

EHS Escalation Criteria and Process

Responsible Administrator: Assistant Director, Research Safety Services

Revised: May 2021

Summary: This section outlines the policy and procedures related to Escalation Criteria and Process that is administered through the Environmental Health & Safety (EHS) Department.

1. Process Description	1
2. Scope	1
3. Definitions	1
4. Responsibilities	3
5. Program Components.....	3
6. Reporting Requirements	9
7. References.....	10

1. Process Description

EHS has developed escalation criteria and a process that is followed when significant safety hazards or regulatory non-compliance issues are identified and not resolved within the specified timeframe for the priority level of the hazard.

2. Scope

These criteria apply to EH&S inspections and assessments conducted using either the UC Inspect system or using a process outside of UC Inspect. When repeated issues are observed and not resolved, and the responsible unit or department head or Principal Investigator (PI) does not take appropriate action to correct the issue, the criteria and process below will be used to escalate these issues.

3. Definitions

Imminent Danger/Immediately Dangerous to Life and Health (IDLH):

Any condition or practice that exists that poses an immediate risk to life and health, could cause immediate physical harm, or could pose significant property damage.

The issue must be reported immediately to the responsible department head, unit manager, PI (or their delegate), so that the issue can be quickly resolved, and work can continue. EHS Subject Matter Experts (SMEs) who exercise stop-work authority and believe that death or serious physical harm could occur within a short time should immediately report this action to the Department Head or Department Chair, School Assistant Dean, and EHS Leadership. After the process or the individual has stopped work, it may not resume until the Department Head, Unit Manager, or the PI or their delegate, and EHS have verified that appropriate hazard control measures are in place. If there is a dispute regarding the severity of the matter and need to stop work, the EHS Executive Director is the final authority.

- Examples: High inhalation hazard, conductor exposed on power cord; high risk use of pyrophoric chemicals; reaction scale-ups without the proper risk assessment and controls, IDLH hazardous materials releases/spills, etc.

Priority One Finding:

Serious safety hazard, serious/willful regulatory violations and/or significant fire and life safety code violation that poses a serious safety or compliance risk, initial hazard/compliance issue **must be addressed and development of a corrective action plan leading to closure within 7 calendar days.** Work may continue if a temporary abatement plan can be developed and put into place. A permanent plan should be put into place within 7 days to resolve the hazard.

- Examples: Chemicals being worked with outside the fume hood, multiple damaged power cords, open containers of waste, incompatible chemical storage, missing machine guards, staff performing highly hazardous work without adequate training and SOPs, air quality-regulated equipment emissions exceedances, discharges of pollutants to storm water drainage system, non-IDLH hazardous materials releases/spills, etc.

Priority Two Finding:

Moderate safety hazard or moderate/repeat regulatory violation and/or moderate fire and life safety concern, poor housekeeping, safety documentation issues, safety training compliance, etc., **development of a corrective action plan leading to closure within 30 calendar days.** A permanent plan should be put into place within 30 days to resolve the hazard.

- Examples: Poor housekeeping that may create a serious hazard, inadequate chemical labeling, labels missing from chemicals, secondary containment for hazardous waste, improper storage of materials in violation of storm water permit, etc.

Priority Three Finding:

Minimal safety hazard, possible regulatory violation, infrastructure, deferred maintenance, etc., **development of a corrective action plan leading to closure within 90 days.** A permanent plan should be put into place within 90 days to resolve the hazard.

- Examples: Fire sprinkler/fire alarm non-compliance, damaged ceiling tiles or floor tiles, maintenance oriented issues, etc.

The determination of prioritization is subjective based on the SMEs judgment. Every situation is unique; EHS SMEs should base inspection findings on a review of relevant hazards, codes and exposures. If an SME is unsure of hazard priority, they should consult with their supervisor or manager.

Priority Scale	Priority Description	Days to Closure
IDLH	Imminent Danger/Immediately Dangerous to Life and Health	Within 24 hours
One	Serious safety hazard, serious/willful regulatory violations and/or significant fire and life safety code violation that poses a serious safety or compliance risk	0-7

Two	Moderate safety hazard or moderate/repeat regulatory violation and/or moderate fire and life safety concern, poor housekeeping, safety documentation issues, safety training compliance, etc.	8-30
Three	Minimal safety hazard, possible regulatory violation, infrastructure, deferred maintenance, etc.	31-90

4. Responsibilities

EHS Subject Matter Experts/EHS Department Liaison - Counsels individuals when an instance of non-compliance is found, works with the unit to correct the hazard within the established timeframe for all findings, communicates findings to EHS Associate Director, and distributes monthly report of open findings to unit manager, as necessary. If not using the UC Inspect tool, develop a tracking system for non -UC Inspect findings.

