than the initial travel to and the final travel from the duty location.)
- c. Are participating in voluntary and/or installation team sports.
- d. Are on lunch or other rest break engaged in activities unrelated to eating and resting.

**On-duty** – VDF personnel are considered on-duty, for the purposes of accidents, when they are:

- a. Physically present at any location where they are to perform their officially assigned work. (This includes those activities incident to normal work activities such as lunch, coffee, or rest breaks. This does not include non-work related activities (e.g., working on a personal vehicle during work hours).
- b. Being transported by VDF owned or contracted vehicles for the purpose of performing officially assigned work. This would include initial travel to and from a drill or TDY location in a POV, but not daily transportation to or from a work location.
- c. Participating in compulsory physical training activities or other organization events.

**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.

**Operating vehicle** – Activities associated with operating vehicle under power. Examples: Driving, convoying / road marching, towing / pushing, mowing, hauling / transporting, driver testing, flying.

**Over-the-road** – Operation or driving on paved roads / highways.

**Permanent partial disability** – Any injury or occupational illness that does not result in death or permanent total disability, but in the opinion of competent medical authority, results in the loss or permanent impairment of any part of the body, with the following exceptions:

- a. Loss of teeth.
- b. Loss of fingernails or toenails.
- c. Loss of tip of fingers or toes without bone involvement.
- d. Inguinal hernia, if it is repaired.
- e. Disfigurement or sprains or strains that do not cause permanent limitation of motion.

**Permanent total disability** – Any nonfatal injury or occupational illness that, in the opinion of competent medical authority, permanently and totally incapacitates a person to the extent that he or she cannot follow any gainful employment. (The loss of, or the loss of use of, both hands, feet, eyes, or any combination thereof as a result of a single accident will be considered as permanent total disability.)

**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 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.

**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.

**Single hearing protection** – Wearing either ear plugs or noise attenuating headsets.

**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.

**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.”

**Training-related death** – A death associated with a non-combat type exercise or training activity that is designed to develop an individual’s physical ability or to maintain or increase individual / collective skills, and is due to either an accident or the result of natural causes occurring during or within one hour after any training activity where the exercise or activity could be a contributing factor. This does not apply to individuals participating in personal wellness or exercise programs.

**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.