Smithsonian Institution

AOHC Presentation following ACOEM Recognition with Corporate Health Achievement Award
Who are We?

The Smithsonian is the world's largest museum and research complex:

• 19 museums and galleries
• The National Zoological Park
• 9 research facilities
• 168 Affiliate Museums
• ~30 million visits annually by people from across the nation and from around the world
• 188 million website visits
• 137 million artifacts, works of art, and specimens
• 6.4 million digital records available online
• 1.8 million library volumes
• 100,000 cubic feet of archival material
• Numerous cultural programs and events (e.g., Asian Pacific American Program, the Center for Folk life and Cultural Heritage)
Secretary

- Undersecretary for Finance and Administration
- Assistant Secretary for Education & Access
- Undersecretary for History, Art, and Culture
- Undersecretary for Science

Designated Safety and Health Official (DASHO)

Office of Safety, Health, and Environmental Management

- Occupational Safety
- Occupational Health Services
- Environmental Management
- Fire Protection
Greater Emphasis on Employee Health & Safety

Smithsonian Institution FY2007 Goal 16:

a) Establish a Zero Injuries goal for the Smithsonian and include a safety-related performance standard in all manager and supervisory performance plans

b) Create an Occupational Health Risk Management Program that fosters improved employee health and productivity
National Safety Month Rallies

NSM 2006
Secretary Lawrence M. Small

NSM 2008
Acting Secretary Cristián Samper

NSM 2010
Secretary G. Wayne Clough
Identified Employee Health Risk Factors

SI values in color
- Prehypertension
- Overweight and Obesity
- Pre-diabetes
- Inadequate Exercise
- High Cholesterol
- Depression
- Smoking

US values in gray
- All conditions listed above

Sources:
http://archinte.ama-assn.org/cgi/content/full/164/19/2126
http://www.diabetes.org/about-diabetes.jsp
http://www.cdc.gov/MMWR/preview/mmwrhtml/mm5232a2.htm#tab1
http://www.wrongdiagnosis.com/c/cholesterol/prevalence.htm#prevalence_intro
http://www.infoplease.com/ipa/A0762370.html
Overweight and Obesity Costs

Spotlight: Overweight and Obesity at SI

Body Mass Index (BMI) – calculated number used as a screening tool for population assessment of overweight and obesity

Percentages represent employees participating in targeted physical exam

BMI Formula: weight (kg) / [height (m)]^2

- Extremely Obese (BMI is > 40)
- Obese (BMI is 30 – 39.9)
- Overweight (BMI = 25 – 29.9)
- Normal weight (BMI = 18.5 – 24.9)
- Underweight (BMI = < 18.5)
## Costs of Lost Productivity at SI

<table>
<thead>
<tr>
<th></th>
<th>Sick Leave ($)</th>
<th>Sick Leave (hrs)</th>
<th>Presenteeism ($)</th>
<th>Presenteeism (hrs)</th>
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<tbody>
<tr>
<td>FY06</td>
<td>$11.5M</td>
<td>380,263</td>
<td>($58M)</td>
<td>(1,900,000)</td>
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<td>FY07</td>
<td>$12.4M</td>
<td>399,935</td>
<td>($62M)</td>
<td>(2,000,000)</td>
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</table>

- Annual sick leave utilization SI-wide approaching 200 full time equivalents (FTEs) in each year

  - *Assume only a 5:1 presenteeism to absenteeism ratio:*
  - Productivity loss in FY06 of ~ **900** FTEs
  - Productivity loss in FY07 of ~ **950** FTEs
Key priority: “Enabling Our Mission Through Organizational Excellence”

- **Objective:** Attract, maintain, and optimize a productive, motivated, and creative workforce
- **Strategy:** Encourage and maintain an organizational culture that embraces safety, health and wellness
Travel: Vaccines/Medication/Education

Altitude Prophylaxis
Hepatitis A
Hepatitis B
Influenza
J. Encephalitis
Malaria Prophylaxis
Fluconazole
Meningitis
Meningitis
Polio Booster
Rabies
Rabies Booster
Rabies Titer
Tetanus/diphtheria
Tetanus/diphtheria/pertussis
Travelers Diarrhea
TB Test
Typhoid
Yellow Fever
6PD prior to Chloroquine & Primaquine
DEET Repellant for Skin
Permethrin Repellant for Cloth
MMRII
Varicella
Injury Trends 2004 – 2011