EHS Lab Safety Inspectors – Schedules and conducts lab safety inspections and completes report of inspection and findings. If IDLH findings are found, EHS Lab Safety Inspector reports situation to Manager of Hazardous Waste, to Assistant Director of Research Safety Services and to Executive Director of EHS. Works to resolve IDLH finding with lab within 24 hours of when the IDLH condition is found.

EHS School Coordinators – Works with PI to resolve all lab safety inspection findings, performs academic and lab injury investigations, assists in performing hazard assessments, and counsels PIs and researchers. Communicates outstanding findings to Academic Senior Managers and School leadership and to EHS leadership team.

EHS Assistant Director, Research Safety Services - Notifies Executive Director of EHS of IDLH condition, communicates outstanding findings to campus Executive Leadership.

EHS Associate Director, Administration – Generates monthly and quarterly reports of open lab inspection findings and communicates to School leadership or to Department Head.

EHS Executive Director – Makes final decisions on IDLH situation if a decision is disputed by a Department Head or PI. Communicates outstanding findings to campus Executive Leadership.

Principal Investigator (PI)/Academic Senior Manager/Unit Manager – Provides action plan to resolve findings, works with EHS School Coordinators for assistance in resolving findings, if necessary.

5. Program Components

A. Research Activities

Research activities that are included in the escalation process include hazards identified through lab safety inspections, biosafety cabinet inspections, fume hood inspections, research being conducted outside of a lab, environmental compliance issues, and any other specialty inspections conducted (i.e. Biosafety, Radiation, etc.).

- i. Lab Inspection Findings and Corrections Escalation Process

When an instance of non-compliance is observed in the research laboratory, the EHS lab inspector will counsel the individual directly involved or the individuals involved in the process during the inspection. Depending on the severity of non-compliance, EHS will designate the priority level of the issue so that the appropriate level of follow-up is taken.

a. Imminent Danger/IDLH Findings

If imminent danger/IDLH findings have been identified, the EHS lab inspector will follow-up immediately with the PI or delegate. The Assistant Director of Research Safety will be notified during or immediately after the inspection is completed. If warranted, the Assistant Director of Research Safety will notify the Executive Director of EH&S (i.e. decision is disputed by PI, etc.)

