

FY 2018
Follow-up Federal Annual Monitoring Evaluation (FAME) Report

State of New York
Public Employee Safety and Health (PESH) Bureau



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I. Executive Summary

The primary purpose of this report is to assess the New York Public Employee Safety and Health (NY PESH) Bureau's progress in Fiscal Year (FY) 2018, and its ability to resolve findings identified in the previous FY 2017 Comprehensive Federal Annual Monitoring Evaluation (FAME) Report.

During the FY 2018 performance period, NY PESH program administration continued to maintain a high-level of program performance. NY PESH is responsive to OSHA, including providing requested information in a timely manner and actively participating in the regular quarterly meetings. NY PESH staff made it a priority to work through outstanding findings and recommendations identified in previous FAME reports.

NY PESH is responsible for protecting the health and safety of more than two million state and local government workers in New York. NY PESH continues to have a significant presence in state and local government workplaces through its inspection activity, partnerships, and outreach activity. NY PESH conducted 1,626 inspections in FY 2018 – 1.5% below the projected goal of 1,650. NY PESH conducted 344 consultation visits compared to 322 visits conducted in FY 2017 – increasing the number of consultation visits conducted during FY 2018 by 6.4%.

In recent years, new legislation passed requiring implementation of safe patient handling (SPH) programs in all state healthcare facilities. In FY 2018, NY PESH's Healthcare Strategic Plan Committee continued to work with healthcare facilities and taskforce groups to provide education regarding injuries suffered while providing residential/patient care, as well as the showcase the benefits of effective safe patient handling programs.

Last year's FAME report included two continued findings (OSHA Information System [OIS] data/information and workplace retaliation screening procedures) and seven continued observations. This year two new observations were identified (excessive safety lapse time and excessive health lapse time). In summary, this report contains a total of two findings and nine observations.

Appendix A describes the continued findings and recommendations. Appendix B describes the new and continued observations and related federal monitoring plans. Appendix C describes the status of previous findings with associated completed corrective actions.

II. State Plan Background

The New York Department of Labor administers the New York State Plan. Roberta Reardon, Commissioner of Labor, has full authority to enforce and administer all laws and rules protecting the safety and health of all state and local government workers in the state and its political subdivisions. In addition to the State Plan's enforcement responsibilities, NY PESH provides free on-site consultation and training services to state and local government agencies, upon request.

NY PESH consists of one central office in Albany, New York, and eight district offices located in Binghamton, Syracuse, Utica, Rochester, Buffalo, White Plains, Garden City, and New York City (Manhattan). The NY State Plan applies to all state and local government employers in the state, including: state, county, town, and village governments, as well as public authorities, school districts, and paid and volunteer fire departments.

Private sector enforcement is retained under federal jurisdiction while private sector consultative services are provided by the New York State Department of Labor-Division of Safety and Health (NYSDOL-DOSH) Consultation Services Bureau under Section 21(d) of the OSH Act. NY PESH adopted all applicable OSHA safety and health standards either identically or through alternative means. However, the PESH ACT does not allow for the issuance of “first instance” monetary penalties for state and local government employers found in violation of NY PESH standards. Per diem penalties can be assessed when failure-to-abate (FTA) notices are issued.

The table below presents NY PESH’s funding history over the past five years:

FY 2014-2018 PESH Funding History					
Fiscal Year	Federal Award (\$)	State Plan Match (\$)	100% State Plan Funds (\$)	Total Funding (\$)	Percentage of State Plan Contribution
2018	\$3,705,200	\$3,705,200	\$2,096,253	\$9,506,653	61%
2017	\$3,705,200	\$3,705,200	\$1,209,200	\$8,619,600	57.0%
2016	\$3,705,200	\$3,705,200	\$1,226,400	\$8,636,800	57.1%
2015	\$3,688,600	\$3,688,600	\$1,243,000	\$8,620,000	57.2%
2014	\$3,688,600	\$3,688,600	\$1,043,000	\$8,420,200	56.2%

In the FY 2018 grant application, NY PESH allocated for 41 enforcement staff and had 36 onboard; 12 safety and health consultants were allocated and nine were onboard. They also have three whistleblower investigators onboard. NY PESH does not meet staffing expectations (29 safety/21 health); however, as a state and local government-only State Plan, NY PESH is not subject to required benchmark levels.

New Issues

None.

Electronic Reporting Rule

On May 12, 2016, OSHA published the Final Rule to Improve Tracking of Workplace Injuries and Illnesses. The rule amended the regulations on recording and reporting occupational injuries and illnesses to require employers with 250 or more employees to submit injury and illness Forms 300, 300A, and 301 to OSHA electronically through the Injury Tracking application (ITA) on an annual basis. State Plans were required to adopt an “at least as effective” rule by November 14, 2016 or within six months of OSHA’s promulgation.

Subsequently, OSHA rescinded the requirement to submit electronically Forms 300 and 301 (NPRM on July 30, 2018, final rule on January 25, 2019). Initially, a number of State Plans,

including NY PESH delayed adoption of the rule during the rulemaking. Now that this rulemaking has concluded, OSHA expects the State Plan to complete adoption of this rule.

III. Assessment of State Plan Progress and Performance

A. Data and Methodology

OSHA has established a two-year cycle for the FAME process. This is the follow-up year, and as such, OSHA did not perform an on-site case file review associated with a comprehensive FAME. This strategy allows the State Plan to focus on correcting deficiencies identified in the most recent comprehensive FAME. The analyses and conclusions described in this report are based on information obtained from a variety of monitoring sources, including:

- State Activity Mandated Measures Report (Appendix D)
- State Information Report
- Mandated Activities Report for Consultation
- State OSHA Annual Report (Appendix E)
- State Plan Annual Performance Plan
- State Plan Grant Application
- Quarterly monitoring meetings between OSHA and NY PESH

B. Findings and Observations

This report contains two findings (continued) and nine observations (seven continued, two new). Appendix A describes the continued findings and recommendations. Appendix B describes observations subject to continued monitoring and the related federal monitoring plan. Appendix C describes the status of each FY 2017 recommendation in detail.

Completed Findings

There were no completed findings identified in FY 2018.

Continued Findings

Finding FY 2018-01 (Finding FY 2017-01): OIS Data/Information

In FY 2017, 13 enforcement health case files (where sampling was performed) were reviewed resulting in finding that data/information was incomplete and/or not entered into OIS. For example:

- Pre-and post-calibration information was missing in five of the 13 (38%) case files reviewed.
- Sampling data collected was not entered into OIS in 12 of the 13 (92%) case files reviewed.

Status: NY PESH Industrial Hygiene (IH) management reinforced proper documentation and procedures regarding IH sampling to IH staff. In addition, the annual internal case file audit forms were revised to ensure adherence of proper documentation and procedures. The corrective action has been completed, but a case file review is necessary to gather the facts needed to evaluate progress on this finding. This finding will be a focus of next year's on-site case file review during the FY 2019 comprehensive FAME and remains open, awaiting verification.

Finding FY 2018-02 (Finding FY 2017-02): *Workplace Retaliation Screening Procedures*
Worker retaliation case files did not contain evidence that complaints were docketed in a timely fashion which affords complainants and respondents their due process rights. For example:

- In FY 2017, five of the six (83%) administratively closed complaint case files were open for extensive periods of time when the investigator had sufficient information to either docket the complaint or administratively close the complaint. Because complaints were not officially docketed in WebIMIS and docket letters not issued, respondents were not advised of the allegation – even though the investigations had progressed beyond the screening phase and had been initiated.

Status: Discrimination program management is closely monitoring intake and assignment of new cases to ensure timely screening, docketing/dismissal, and notification of complainants. Periodic meetings will be conducted with staff to ensure progress and consistency across districts. NY PESH has taken the corrective action, but a case file review is necessary to gather the facts needed to evaluate progress on this finding. This finding will be a focus of next year's on-site case file review during the FY 2019 comprehensive FAME and remains open, awaiting verification.

New FY 2018 Finding

No new findings were identified in FY 2018.

Closed Observations

There were no closed observations identified in FY 2018.

Continued Observations

Observation FY 2018-01 (FY 2017-OB-01): *Next-of-Kin Involvement / Next-of-Kin Notification of Investigation Results*

Of the 16 fatality case files reviewed in FY 2017, two (13%) lacked evidence/documentation that the next-of-kin was notified of NY PESH's involvement, and three (19%) lacked evidence that the next-of-kin were notified of the results of NY PESH's investigation.