SI TOTAL RECORDABLE INJURY / ILLNESS RATES

BLS - Museums & Zoos - 4.5

Federal Government TRCR = 3.11

SI TRCR
AIRS: The Sonic Boom of Injury Reporting

- AIRS database using Medgate Platform
- Automated System allows employees and supervisors to electronically report incidents of occupational injury and illness.
- AIRS Training
- Use of AIRS database
Nurse Case Management

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<th>Year</th>
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<td>260</td>
<td>300</td>
<td>330</td>
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<tr>
<td>Year</td>
<td>Expenditure</td>
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<td>$136,977</td>
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<tr>
<td>2011</td>
<td>$146,156</td>
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## Federal DOL Chargeback (Indemnity)

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<td>$3,459,195</td>
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<td>$3,502,399</td>
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<td>2011</td>
<td>$3,421,929</td>
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Post-Offer/Pre-Hire Physical Exams: CDL

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<td>2010</td>
<td>23</td>
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<tr>
<td>2011</td>
<td>41</td>
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</tbody>
</table>

- Program based upon DOT Regulations
- No job modifications
- Key Interfaces:
  - OHR
  - OEEMA
  - OGC
  - OFMR

Smithsonian Directive 218

SMITHSONIAN DIRECTIVE 218
Overview
March 14, 2007

DRUG AND ALCOHOL TESTING AND MEDICAL EXAMINATIONS FOR COMMERCIAL DRIVERS

- Overview
- Purpose
- Policy
- Definitions

- Section A, Drug and Alcohol Testing
  - Purpose
  - Policy
  - Regulations
  - Scope
  - Program Responsibilities
  - Drug and Alcohol Testing as a Condition of Employment
  - Treatment of Substance Abuse
  - Testing Procedures
  - Positive Drug Tests
  - Consequence of Violations
  - Record Keeping and Confidentiality
  - Training

- Section B, Medical Examinations
  - Purpose
  - Basis
  - Policy
  - Responsibilities
  - Medical Examinations as a Condition of Employment
  - When Examinations and Certifications Are Required
  - Process
  - Failure to Meet Medical Requirements
  - Record Keeping and Confidentiality
  - Related Policies
Post-Offer/Pre-Hire Physical Exams: OPS

- New set of standards tailored to Smithsonian requirements
- Written by subject matter expert who wrote physical standards for the FBI
- Associated Policy for SI written by OHS and OPS in coordination with OPM lawyer who wrote the CFR standards
- Policy approved – next step is to revise current SD covering random drug testing to include physical standards
- 200-300 exams/year anticipated
Unique Hazards In Museum Collections

- Hg felt treatments
- Silk weighting with antimony, arsenic, chromium, lead
- Paleontological fossil prep (radiation, asbestos, silica);
- Geosciences (toxic minerals, radiation)
- Pesticides on organic & ethnographic specimens & objects (arsenicals, mercury vapor, naphthalene vapor)
- Formaldehyde as a fluid preservative
OSHA Hazard Communication at SI Facilities

• Written facility “HazCom” plans
• Where applicable, written laboratory safety plans
• Maintenance of room-by-room Chemical Inventories
• Employee access to Material Safety Data Sheets (MSDS)
• Hazard Labels & Warnings on Chemical Containers
• New employees trained upon hire with periodic refreshers
Occupational Exposure Monitoring

SI employs strategies for early detection and identification of exposure risks and exposure-related health effects before they result in disease or injury include:

- Exposure assessments through comprehensive industrial hygiene surveys, review vs. most stringent OELs
- Implementation of effective controls to reduce exposures (product substitution, safe work practices, engineering/ventilation, PPE)
- Referral of employees exceeding OELs to medical monitoring/health surveillance program
Hearing Conservation Program

Blood-Borne Pathogen Program


27
OHS Customer satisfaction Surveys

Overall Responses

- Great: 1%
- Good: 13%
- OK: 1%
- Fair: 0%
- Poor: 85%

Smithsonian Institution
Occupational Health Services
Employee Satisfaction Survey

We would like to know how you feel about the services we provide so that we can make sure that we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time!