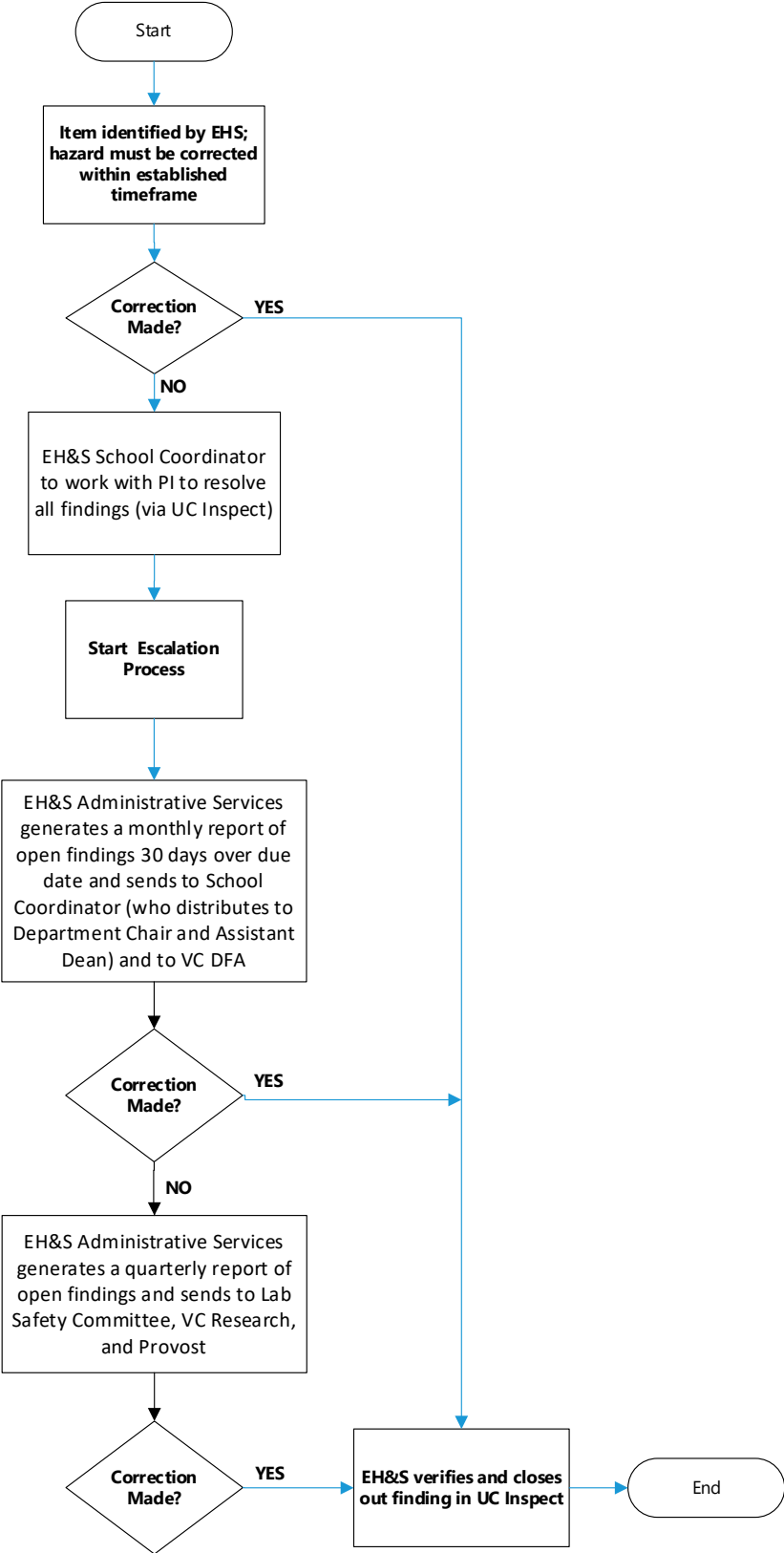
If the PI was not present or was non-responsive to the request to suspend high-risk lab work, the Executive Director of EHS will notify the PI that the audit has resulted in imminent danger/IDLH findings and immediate action will be required. If the PI is responsive and agrees to cease the operations that resulted in a Priority One Finding, no additional action will be necessary. If the PI is not responsive, the Executive Director of EHS will notify the Vice Chancellor of Research. In the absence of the Vice Chancellor of Research, the EHS Executive Director will notify the School Dean and the Office of Research. Copies of the inspection report will be sent to appropriate levels of administration based on the escalation process.

b. Priority One, Two, and Three Findings

If Priority One Findings have been discovered in the laboratory, the PI is expected to initially abate the hazard/risk and provide an action plan to correct these findings within 7 days. If no response is received from the PI or delegate 7 days after the safety hazard was identified, the EHS School Coordinator will follow-up with the PI to resolve the findings. If no response is received, the escalation process will initiate according to the EHS Escalation Process as noted in the flowchart above. EHS Administrative Services will generate a report of all open findings to provide to the EHS School Coordinator, who will provide this report to the Department Chair and Assistant Dean. If corrections are not made, EHS Administrative Services will then generate a report of all open findings to the Lab Safety Committee (including the VC of Research and VC of DFA) and Provost.

If the safety issue is a non-compliance issue associated with animals, biological or radioactive materials, EHS may also work with the various Campus committees (i.e. Institutional Animal Care and Use Committee (IACUC), Institutional Biosafety Committee (IBC), Radiation Safety Committee (RSC), etc. in order to resolve issues of non-compliance.

Research Escalation Process
(revised 5/11/21)



During the first year of the revised lab inspections process, EHS will focus on escalation of Priority One findings if these findings are not resolved in a timely manner. Priority Two and Priority Three findings will continue to be identified and noted on inspection reports and it is expected that these findings are resolved according to their established timeframes. EHS will periodically review these findings and report closure of these items in internal reports.

The UC Inspect system, using the Lab Safety Inspection Checklist, has the ability and functionality to send reminder emails to the Responsible Person (RP) at the intervals set by EHS:

Lab Safety Inspections Follow-Up Notifications Timeline:

Day 1: Report sent

Day 7: P1 items due

Day 8: P1 overdue notification sent

Day 14: P1 overdue notification sent

Day 30: P2 items due AND Overall Reminder Email Sent about Resolution of Findings