Status: A case file review is necessary to gather the facts needed to evaluate performance in relation to this observation. This observation will be a focus of next year's on-site case file review during the FY 2019 comprehensive FAME. This observation is continued.

Observation FY 2018-02 (FY 2017-OB-02): *Inadequate Evidence to Support Violations*
In FY 2017, in five of the 38 (13%) case files reviewed with violations, evidence to support the violations was inadequate. Examples include defects on forklifts not addressed, and missing worker exposure information not documented on the OSHA 1B or listed on the field notes.

Status: A case file review is necessary to gather the facts needed to evaluate performance in relation to this observation. This observation will be a focus of next year's on-site case file review during the FY 2019 comprehensive FAME. This observation is continued.

Observation FY 2018-03 (FY 2017-OB-03): *Missed Violations*
Injury/illness data was not collected and/or sufficiently cited, nor was there documentation that CSHOs' logs were reviewed for injury/illness trends in 14 of the 62 (23%) case files reviewed in FY 2017 that required the SH 900 logs. In one of the health case files reviewed, there were missed opportunities to evaluate the exposures to chlorine during cylinder change outs, and to issue citations under the respiratory protection standard.

Status: A case file review is necessary to gather the facts needed to evaluate performance in relation to this observation. This observation will be a focus of next year's on-site case file review during the FY 2019 comprehensive FAME. This observation is continued.

Observation FY 2018-04 (FY 2017-OB-04): *Petition for Modification of Abatement (PMA)*
In FY 2017, in two of the eight (25%) case files reviewed that included PMAs, PMAs were granted without the employer providing the reason why the PMA was needed, nor were the interim steps necessary to protect workers provided and/or adequate.

Status: A case file review is necessary to gather the facts needed to evaluate performance in relation to this observation. This observation will be a focus of next year's on-site case file review during the FY 2019 comprehensive FAME. This observation is continued.

Observation FY 2018-05 (FY 2017-OB-05): *Workplace Retaliation Settlement Procedures*
NY PESH did not follow its procedures detailed in the Field Operations Manual (FOM) *Chapter X, Settlements*. For example in FY 2017:

- In one of the six (17%) administratively case files reviewed, NY PESH did not review the settlement agreements to determine if they were fair, adequate, reasonable, and consistent with the purpose and intent of the New York State Labor Law.
- In two of the eight (21%) docketed case files reviewed, NY PESH did not ensure these settlements adhered to the criteria for approval of third party agreements. NY PESH failed to determine if the settlement agreements prohibited complainants from engaging in future protected activity, if the agreements restricted complainants from participating in investigations or testifying in proceeding relating to matters that arose during complainant's employment (gag order), and if complainant's decision to enter into the agreement was voluntary.

Status: A case file review is necessary to gather the facts needed to evaluate performance in relation to this observation. This observation will be a focus of next year's on-site case file review during the FY 2019 comprehensive FAME. This observation is continued.

Observation FY 2018-06 (FY 2017-OB-06): *Sound Legal Reasoning*

In FY 2017, in two of the 14 (14%) workplace retaliation case files reviewed, the determination reached was not based on substantive evidence in the case file and sound legal reasoning. One of the dismissed cases alleged three separate adverse actions. One case of the three cases was investigated and the complaint was dismissed. Absent an investigation of the two other alleged adverse actions, it is unclear if the determination was appropriate. Another administratively closed complaint remained in the screening phase for more than five months (although the case file indicated a limited investigation was initiated). It did not appear that the respondent was notified of the allegation leaving it unclear if the appropriate determination was reached.

Status: A case file review is necessary to gather the facts needed to evaluate performance in relation to this observation. This observation will be a focus of next year's on-site case file review during the FY 2019 comprehensive FAME. This observation is continued.

Observation FY 2018-07 (FY 2017-OB-07): *Consultation Policy and Procedures Manual (CPPM)*

Written policies and procedures for NY PESH's on-site consultation program are not equivalent or at least as effective as OSHA's latest CPPM (CSP 02-00-003) dated November 19, 2015. Examples of where NY PESH's (September 20, 2005) CPPM differs from OSHA's CPPM include, but are not limited to, the following:

- If the employer elects to have union representation, representatives may participate in the on-site visit. (OSHA's FY 2015 CPPM requires unions to be invited to participate in the on-site visit.)
- There is no requirement to provide a copy of the list of identified hazards to the union. (OSHA's FY 2015 CPPM requires that the union be provided with a copy of the list of identified hazards.)
- In both NY PESH's CPPM and the report to the employer, there is no requirement to post the list of hazards identified at the worksite. (OSHA's FY 2015 CPPM requires the list of hazards be posted at the worksite for at least three days or until the hazard is abated/corrected.)
- There is no evaluative process for granting of abatement extensions, nor is there a requirement for providing an updated list of hazards after an extension is granted.. (OSHA's FY 2015 CPPM requires the employer to meet four criteria for an extension and when granted the consultation program must prepare and provide an updated list of hazards.)
- There is no requirement to submit a list of hazards to the employer and the employee representative no later than 20 calendar days from the closing conference date as stated in OSHA's FY 2015 CPPM.

- NY PESH never adopted FORM 33; however, an evaluation of the worksite's Safety and Health Management System (SHMS) is required for full service consultation visits. All three (100%) of the full service visit case files reviewed were missing a SHMS evaluation.

Status: NY PESH is currently in the process of updating its CPPM. A case file review is necessary to gather the facts needed to evaluate performance in relation to this observation. This observation will be a focus of next year's on-site case file review during the FY 2019 comprehensive FAME. This observation is continued.

New FY 2018 Observations

Observation FY 2018-08: *Safety Lapse Time*

In FY 2018, the average safety lapse time (SAMM 11) for citations was calculated at 70.04 days which is above the Further Review Level range of 36.96 days to 55.44 days.

Federal Monitoring Plan: OSHA will continue to monitor this issue utilizing quarterly SAMM reports.

Discussion: The Further Review Level (FRL) for SAMM 11, for average lapse time for safety is +/- 20% of the three-year national average of 46.20 days which equals a range of 36.96 days to 55.44 days. During FY 2018, NY PESH's average lapse time for citations was calculated at 70.04 days for safety – a substantial increase from 53.76 days in FY 2017. NY PESH is aware of the high lapse time, especially on the safety side, and will be conducting weekly meetings with Counsel's Office to ensure they review the high profile case quickly in hopes that the lapse time will decrease. Since this is the first year that this State Plan has significantly exceeded the FRL on SAMM 11, OSHA made this a new observation.

Observation FY 2018-09: *Health Lapse Time*

In FY 2018, the average health lapse time (SAMM 11) for citations was calculated at 71.41 days which is above the Further Review Level range of 45.25 days to 67.87 days.

Federal Monitoring Plan: OSHA will continue to monitor this issue utilizing quarterly SAMM reports.

Discussion: The FRL for SAMM 11, for average lapse time for health is +/- 20% of the three-year national average of 56.56 days which equals a range of 45.25 days to 67.87 days. During FY 2018, PESH's average lapse time for citations was calculated at 71.41 days for health, which although is slightly higher than the acceptable FRL range (SAMM #11), is an improvement from 73.25 days in FY 2017 and 97.37 days in FY 2016. OSHA made this a new observation.

C. State Activity Mandated Measures (SAMM) Highlights

Each SAMM has an agreed upon further review level (FRL) which can be either a single number, or a range of numbers above and below the national average. State Plan SAMM data that falls outside the FRL triggers a closer look at the underlying performance of the mandatory activity. Appendix D presents the NY PESH's FY 2018 State Activity Mandated Measures (SAMM)

Report and includes the FRLs for each measure. NY PESH was outside the FRL on the following SAMMs:

SAMM 1a – Average number of workdays to initiate complaint inspections (state formula):

Discussion of State Plan data and FRL: NY PESH's average number of workdays to initiate complaint inspections was 5.23 days for FY 2018, which is below the negotiated FRL number of 10 days.

Explanation: PESH continues to be below the FRL.

SAMM 5 – Average number of violations per inspection with violations by violation type:

Discussion of State Plan data and FRL: The FRL for the average number of violations per inspection with violations by violation type is +/- 20% of the three-year national average of 1.82 for serious/willful/repeat (S/W/R) violations which equals a range of 1.46 to 2.18. NY PESH's S/W/R average is 4.49 violations which is above the FRL range. The FRL for other-than-serious (OTS) violations is +/- 20% of the three-year national average of 0.98 which equals a range of 0.78 to 1.18. NY PESH's OTS average is 1.11 which is also above the FRL range.