Worksite:
Provider Name:
Status (Circle One): Federal Trust Volunteer Intern Visiting Staff Other

Please circle how well you think we are doing in the following areas:

1. Ease of getting care
   a. Ability to get in to be seen
      5 4 3 2 1
   b. Hours Center is open
      5 4 3 2 1
   c. Convenience of Center’s location
      5 4 3 2 1
   d. Prompt return on calls
      5 4 3 2 1

2. Waiting
   a. Time in waiting room
      5 4 3 2 1
   b. Time in exam room
      5 4 3 2 1
   c. Waiting for tests to be performed
      5 4 3 2 1
   d. Waiting for test results
      5 4 3 2 1

3. Provider
   a. Listens to you
      5 4 3 2 1
   b. Takes enough time with you
      5 4 3 2 1
   c. Explains what you want to know
      5 4 3 2 1
   d. Gives you good advice and treatment
      5 4 3 2 1

4. Medical Assistant
   a. Friendly and helpful to you
      5 4 3 2 1
   b. Answers your questions
      5 4 3 2 1

Overall Score
5 4 3 2 1
Seasonal Flu Vaccination Program

<table>
<thead>
<tr>
<th>FY</th>
<th>Numbers</th>
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</thead>
<tbody>
<tr>
<td>2006</td>
<td>2300</td>
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<td>2008</td>
<td>2900</td>
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<td>2009</td>
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<tr>
<td>2010</td>
<td>2900</td>
</tr>
<tr>
<td>2011</td>
<td>2900</td>
</tr>
<tr>
<td>2012</td>
<td>2900</td>
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</table>
Flu Vaccination Outreach 2008

Program Lead’s time:
- 5 meetings X 1 hour each = 5 hours
- 8 hours website design = 8 hours
- 12 hours FastVax design/MRC = 12 hours
- 4 days on the mall giving shots = 36 hours
- 3 days in NYC giving shots = 24 hours
- 1 day outreach shots = 9 hours
- 4 hours data entry = 4 hours

Program Lead’s total flu program time = 98 hours

Multiply by 4 to account for other nurse time:

98 hrs x 4 = 392

392 x $60/hour = $ 24000.00

Travel 5 X 700 = $ 3500.00

Vaccine cost = $31200.00

Total Cost = $58,700.00
Flu Vaccination Outreach 2008 (cont’d)

2751 shots given
90% effective
2476 participants immune
30% attack rate
743 persons with prevented illness
X5 days lost time
3715 work days saved
260 days = 1 FTE
3715 / 260 = 14.2 FTE
14.3 x $90,000 value per FTE
$1.29 million

$1.29M saved in shots delivered
$117K saved with FastVax efficiency
$1.41 Million in Total savings for SI

Return on Investment (ROI)

**Total Savings/Total Cost**

$1,410,000/$59,000

or

24:1

and

1351 employees reporting 2 hrs saved
1351 x 2 = 2702 hours = 1.3 FTE
1.3 FTE x $90K (average loaded annual salary) = $117,000
$117,000 saved in FastVax program efficiency
FastVax Customer satisfaction Surveys – 2008

Overall Responses

- Outstanding: 8%
- Excellent: 1%
- Good: 1%
- Fair: 0%
- Poor: 90%
The METR - What is It?

Management Evaluation and Technical Review

- Began METRs in 1988 to Meet OSHA 1960 Requirements

Technical Review

- Physical Inspection for Code/Standards Compliance
- Staff Interviews
- Records Review

Evaluation of Unit’s Safety Management Programs

- Management Commitment to Safety
- Risk Management
- Training
- Reporting
- Record Keeping
METR Process Overview

2 Months Prior to Assessment:
- Review Prior Report
- Scoping
- Scheduling
- Staff Team:
  - safety specialist
  - fire protection engineer
  - industrial hygienist
  - environmental specialist
  - radiation specialist