Day 31: P2 items overdue notification sent

Day 45: P2 items overdue notification sent

Day 90: P2 items overdue notification sent and P3 items due

Day 91: P3 items overdue notification sent

Day 120: P3 items overdue notification sent

B. Non-Research Activities

i. Findings and Corrections Escalation Process

When an instance of non-compliance is observed when performing an inspection, performing an injury investigation, writing an SOP, or performing a hazard assessment, etc., the EHS liaison will counsel the individual directly involved or the individuals involved in the process. Depending on the severity of non-compliance, EHS will designate the priority level of the issue so that the appropriate level of follow-up is taken.

a. Imminent Danger/IDLH findings

When items of imminent danger/IDLH non-compliance items are found, EHS SMEs or the EHS liaison will immediately report the issue to the unit head and remain until the issue has been resolved or an action plan has been put together to immediately resolve the hazard. The applicable EHS Assistant or Associate Director or EHS functional manager (i.e. Safety Manager, Environmental Compliance Manager, etc. will be notified during or immediately after the audit or inspection is completed. If warranted, the Assistant or Associate Director or EHS functional manager will notify the Executive Director of EHS (i.e. decision is disputed by unit manager, etc.)

b. Priority One, Two, and Three Findings

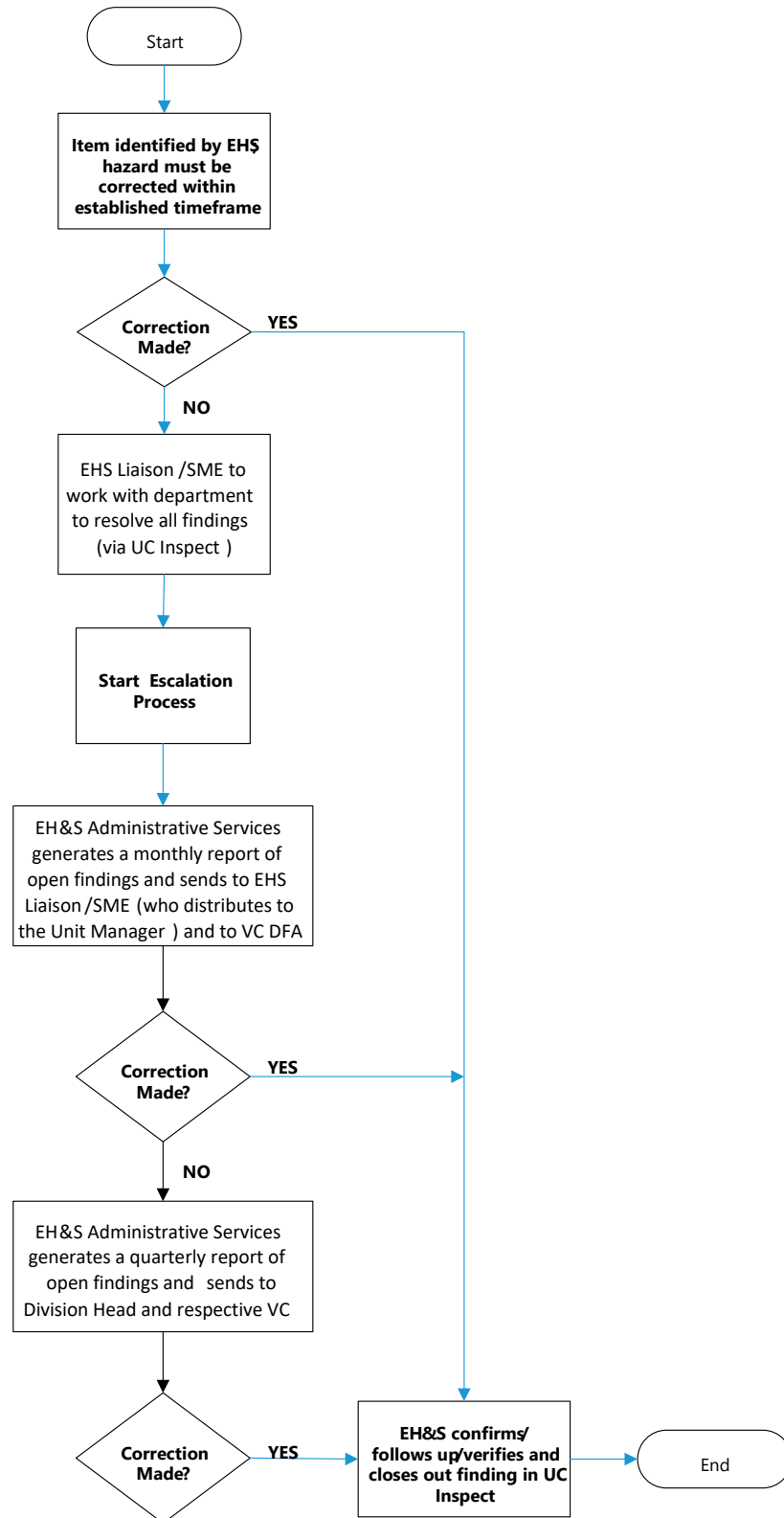
If Priority One Findings have been discovered, the department is expected to initially abate the hazard/risk and provide an action plan to correct these findings within the established timeframes. If no response is received, the findings will be escalated according to the EHS Escalation Process outlined below.