Explanation: PESH's violations per inspection continue to be above average.

SAMM 7 – Planned v. actual inspections – safety/health:

Discussion of State Plan data and FRL: NY PESH conducted 1,626 inspections during FY 2018 which is 1.5% below the projected goal of 1,650 inspections. The FRL for planned v. actual inspections is +/- 55 of the negotiated number of 1,200 safety inspections which equals a range of 1,140 to 1,260 inspections. NY PESH's safety staff conducted 1,040 inspections which is slightly lower than the FRL. The health staff conducted 586 inspections which is above the FRL range of 427.50 to 472.50 inspections.

Explanation: OSHA will continue to monitor the progress on this issue.

SAMM 10 – Percent of work-related fatalities responded to in one workday:

Discussion of State Plan data and FRL: One workday response to fatalities in FY 2018 was 92.31%, which is below the FRL of 100%.

Explanation: PESH incorrectly entered the date of the opening conference instead of the date PESH responded to the worksite to begin its investigation which was within one workday.

Appendix A – New and Continued Findings and Recommendations

FY 2018 NY PESH Follow-up FAME Report

FY 2018-#	Finding	Recommendation	FY 2017-#
FY 2018-01	<p><i>OSHA Information System (OIS) Data/Information</i> Thirteen enforcement health case files (where sampling was performed) were reviewed resulting in finding that data/information was incomplete and/or not entered into OIS. For example in FY 2017:</p> <ul style="list-style-type: none"> • Pre-and post-calibration information was missing in five of the 13 (38%) case files reviewed. • Sampling data collected was not entered into OIS in 12 of the 13 (92%) case files reviewed. 	<p>PESH enforcement should ensure that when sampling is performed, complete data is entered in the OIS system on the appropriate form.</p> <p>Corrective action complete; awaiting verification.</p>	FY 2017-01
FY 2018-02	<p><i>Workplace Retaliation Screening Procedures</i> Worker retaliation case files did not contain evidence that complaints were docketed in a timely fashion, which affords complainants and respondents their due process rights. For example in FY 2017:</p> <ul style="list-style-type: none"> • Five of the six (83%) administratively closed complaint case files were open for extensive periods of time when the investigator had sufficient information to either docket the complaint or administratively close the complaint. Because complaints were not officially docketed in WebIMIS and docket letters not issued, respondents were not advised of the allegation – even though the investigations had progressed beyond the screening phase and had been initiated. 	<p>PESH should ensure that case files are properly screened and docketed in a timely manner in accordance with its Field Operations Manual (FOM) Chapter X Discrimination Complaints.</p> <p>Corrective action complete; awaiting verification.</p>	FY 2017-02

Appendix B – Observations and Federal Monitoring Plans

FY 2019 NY PESH Follow-up FAME Report

Observation # FY 2018-OB-#	Observation# FY 2017-OB-#	Observation	Federal Monitoring Plan	Current Status
FY 2018-OB-01	FY 2017-OB-01	<p><i>Next-of-Kin Involvement / Next-of-Kin Notification of Investigation Results</i></p> <p>Of the 16 fatality case files reviewed in FY 2017, two (13%) lacked evidence/documentation that the next-of-kin was notified of PESH’s involvement, and three (19%) lacked evidence that the next-of-kin was notified of the results of PESH’s investigation.</p>	In FY 2019, a limited number of case files will be selected randomly and reviewed to determine if this item was addressed.	Continued
FY 2018-OB-02	FY 2017-OB-02	<p><i>Inadequate Evidence to Support Violations</i></p> <p>In FY 2017, in five of the 38 (13%) case files reviewed with violations, evidence to support the violations was inadequate.</p>	In FY 2019, a limited number of case files will be selected randomly and reviewed to determine if this item was addressed.	Continued
FY 2018-OB-03	FY 2017-OB-03	<p><i>Missed Violations</i></p> <p>Injury/illness data was not collected and/or cited nor was there documentation that the logs were reviewed by CSHOs for injury/illness trends in 14 of the 62 (23%) case files reviewed in FY 2017 that required the SH 900 logs. In one of the health case files reviewed, there were missed opportunities to evaluate the exposures to chlorine during cylinder change outs and to issue citations under the respiratory protection standard.</p>	In FY 2019, a limited number of case files will be selected randomly and reviewed to determine if this item was addressed.	Continued
FY 2018-OB-04	FY 2017-OB-04	<p><i>Petition for Modification of Abatement (PMA)</i></p> <p>In FY 2017, in two of the eight (25%) case files reviewed that had PMAs, the PMAs were granted without the employer providing the reason why the PMA was needed, nor were the interim steps necessary to protect workers provided and/or adequate.</p>	In FY 2019, a limited number of case files will be selected randomly and reviewed to determine if this item was addressed.	Continued

Appendix B – Observations Subject to Continued Monitoring

FY 2018 NY PESH Follow-up FAME Report

Observation # FY 2018-OB-#	Observation# FY 2017-OB-#	Observation	Federal Monitoring Plan	Current Status
FY 2018-OB-05	FY 2017-OB-05	<p><i>Workplace Retaliation Settlement Procedures</i> PESH did not follow its procedures detailed in the Field Operations Manual (FOM) <i>Chapter X, Settlements</i>. For example in FY 2017:</p> <ul style="list-style-type: none"> • In one of the six (17%) administratively case files reviewed, PESH did not review the settlement agreements to determine if they were fair, adequate, reasonable, and consistent with the purpose and intent of the New York State Labor Law. • In two of the eight (21%) docketed case files reviewed, PESH did not ensure these settlements adhered to the criteria for approval of third party agreements. PESH failed to determine if the settlement agreements prohibited complainants from engaging in future protected activity, if the agreements restricted complainants from participating in investigations or testifying in proceeding relating to matters that arose during complainant’s employment (gag order), and if complainant’s decision to enter into the agreement was voluntary. 	In FY 2019, a limited number of case files will be selected randomly and reviewed to determine if this item was addressed.	Continued

Appendix B – Observations Subject to Continued Monitoring

FY 2018 NY PESH Follow-up FAME Report

Observation # FY 2018-OB-#	Observation	Federal Monitoring Plan	Current Status
FY 2018-OB-06	FY 2017-OB-06 <i>Sound Legal Reasoning</i> In FY 2017, in two of the 14 (14%) workplace retaliation case files, the determination reached was not based on substantive evidence in the case file and sound legal reasoning. One of the dismissed cases alleged three separate adverse actions. Only one of the three was investigated, and the complaint was dismissed. Absent an investigation of the two other alleged adverse actions, it is unclear if the determination was appropriate. Another administratively closed complaint remained in the screening phase for more than five months although the case file indicated a limited investigation had been initiated. It did not appear that the respondent was notified of the allegation leaving it unclear if the appropriate determination was reached.	In FY 2019, a limited number of case files will be selected randomly and reviewed to determine if this item was addressed.	Continued

Appendix B – Observations Subject to Continued Monitoring

FY 2018 NY PESH Follow-up FAME Report

Observation # FY 2018-OB-#	Observation	Federal Monitoring Plan	Current Status
FY 2018-OB-07	<p>FY 2017-OB-07</p> <p><i>Consultation Policy and Procedures Manual (CPPM)</i> Written policies and procedures for PESH’s on-site consultation program are not at least as effective as the current CPPM (CSP 02-00-003) dated November 19, 2015. Examples where PESH’s (September 20, 2005) CPPM differs from OSHA’s CPPM include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • If the employer elects to have union representation, representatives may participate in the on-site visit. (OSHA’s FY 2015 CPPM requires unions to be invited to participate in the on-site visit.) • There is no requirement to provide a copy of the list of identified hazards to the union. (OSHA’s FY 2015 CPPM requires that the union be provided with a copy of the list of identified hazards. <p>In both PESH’s CPPM and the report to the employer, there is no requirement to post the list of hazards identified at the worksite. (OSHA’s FY 2015 CPPM requires the list of hazards be posted at the worksite for at least three days or until the hazard is abated/corrected.)</p>	<p>In FY 2019, a limited number of case files will be selected randomly and reviewed to determine if this item was addressed.</p>	Continued
Observation # FY 2018-OB-#	Observation	Federal Monitoring Plan	Current Status

Appendix B – Observations Subject to Continued Monitoring

FY 2018 NY PESH Follow-up FAME Report

FY 2018-OB-08		<i>Safety Lapse Time</i> In FY 2018, the average safety lapse time (SAMM 11) for citations was calculated at 70.04 days, which is above the three-year national average of 46.20 days.	OSHA will continue to monitor this issue utilizing quarterly SAMM reports.	New
FY 2018-OB-09		<i>Health Lapse Time</i> In FY 2018, the average health lapse time (SAMM 11) for citations was calculated at 71.41 days, which is above the three-year national average of 56.56 days.	OSHA will continue to monitor this issue utilizing quarterly SAMM reports.	New