Year Following the Assessment
- Responses – 30, 120 & 240 day
- Interim Controls
- Corrective Action Tracking
- Maintenance & Capital Planning Projects

Assessment – 1 to 20 days
- Technical Inspection
- Assessment
- Consultation
- Employee Interviews
- Record Results

1 Month after Assessment
- Schedule and Conduct Out-brief
- Publish Written Report
- Supporting Data Package
## METR Rating Summary

### 2011 METR Rating Summary

**National Museum of the American Indian - Mail**

<table>
<thead>
<tr>
<th>PROGRAM MANAGEMENT ELEMENTS</th>
<th>2010</th>
<th>2011</th>
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</thead>
<tbody>
<tr>
<td><strong>Program Commitment</strong></td>
<td>Relevant, no gaps &amp; policies in place, no concerns identified.</td>
<td>Relevant, no gaps &amp; policies in place, no concerns identified.</td>
</tr>
<tr>
<td><strong>Purposes &amp; Goals</strong></td>
<td>Clear, no gaps &amp; policies in place, no concerns identified.</td>
<td>Clear, no gaps &amp; policies in place, no concerns identified.</td>
</tr>
<tr>
<td><strong>Budget</strong></td>
<td>Adequate, no gaps &amp; policies in place, no concerns identified.</td>
<td>Adequate, no gaps &amp; policies in place, no concerns identified.</td>
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<tr>
<td><strong>Staff/Environment</strong></td>
<td>Clear, no gaps &amp; policies in place, no concerns identified.</td>
<td>Clear, no gaps &amp; policies in place, no concerns identified.</td>
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<tr>
<td><strong>Risk Management</strong></td>
<td>None, no gaps &amp; policies in place, no concerns identified.</td>
<td>None, no gaps &amp; policies in place, no concerns identified.</td>
</tr>
<tr>
<td><strong>Operational Training</strong></td>
<td>Training manual developed &amp; initial implementation complete.</td>
<td>Training manual developed &amp; initial implementation complete.</td>
</tr>
<tr>
<td><strong>Accident/Incident Investigation &amp; Reporting</strong></td>
<td>Incidents reported, internal reporting implemented.</td>
<td>Incidents reported, internal reporting implemented.</td>
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<tr>
<td><strong>Operational Topics Reviewed</strong></td>
<td></td>
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<tr>
<td><strong>General Working Safety</strong></td>
<td>No hazards identified, no complaints.</td>
<td>No hazards identified, no complaints.</td>
</tr>
<tr>
<td><strong>Fire Protection</strong></td>
<td>No fire hazards identified, no complaints.</td>
<td>No fire hazards identified, no complaints.</td>
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<tr>
<td><strong>Compliance with Regulations</strong></td>
<td>No violations reported, no complaints.</td>
<td>No violations reported, no complaints.</td>
</tr>
</tbody>
</table>

### Summary

- **Program Commitment:** Relevant, no gaps & policies in place, no concerns identified.
- **Purposes & Goals:** Clear, no gaps & policies in place, no concerns identified.
- **Budget:** Adequate, no gaps & policies in place, no concerns identified.
- **Staff/Environment:** Clear, no gaps & policies in place, no concerns identified.
- **Risk Management:** None, no gaps & policies in place, no concerns identified.
- **Operational Training:** Training manual developed & initial implementation complete.
- **Accident/Incident Investigation & Reporting:** Incidents reported, internal reporting implemented.
- **General Working Safety:** No hazards identified, no complaints.
- **Fire Protection:** No fire hazards identified, no complaints.
- **Compliance with Regulations:** No violations reported, no complaints.
# USS 2011 METR Assessment Chart

<table>
<thead>
<tr>
<th>Facility</th>
<th>METR Date</th>
<th>Outstanding</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unacceptable</th>
<th>No Applicable Program</th>
<th>Improved</th>
<th>Declined</th>
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<td>Under Secretary for Science</td>
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<tr>
<td>SADO - Cambridge</td>
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Incorporating Fire Protection Into SI Facilities

SI Project Review Process

Planning → Design → Construction → Acceptance
SI Emergency Response and DC Community