ii. Escalation Process using UC Inspect

If using UC Inspect when non-compliance issues are found, EHS SMEs or EHS department liaison will work with unit to correct the hazard within the established timeframe for all findings. EHS SMEs or EHS department liaisons (i.e. Facilities Management, Student Housing, Dining Services, Student Affairs, and others) will work with the unit managers to resolve all findings (via UC Inspect). EH&S Administrative Services generates a monthly report of open findings and sends to EHS department liaison who distributes to the Unit Manager. If findings are not resolved, EHS Administrative Services then generates a quarterly report of open findings and sends to Division Head and respective Vice Chancellor.

Non-Research Escalation Process

(revised 2/16/21)



iii. Escalation process not using UC Inspect

If not using UC Inspect when non-compliance issues are found (i.e. during an inspection, performing an injury investigation, writing an SOP, or performing a hazard assessment), EHS SMEs will report these items to the unit head and work with the department to develop a corrective action plan.

The EHS unit manager is responsible to develop a tracking system for non-UC Inspect findings. The EHS unit manager is also responsible to draft and submit a quarterly open items report to the EHS Associate Director.

When a finding is not addressed within the established timeframe, the EHS SME will prepare an escalation letter to send to the Associate EHS Director and cc the Executive Director.

6. Reporting Requirements

Sample Escalation Reports

EHS Laboratory Safety Inspection Monthly Status Report - Distributed to EHS School Coordinator or EHS Liaison

Outstanding Laboratory Safety Inspection Findings					
Report Date: 5/3/21					
Priority One Items (must be corrected ≤ 7 days)					
Lab Inspected	Category	Checklist Question	Comments	Responsible Person	Date Report Sent
No P1 items overdue					
Priority Two Items (must be corrected 8 - 30 days)					
Lab Inspected	Category	Checklist Question	Comments	Responsible Person	Date Report Sent
PI Lab Name	Documents, Training, and Hazard Communication	Chemical standard operating procedures (SOPs) are available, approved (signed) by PI, and signed by applicable lab workers. The SOP banded report in CiBR-Trac shows what SOPs are needed. Primary banded chemical and regulated carcinogen SOPs are available with procedures attached. Secondary SOPs do not require procedures and duplicates do not have to be printed (e.g. if have acute toxic chemicals, do not need toxic chemicals also). (SI58)	1) Missing SOPs: A. Primary Bands -Acutely Toxic -Highly Flammables -Strong Oxidizers -Water Reactive Chemicals B. Secondary Bands -Carcinogens -Gases Under Pressure -Inhalation Anesthetic 2) Existing primary Band SOPs did not include additional use procedures for each chemical belonging to that band.	PI Name / RP	11/12/2020
PI Lab Name	Documents, Training, and Hazard Communication	Current Lab Hazard Assessment Tool (LHAT) is certified, roster is up to date and all lab workers have reviewed/acknowledged the LHAT and completed PPE training. (SI100)	Lab staff identified on the LHAT Roster must review and acknowledge the lab's Hazard Assessment. The following lab staff need to review/acknowledge the Hazard Assessment: Names If any of the above mentioned lab staff are no longer in the lab, please	PI Name / RP	12/11/2020

Table 2. Number of Days to Close Out All Findings (P1, P2, and P3) by School¹

School	Number of labs with all findings closed meeting days to closure by priority	Number of labs with any open findings (includes all P1 P2 P3)	Percentage closure for all findings	Average number days to resolve and close out all findings
Biological Sciences	53	17	76%	20
Engineering	28	12	70%	26
College of Health Sciences (Pharm Sci, Nursing, Public Health)	9	2	82%	29
Physical Sciences	30	17	64%	23
School of Medicine	59	51	54%	38
Social Ecology	2	0	100%	25

¹Data as of April 1, 2021

7. References

Environmental Health and Safety Policy (Sec. 903-10)

Cal/OSHA: Inspection frequencies, identifying and correcting hazards