Appendix C - Status of FY 2017 Findings and Recommendations

FY 2018 NY PESH Follow-up FAME Report

FY 2017-#	Finding	Recommendation	State Plan Corrective Action	Completion Date	Current Status and Date
FY 2017-01	Health case files had incomplete data/information and/or data/information was not entered into OIS (e.g., case files were lacking pre-and post-calibration information, sampling data collected was not in OIS).	PESH enforcement should ensure that when sampling is performed, necessary data/information is documented in the case files and appropriate data/information is entered in the OIS.	PESH Industrial Hygiene (IH) management reinforced proper documentation and procedures regarding IH sampling to IH staff. In addition, the annual internal case file audit forms were revised to ensure adherence of proper documentation and procedures.	September 30, 2018	Awaiting Verification
FY 2017-02	Worker retaliation case files did not contain evidence that complaints were docketed in a timely fashion.	PESH should ensure that case files are properly screened and docketed in a timely manner in accordance with its Field Operations Manual (FOM) Chapter X Discrimination Complaints.	Discrimination program management is closely monitoring intake and assignment of new cases to ensure timely screening, docketing/dismissal, and notification of complainants. Periodic meetings will be conducted with staff to ensure progress and consistency across districts.	September 30, 2018	Awaiting Verification

Appendix D – FY 2018 State Activity Mandated Measures (SAMM) Report

FY 2018 PESH Follow-up FAME Report

U.S. Department of Labor				
Occupational Safety and Health Administration State Plan Activity Mandated Measures (SAMMs)				
State Plan: New York - PESH			FY 2018	
SAMM Number	SAMM Name	State Plan Data	Further Review Level	Notes
1a	Average number of work days to initiate complaint inspections (state formula)	5.23	10	The further review level is negotiated by OSHA and the State Plan.
1b	Average number of work days to initiate complaint inspections (federal formula)	4.54	N/A	This measure is for informational purposes only and is not a mandated measure.
2a	Average number of work days to initiate complaint investigations (state formula)	1.00	1	The further review level is negotiated by OSHA and the State Plan.
2b	Average number of work days to initiate complaint investigations (federal formula)	0.25	N/A	This measure is for informational purposes only and is not a mandated measure.
3	Percent of complaints and referrals responded to within one workday (imminent danger)	100%	100%	The further review level is fixed for all State Plans.
4	Number of denials where entry not obtained	0	0	The further review level is fixed for all State Plans.
5	Average number of violations per inspection with violations by violation type	SWRU: 4.49	+/- 20% of SWRU: 1.82	The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 1.46 to 2.18 for SWRU and from 0.78 to 1.18 for OTS.
		Other: 1.11	+/- 20% of Other: 0.98	
6	Percent of total inspections in state and local government workplaces	100%	100%	Since this is a State and Local Government State Plan, all inspections are in state and local government workplaces.

Appendix D – FY 2018 State Activity Mandated Measures (SAMM) Report

FY 2018 PESH Follow-up FAME Report

SAMM Number	SAMM Name	State Plan Data	Further Review Level	Notes
7	Planned v. actual inspections – safety/health	S: 1,040	+/- 5% of S: 1,200	The further review level is based on a number negotiated by OSHA and the State Plan through the grant application. The range of acceptable data not requiring further review is from 1,140 to 1,260 for safety and from 427.50 to 472.50 for health.
		H: 586	+/- 5% of H: 450	
8	Average current serious penalty in private sector - total (1 to greater than 250 workers)	N/A	+/- 25% of \$2,603.32	N/A – This is a State and Local Government State Plan. The further review level is based on a three-year national average.
	a. Average current serious penalty in private sector (1-25 workers)	N/A	+/- 25% of \$1,765.19	N/A – This is a State and Local Government State Plan. The further review level is based on a three-year national average.
	b. Average current serious penalty in private sector (26-100 workers)	N/A	+/- 25% of \$3,005.17	N/A – This is a State and Local Government State Plan. The further review level is based on a three-year national average.
	c. Average current serious penalty in private sector (101-250 workers)	N/A	+/- 25% of \$4,203.40	N/A – This is a State and Local Government State Plan. The further review level is based on a three-year national average.
	d. Average current serious penalty in private sector (greater than 250 workers)	N/A	+/- 25% of \$5,272.40	N/A – This is a State and Local Government State Plan. The further review level is based on a three-year national average.

Appendix D – FY 2018 State Activity Mandated Measures (SAMM) Report

FY 2018 PESH Follow-up FAME Report

SAMM Number	SAMM Name	State Plan Data	Further Review Level	Notes
9	Percent in compliance	S: 16.67%	+/- 20% of S: 29.90%	The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 23.92% to 35.88% for safety and from 28.88% to 43.32% for health.
		H: 42.57%	+/- 20% of H: 36.10%	
10	Percent of work-related fatalities responded to in one workday	92.31%	100%	The further review level is fixed for all State Plans.
11	Average lapse time	S: 70.04	+/- 20% of S: 46.20	The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 36.96 to 55.44 for safety and from 45.25 to 67.87 for health.
		H: 71.41	+/- 20% of H: 56.56	
12	Percent penalty retained	N/A	+/- 15% of 66.81%	N/A – The State Plan did not impose any monetary penalties in FY 2018. The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 56.79% to 76.83%.
13	Percent of initial inspections with worker walk around representation or worker interview	99.88%	100%	The further review level is fixed for all State Plans.
14	Percent of 11(c) investigations completed within 90 days	21%	100%	The further review level is fixed for all State Plans.
15	Percent of 11(c) complaints that are meritorious	0%	+/- 20% of 24%	The further review level is based on a three-year national average. The range of acceptable data not requiring further review is from 19.20% to 28.80%.
16	Average number of calendar days to complete an 11(c) investigation	268	90	The further review level is fixed for all State Plans.

Appendix D – FY 2018 State Activity Mandated Measures (SAMM) Report
 FY 2018 PESH Follow-up FAME Report

SAMM Number	SAMM Name	State Plan Data	Further Review Level	Notes
17	Percent of enforcement presence	N/A	+/- 25% of 1.24%	N/A – This is a State and Local Government State Plan and is not held to this SAMM. The further review level is based on a three-year national average.

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FY 2018 PESH Comprehensive FAME Report



**PESH Federal Fiscal Year 2018
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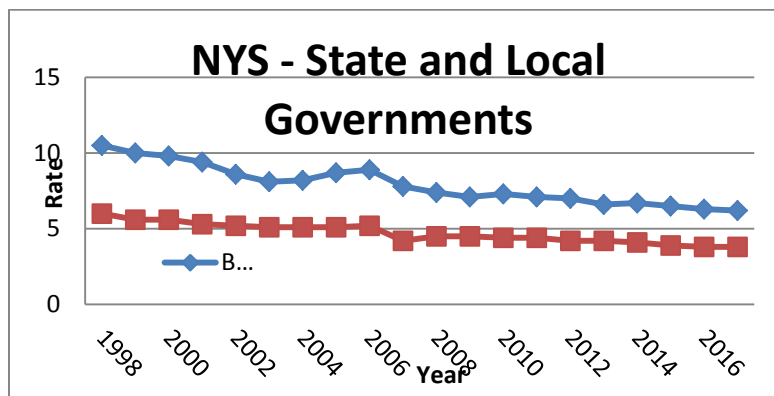
Annual Performance Plan Activities FFY 2018

The Division of Safety and Health (DOSH) is one of five units within Worker Protection in the New York State Department of Labor. The Division of Safety and Health administers ten programs to protect the public and working men and women of New York from hazards, accidents and injuries; one of which is the Public Employee Safety and Health (PESH) Bureau. The PESH Bureau was created in 1980 and oversees workplace protection of public employees at the state and local levels through the enforcement of OSHA and specific State regulations. Public sector employers include State, County, City, Town, Village governments, Public Authorities, School Districts and Paid and Volunteer Fire Departments. The PESH Bureau provides protection through two main functions - enforcement and consultation services.