- SI is a member of Council of Governments and the Joint Federal Committee
- Disaster preparedness staff meet regularly with Kennedy Center, US Holocaust Memorial Museum, and National Gallery of Art on disaster preparedness issues
- Offer other agencies SI resources such as the SI Disaster Response Vehicle during emergencies
- The Joint Terrorism Task Force (JTTF) and SI work closely together:
  - The JTTF has given several briefings at SI for OPS security managers
  - SI security managers attend JTTF workshops
Evacuation and Shelter-in-Place (SIP) Procedures

- 140 Exercises A Year at SI
- Coordinated by the Office of Protection Services with OSHEM
- Evacuation
  - Drills and real events
  - Has included visitors during real events
- Shelter-in Place
  - Announcement via PA system or “Informacast”
  - Use of Personnel Movement Officers (fire wardens)
  - Includes physically challenged (areas of rescue)
  - Use of pre-designated locations
  - Three types:
    1. Weather related
    2. Active shooter
    3. Chemical event
Inauguration of President Barack Obama 2009
EAP Utilization Rates

- New Clients
- Management Contacts
- Total Client Contacts

Years:
- 2011
- 2010
- 2009
- 2008

Hundred Contacts

- Bar graph showing utilization rates for New Clients, Management Contacts, and Total Client Contacts over the years 2008 to 2011.
EAP Client Profile

Presenting Problem

- Workplace Conflict
- Career
- Grief/Major Loss
- Depression/Anxiety
- Medical/Physical
- Family Issue
- Stress
- Alcohol/Drugs
HRM: Selling the Dream (2008 – 2011)
<table>
<thead>
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<th>Year</th>
<th>Program</th>
<th>Participants</th>
<th>Rate</th>
<th>Cumulative Participation</th>
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<td>2006</td>
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<td>650/15%</td>
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<td></td>
<td></td>
<td>650 Biometrics</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>Pedometer</td>
<td>793</td>
<td>18%</td>
<td>1443/33%</td>
</tr>
<tr>
<td>2010</td>
<td>HRA</td>
<td>852 (Wellsource)</td>
<td>20%</td>
<td>2295/54%</td>
</tr>
<tr>
<td>2012</td>
<td>HRA</td>
<td>SI Target: 1,200 2011 Actual: 1,211 !!</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>
NASM Udvar-Hazy Facility: “The Body Shop”
Employee Biometrics in 2010 Compared to 2006
Sick Leave: Actual Hours Used per Fiscal Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Hours Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY06</td>
<td>360,000</td>
</tr>
<tr>
<td>FY07</td>
<td>380,000</td>
</tr>
<tr>
<td>CY08</td>
<td>420,000</td>
</tr>
<tr>
<td>CY09</td>
<td>440,000</td>
</tr>
<tr>
<td>CY10</td>
<td>400,000</td>
</tr>
<tr>
<td>CY11</td>
<td>360,000</td>
</tr>
</tbody>
</table>

Hours Used per Fiscal Year:
- FY06: 360,000
- FY07: 380,000
- CY08: 420,000
- CY09: 440,000
- CY10: 400,000
- CY11: 360,000

SL Hours: 480,000
Sick Leave: Utilization Rates

SL hrs Used per 100 hrs Worked

FY06 FY07 CY08 CY09 CY10 CY11

SL Rate
NMAH: The First Exercise Physiology Lab (EPL)
NMAH EPL: Initial Construction Site Visit Fall 2011
NMAH EPL: Finished Construction Spring 2012
The Road Ahead: EPLs Across the Mall and at NZP

Employee Wellness: Embedded across Mall and NZP

- **NZP – Satellite Clinic**
  - 1 Occupational Health nurse
  - 1 Physician Assistant
  - 1 Administrative Staff

- **NMNH – First-Aid Station**
  - 1 EMT Contractor

- **NMAAHC – Satellite Clinic**
  - 2 Occupational Health nurses

- **NMAH – Satellite Clinic**
  - 2 Occupational Health nurses

- **NASM – Main Clinic**
  - 1 Associate Director
  - 3 Occupational Health Nurses
  - 1 Nurse Practitioner
  - 1 Administrative Staff

- **NASM – Satellite Clinic**
  - 2 Occupational Health nurses

*