The PESH Bureau instituted a Strategic Plan in 1998. The PESH Strategic Plan focuses on select industries which have high injury and illness or Days Away, Restricted or Transfer (DART) rates. The PESH Strategic Plan consists of three distinct committees including Fire Service, Police Protection and Healthcare (specifically nursing homes and general and surgical hospitals). Each committee identifies the cause(s) of injuries and illnesses to employees in their sector and focuses on building partnerships with labor and management in the development of strategies to reduce the occurrence and/or seriousness of these injuries and illnesses.

The PESH Bureau continues to make significant progress in protecting New York State's public employees and promoting a safe and healthy workplace. The activities and accomplishments of the PESH Bureau and the Strategic Plan committees are identified in this report. The following are noteworthy statistical highlights and trends.

Based on data from the NYS Department of Labor Office of Research and Statistics, during 2017 there were 50,600 reported injuries or illnesses to local government workers of which 3300 or approximately 7.4% were reported in the fire service. Approximately 13.7% of the 2017 injuries or illnesses to local government workers were in the law enforcement sector and approximately 4% of the injuries or illnesses to local government workers were in the hospital and nursing home sector combined. The Total Recordable Injury and Illness Incident Rate (TRC) for Calendar Year (CY) 2017 for state and local government employment was 6.2 per 100 full-time equivalent workers. This is a 1.6% decrease from 2016 when it was 6.3. The DART rate for CY 2017 was 3.8 which is the same as CY 2016. Both the Total Recordable Injury and Illness Rates and the DART Rates have experienced a consistent downward trend of declining rates since the inception of the Strategic Plan in 1998. Overall the TRC Rate has decreased 40% and the DART Rate has decreased 36% over this period.



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*Based on BLS data

TRC – Total Recordable Injury and Illness Rate / DART – Days Away, Restricted
During Federal Fiscal Year (FFY) 2018, forty-three (43) different PESH Compliance Safety and Health Officers (CSHO's) conducted 1,637 inspections, compared to 1,761 inspections in FFY 2017. Twenty-three (23) safety staff conducted 1,046 inspections compared to 1,225 inspections in FFY 2017. Twenty (20) industrial hygiene staff conducted 591 inspections compared to 536 inspections in FFY 2017; a 10% increase.

There were a total of 3693 enforcement violations issued in FFY 2018 compared to the 3,792 violations issued in FFY 2017. The number of violations per inspection was 2.26 in FY2018, compared to 2.15 in FY2017; a 5% increase. Of the total number of violations issued during FY 2018 twenty-nine (29) were Failure to Abate (FTA) violations, two (2) were repeat serious, 725 were non-serious and 2,937 were serious violations. There were 179,420 employees covered by the inspections performed in FFY 2018.

PESH investigated 364 complaints in FFY 2018, compared to 302 complaints in FFY 2017, a 17% increase from FFY 2017.

PESH performed seventeen (17) Fatality and/or catastrophies (FATCAT) investigations in FFY 2018 compared to twenty-two (22) investigations in FFY 2017.

PESH investigated twenty-four (24) discrimination complaints in FFY 2018, during FFY 2017 there were seventeen (17) discrimination cases investigated. This is a 30% increase in discrimination cases from FFY 2017 to FFY 2018. There are three pending merit settlements.

During FFY 2018, PESH conducted 344 consultations compared to the 322 consultations in FFY 2017, a 6.8 % increase.

PESH tracks Compliance Assistance activities for both enforcement and consultation. During FFY 2018, there were 187 Compliance Assistance visits made by ten (10) PESH consultants and seventeen (17) compliance assistance visits made by PESH enforcement staff. The total compliance assistance activities for FFY 2018 were 204 compared to 152 visits made in FFY 2017; a 25% increase. The OIS system captures data regarding the total number of employees and employers affected for enforcement only.

There were six (6) new contested cases in FFY 2018, none of the new contested cases from FFY 2018 were closed during this same period.

Total PESH penalties billed during FFY 2018 were \$435,657. Penalty collection for the year totaled \$37,780.

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Progress toward Strategic Plan Goals

Strategic Goal 1

The overall goal was to continue developing and implementing strategies to improve workplace safety and health for all public employees, with special focus on those in the select strategic plan industries. The Strategic Plan Performance Goals for the 5-year plan beginning in FFY 2016 were:

- Decrease the Injury and Illness Rate by 5% over 5 years in NAICS 922120 (Police Protection).
- Decrease Injury and Illness Rate by 5% over 5 years in NAICS 922160 (Fire Service)
- Decrease the Lost Work Day Rate by 5% over 5 years in the following healthcare sectors:
 - o NAICS 623110 (Nursing Care Facilities)
 - o NAICS 622110 (Hospitals)

Police Departments (NAICS 922120)

Strategic Goal: Improve workplace safety and health for all public employees.

Performance Goal #1A: Reduce Injuries and Illnesses by 5% over 5 years in NAICS 922120.

Baseline: 2012

Activity Measures:

Partnerships – This committee’s primary focus was on building partnerships with the NYS Sheriff’s Association, the various county level sheriff’s departments and their related associations. This year, the committee attempted to reach a new audience by working with some of the smaller village and city law enforcement agencies. Existing partnerships with the NYS Sheriff’s Association was strengthened through two-way information sharing and participation at the Annual Sheriff’s Association Expo. This year new partnerships were formed with NYS Police, Albany County PD, and Schoharie County Sheriff.

Injury Data Collection and Analysis – The committee will use BLS data to track Injury and Illness as well as DART rates for local government police agencies. The BLS data will also be used to identify trends and patterns where the committee can focus their efforts on developing fact sheets or other law enforcement specific resources.

The Primary Outcome Measure of decreasing the Total Recordable Injury Rate in police protection agencies by 1% per year has been exceeded as shown in the table below.

The OSHA OIS system was used to assemble Consultation, Inspection and Compliance Assistance data.

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Inspections – There were 93 Enforcement Inspections conducted in FFY 2018.

Consultations – There were 7 Consultation visits in FFY 2018.

Outreach– There was a total of 5 Compliance Assistance Visits completed during FFY 2018.

Primary Outcome Measures: Local Police Service Injury and DART Rates

Year	Baseline (2012)	2013	2014	2015	2016	2017
Injury and Illness Rate*	16.9	15.2	15.2	14.9	12.6	NA
% Change From Baseline		10% decrease	10% decrease	12% decrease	25% decrease	
DART Rate*	7.5	7.1	7.0	7.1	6.1	NA
% Change From Baseline		5.3 % decrease	6.7 % decrease	5.3 % decrease	19 % decrease	

**Based on BLS data*

Intermediate Outcome Measures: Police Service

Measure Description	2012 Baseline	1st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	YTD
Inspection Visits	113	20	24	21	28	93
Consultation Visits	6	1	2	2	2	7
Outreach and Technical Assistance Visits	3	5	0	0	0	5

Information obtained from OIS

Note: Quarters may not equal YTD due to late OIS entries

Police Protection

Introduction:

FFY 2018 was the third year of New York State Department of Labor’s, FY 2016 – 2020 Five-Year Strategic Plan. The main goal of the Police Protection Strategic Plan is to reduce the Total Recordable Injury Rate in county and local police protection agencies by 1% per year or 5% over the next 5 years. This committee focuses on injury and illness reduction in local and county law enforcement departments throughout New York State.

Partnership Activity:

Partnerships within the law enforcement community provide an enhanced opportunity for committee members to share outreach materials with a larger audience. In June of 2018 committee members staffed the PESH booth at the NYS Association of Police Chiefs Expo which was held in Syracuse. This event provided ample opportunities for committee members to share PESH resources, and helped to enhance our existing partnerships. Many members of the law enforcement community stopped by the PESH booth to exchange information. During FFY 2018, new partnerships were formed with the NYS Police, Schoharie County Sheriffs Department, City of Albany Police Department, City of Ithaca Police Department and various village departments.

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Injury Data Collection & Analysis:

Historically, the committee has utilized Injury and Illness data obtained from employer's injury and illness logs (SH 900's and SH 900.1's). During FFY 2018, the group made a comparison of historical data to the available NYS DOL BLS data, specific to local police departments, and the results were very similar. The committee decided that for future reports BLS data will be used to provide annual data for Total Injury and Illness Rate and the DART (Days Away, Restricted). Each year much of the efforts of committee members were spent on soliciting and compiling injury and illness logs and summaries. Utilizing the readily available NYS DOL BLS data will free up additional committee member's time to work closer with employers on injury and illness reduction strategies. Both data sets (BLS and data obtained from employers injury and illness logs (SH 900 and SH 900.1 reports) show a consistent history of lost work time reduction rates for years 2013, 2014, 2015, 2016 and 2017 when compared to the baseline of 2012.

Inspections:

There was a total of 93 inspections performed during the 2018 FFY, this is a 10% increase from last year and a 18 % decrease from the baseline year of 2012.

Consultations:

There was seven consultations performed during the same period compared to six from the 2012 baseline year, this is a 14% increase.

Outreach:

There was five compliance assistance activities conducted during FFY 2018; this is a 67% increase from the baseline year of 2012.

Training:

Law enforcement agencies typically avoid using civilians for their internal training programs. In recognition of this industry preference, the committee relies on information sharing as a method for spreading awareness in the law enforcement community. Information shared includes the benefits of using the PESH Consultation services, and the compliance assistance and training information contained on the 2018 Law Enforcement CD. The committee has assembled quality information unique to the law enforcement community that can easily be incorporated in a police department's pre-shift daily briefing, in the form of short 'Safety Clips.'

Future Activities Planned:

This committee will continue their efforts by assisting New York's law enforcement community in a number of different ways. Information sharing is a critical component of the committee and a recognized strategy in reducing workplace injuries and illnesses. Name recognition is a key to obtaining additional consultations and compliance assistance visits. The 2018 PESH Law Enforcement CD has proven successful with both name recognition and a means to disseminate information. Expanding upon this strategy, the committee is looking to identify partnerships with other State Agencies to develop an online resource to act as a clearinghouse for the information contained on the resource CD.

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Fire Service - NAICS 922160

Strategic Goal: Improve workplace safety and health for all public employees.

Performance Goal # 1B: Reduce Injury and Illness Rate by 5% over 5 years in NAICS 922160.

Baseline Year: 2012

Activity Measures:

Partnerships – This committee continues to build and maintain partnerships with the Fireman’s Association of the State of New York (FASNY), New York State Association of Fire Chiefs (NYSAFC), various members of the New York State Division of Homeland Security and Emergency Services (NYS DHSES), County Fire Coordinators and New York State Emergency Managers Association (NYSEMA)

Injury Data Collection and Analysis – The NYS DOL BLS Work Related Injuries and Illnesses data has historically been used to assemble statistics relating to fire departments covered by this committee. Both the Total Injury and Illness Rate and DART (Days Away, Restricted) have been used to track the overall progress of this committee. Strategic Plan members have started working with New York State BLS to learn about additional statistical data BLS collects and can share with PESH.

The OSHA OIS system was used to assemble Consultation, Inspection and Compliance Assistance data.

Primary Outcome Measures: Fire Service Injury and DART Rates

Year	2012* Baseline	2013*	2014*	2015*	2016*	2017*	% Reduction from Baseline
Injury Rate*	21.8	24.0	79.1**	20.1	15.9	NA	27.1 %
DART Rate*	20.0	23.0	77.5**	15.1	15.3	NA	23.5 %

* Based on BLS Data

**outlier data anomaly not detected by BLS until after data was published

Intermediate Outcome Measures: Fire Service

Measure Description	2012 Baseline	1st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	YTD
Inspection Visits*	183	31	43	42	47	163
Consultation Visits*	25	3	11	11	6	31
Compliance Assistance Visits *	55	10	14	8	5	37

**Information obtained from OIS*

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Fire Service

Introduction:

The main goal of the Fire Strategic Planning is to reduce the number of injuries in state and local fire protection agencies by 1% per year or 5% for the next 5 years. The PESH Fire Strategic Plan focuses on injury and illness reduction in city and local fire departments throughout New York State.

Partnership Activity:

This committee continues to work with FASNY, NYSAFC and County Fire Coordinators as it relates to PESH activities. Members continue to network with county level Fire Coordinators and Emergency Managers through the New York State Emergency Management Association (NYSEMA) and the Local Emergency Planning Committee (LEPC) meetings.

Outreach and Interventions:

Committee members attend the local New York State Emergency Management Association (NYSEMA) and the Local Emergency Planning Committee (LEPC) meetings. Emergency exercises also provide an effective mechanism for committee members to engage with the local and State fire and emergency response community.

Inspections:

There were 163 inspections in the fire service NAICS in FFY 2018, compared to 91 inspections in FFY 2017, a 44 % increase; and a 11% decline in inspections from the baseline year.

Consultations:

There were a total of 31 consultations performed during FFY 2018, compared to 25 that were completed during the 2012 baseline year; a 19% increase.

Outreach:

There were 37 compliance assistance activities conducted during FFY 2018, compared to 55 that were performed during the 2012 baseline year. Although the number of activities decreased, the number of participants is going up, as we are performing these compliance assistance activities to larger audiences.

Training Seminars:

Committee members can impact a larger audience when presenting at County Chiefs meetings or other fire community events. During FFY 2018, Strategic Plan committee members conducted presentations at:

- Orleans County Fire Chiefs Association on 11/20/2017
- Genesee County Fire Chiefs Association on 12/21/2017
- NYSEMA Western Districts on 1/16/2018
- Schoharie County Fire Chiefs Association on 1/30/2018
- NYS Career Fire Chiefs Association on 1/17/2018
- Wyoming County Fire Chiefs Association on 3/20/2018

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- Nassau County Fire Academy on 4/23/2018
- Village of Kenmore and local NYMIR members on 9/12/2018

Compliance Assistance:

During FFY 2018, Strategic Plan consultation and compliance assistance visits increased from the previous year. Village departments and individual departments in fire districts and fire protection districts have been seeking help to achieve compliance with the PESH standards. Many smaller departments appear to be facing challenges with declining membership, which can increase the difficulties a fire departments experience in ensuring that their individual members meet the training requirements. Additionally, departments that have had recent turnover in leadership positions, struggle to find new and innovative ways of providing members training. Strategic Plan members have been able to help a number of local departments by networking with county and state level resources.

Future Activities Planned:

The Fire Strat Plan Committee will continue to look for emerging trends within the local fire service community using NYS BLS data, NYSEMA meetings and PESH activities (consultations, inspections and outreach). Newly appointed PESH leadership are working with New York State BLS to learn about trending data that can be made available to the committee. Committee members will continue to target opportunities to present to county chief associations and other fire service groups to help promote our services and resources.

Residential Nursing Care (NAICS 623110) and Acute Hospital Care (NAICS 622110)

Strategic Goal: Improve workplace safety and health for all public employees.

Performance Goal #1C: Reduce the number of Lost Workdays by 5% in NAICS 623110 and 622110.

Baseline Year: 2012

Activity Measures:

Partnerships –This Strategic Plan committee continued building and maintaining partnerships with organized labor (PEF and CSEA), advocacy groups (NYS Zero Lift Task Force, NYCOSH, WNYCOSH) and various healthcare facilities. Safe patient handling assistance programs and other forms of assistance are being provided to public sector long-term care and acute healthcare facilities.

Injury Data Collection and Analysis - The Log of Work Related Injuries and Illnesses (SH900) and the Summary of Work Related Injuries and Illnesses (SH-900.1) were used to assemble statistics relating to nursing home and acute hospital facilities covered by this committee, using the census method.

The OSHA OIS system was used to assemble Consultation, Inspection and Compliance Assistance data

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The Primary Outcome Measure of decreasing the Total Recordable Injury Rate in the targeted health care agencies by 1% per year has been exceeded, as shown in the table below.

Inspections –During FFY 2018 there were twenty-four (24) inspections conducted in Nursing and Acute Hospital Care facilities compared to eighteen (18) in FFY 2017.

Consultations – There were no Nursing Home or Acute Hospital Care consultations performed during this period.

Compliance Assistance Activities – There were twenty-six (26) Compliance Assistance Visits conducted in Nursing and Hospital Care settings in FFY 2018 compared to one (1) in FFY 2017. This year an emphasis was placed on documenting members outreach efforts within the OIS system

Training Seminars – Strategic plan committee members and the Department of Labor – Division of Safety and Health, were involved in co-sponsoring the 9th Annual Safe Patient Handling Conference, which took place on November 15 & 16, 2017 at the Albany Capital Center. Committee members spent a significant amount of time planning and coordinating for this conference. Strategic Plan resources were utilized in preparation for the 10th Annual Safe Patient Handling Conference, which was held on October 30, & 31, 2018 at the Liverpool Holiday Inn and Conference Center.

Primary Outcome Measures:

Number of Lost Workdays Due to Patient/Resident Handling

Nursing and Residential Care Facilities						
Measure	2012 Baseline	2013	2014	2015	2016	2017
# Lost Work Days due to Resident Handling	13,375	9,749	10,530	9,842	7,127	6,863
Change	Baseline	27% Decrease	21% Decrease	26% Decrease	47% Decrease	49% Decrease
General and Surgical Hospitals						
Measure	2012 Baseline	2013	2014	2015	2016	2017
# Lost Work Days due to Resident Handling	12,868	11,583	10,139	9,603	9,079	10,505
Change	Baseline	10% Decrease	21% Decrease	25% Decrease	29% Decrease	18% Decrease

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Days Away - Lost Work Day Rate – All Injuries and Illnesses

Nursing and Residential Care Facilities						
Measure	2012 Baseline	2013	2014	2015	2016	2017
Lost Work Day Rate	9.0	8.6	8.2	8.3	6.1	5.9
Change	Baseline	4% Decrease	8.9% Decrease	7.8% Decrease	32.2% Decrease	34.0% Decrease
General and Surgical Hospitals						
Measure	2012 Baseline	2013	2014	2015	2016	2017
Lost Work Day Rate	4.0	2.9	3.5	3.4	3.0	4.2
Change	Baseline	28% Decrease	12.5% Decrease	15% Decrease	25% Decrease	5.0% Increase

Lost Work Day Rate - # cases resulting in lost time X 200,000 / total # work hours (Based on SH900.1)

Intermediate Outcome Measures: Nursing Care Facilities and Hospitals

Measure Description	2012 Baseline	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	YTD
Inspection Visits *	6	5	4	8	6	23
Consultation Visits *	0	0	0	0	0	0
Compliance Assistance Visits *	4	6	9	9	2	26

Based on OIS Data

Healthcare FFY 2017 Activities

Introduction:

FFY 2018 is the third year of New York State Department of Labor’s, FY 2016 – 2020 Five-Year Strategic Plan. This plan features some modifications to the previous plan’s outcome and performance goals. The main goal of the Healthcare Strategic Plan committee is to reduce the Lost Work Day rate by 1% per year or 5% over the next 5 years. The PESH Healthcare Strategic Plan focuses on injury and illness reduction in County Nursing homes, State veterans’ homes and public Acute Hospital Care facilities.

Partnership Activity:

Strategic Plan committee members continued their partnership with the NYS Zero Lift Task Force, WNYCOSH and NYS DOH. During FFY 2018, committee members spent significant time planning and coordinating for the 9th Annual Safe Patient Handling Conference on November 15 & 16, 2017; and the 10th Annual Safe Patient Handling Conference on October 30 & 31, 2018. Each year committee members along with other field and support staff assist with all phases of the conference planning by working with attendee registrations, vendors, conference facility planners and arranging for attendee certifications, continuing education units (CEU’s) and staffing of the PESH conference booth.

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Inspections:

During FFY 2018, there were twenty-four (23) enforcement inspections in nursing homes and Acute Hospital Care facilities, compared to the FFY 2012 baseline year when 6 inspections were completed. This represents a 75% increase in the number of inspections. Of the twenty-four (23) inspections performed in FFY 2018, nineteen (19) were completed at acute health care facilities and four (4) were completed at nursing home facilities.

Consultations:

There were no consultations performed during this period, which is consistent with the FFY 2012 baseline year.

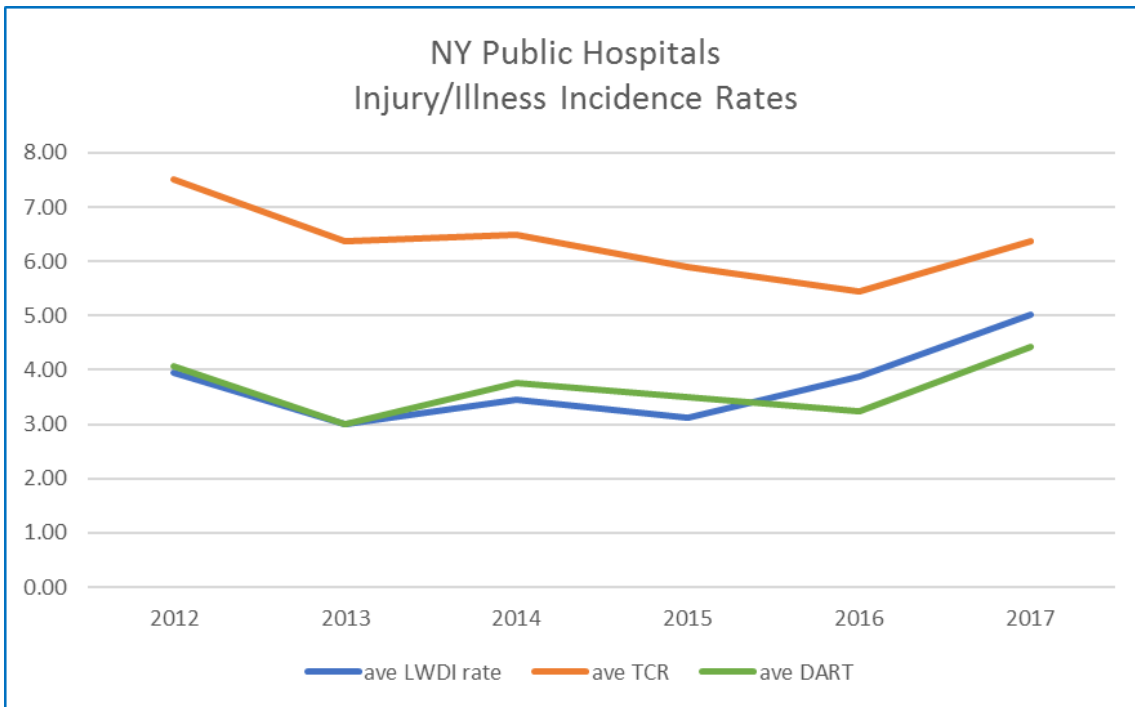
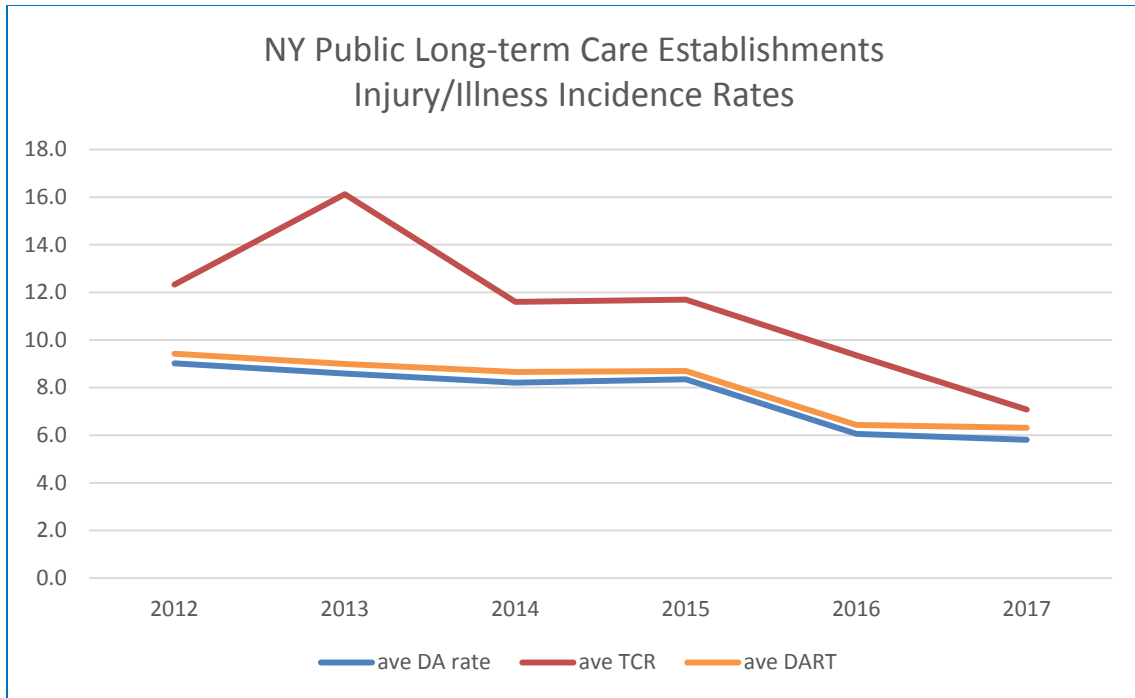
Compliance Assistance:

During FFY 2018, there were twenty-six (26) compliance assistance visits conducted compared to the 2012 Baseline in which there were four (4) visits or an increase by 85%. This change is a reflection of member's effort to utilize OIS to help illustrate the committee's efforts. During 2018, the Strategic Plan committee customized years of compiled Injury and Illness data on spreadsheets, with the intent to share multiple years of accumulated data with the facilities. The facilities can compare their rates with their New York peers anonymously; including rate comparisons for specific causes of injuries. The facilities can see how they fare against other public health care facilities on injuries due to safe patient handling, slips, falls, workplace violence, etc. This spreadsheet helped spur an increase of outreach activities partly due to an establishment's ability to quickly compare their rates with similar facilities.

Injury Data Collection & Analysis:

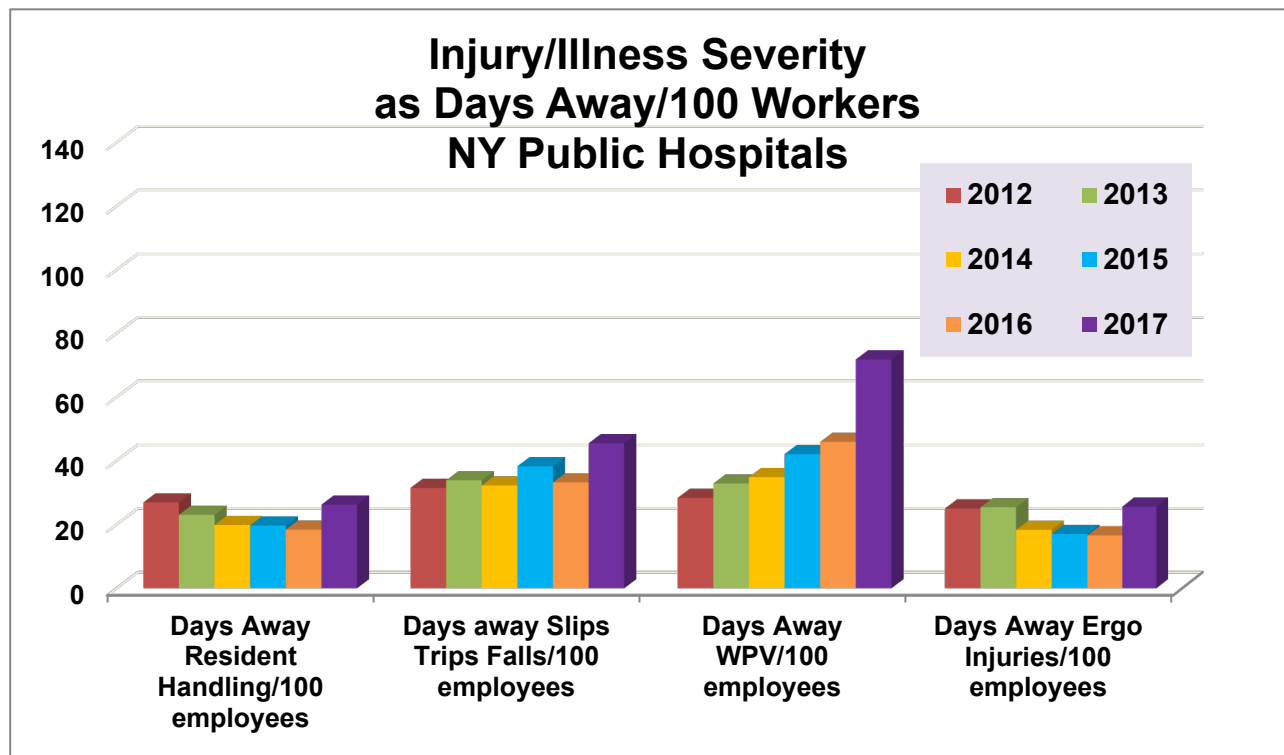
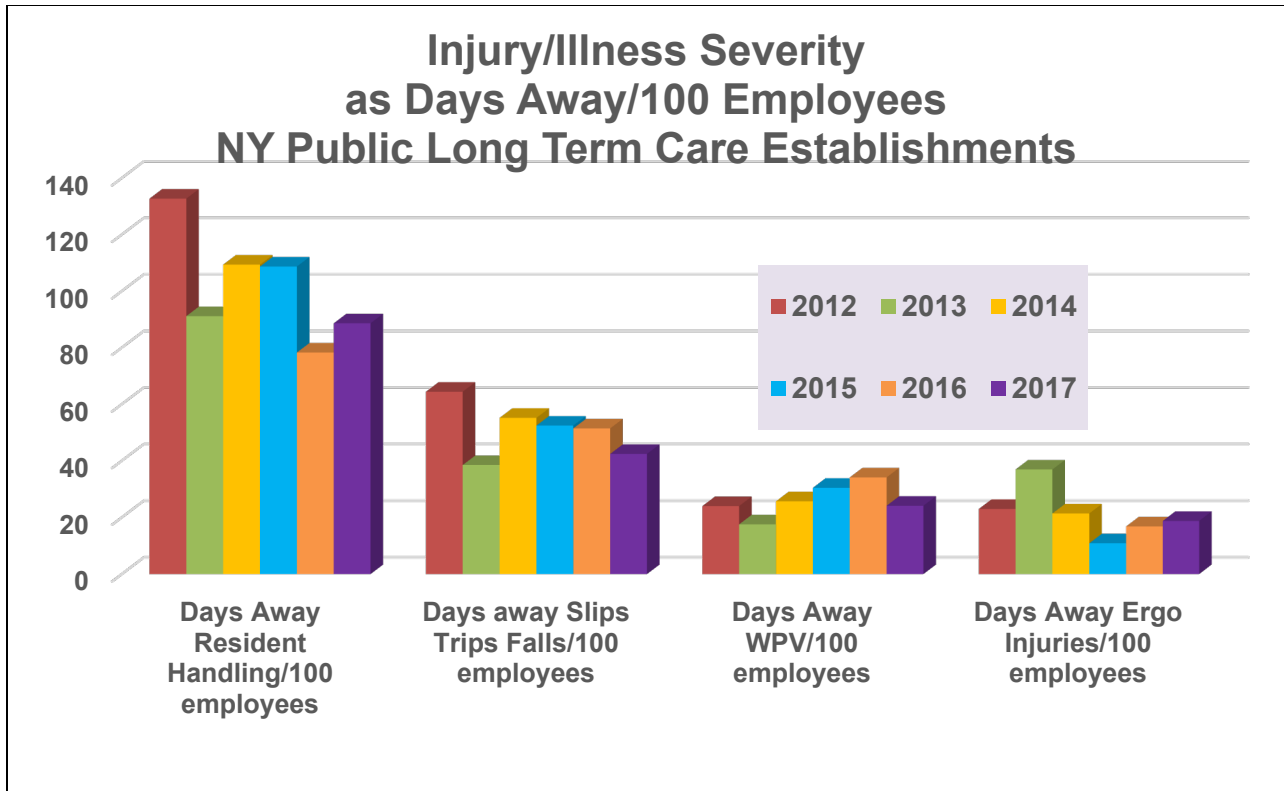
Each year the committee spends considerable time compiling injury and illness trends within long-term care and acute health care facilities. From the lost workday data obtained, the committee now has five years of lost workday data, which has been used to categorize common injury types. Charts were created to help provide a comparison of the injury and illness databased on common injury types and the lost workdays associated within each category. This data allows for an easy comparison of injury trends at specific facilities within these industries and provides a more focused comparison between New York public health care and long-term care facilities. Below in this report are examples of the different charts used to illustrate the trends from lost workdays for specific injury types.

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Miscellaneous Activities or Comments:

Each quarter committee members participate in conference calls, where members discuss current news pertaining to the industry, and develop strategies to address newly identified trends and issues. Committee members continue to participate in Zero Lift Task Force conference calls and work on upcoming Safe Patient Lifting Conferences.

Training:

Committee members typically do not conduct specific training to provide a facilities training requirements. Training success has been tied in with the Safe Patient Lifting Conferences, where each year industry experts are invited to participate by presenting on their areas of expertise. An informal training approach is used when committee members interact with facility staff and discuss injury and illness prevention strategies.

Future Activities Planned:

The process of soliciting, compiling and trending each years Injury and Illness data consumes significant Strategic Plan resources. However, the awareness provided by the data is crucial for the committee's ability to develop new strategies for changing trends. Committee efforts will continue with the planning of upcoming Safe Patient Handling Conferences, their involvement in the NYS Zero Lift Task Force and the NYS Safe Patient Handling Work Group. The committee has compiled five years of injury data, categorized by common injuries for each facility. Efforts will continue to share the injury and illness data they have compiled with the long-term care facilities and acute public hospitals.