

University of Iowa

Laboratory Safety Compliance Policy for Chemical and Physical Hazards

The University of Iowa (UI) Office of the Vice President for Research (OVPR) has charged the Laboratory Safety Committee (LSC) to develop, recommend, update, and maintain policies and procedures applicable to the chemical and physical health and safety practices at UI in order to promote safe research practices. In an effort to ensure that safety issues related to chemical and physical hazards in laboratories are addressed and corrected within a timely manner, the committee has established a 3-tiered Laboratory Safety Compliance Policy for Chemical and Physical Hazards. This policy outlines the process for remedial actions when safe procedures are not followed or when procedures are not in compliance with regulations or the Chemical Hygiene Plan. Laboratory safety compliance issues related to biological and radioactive hazards are covered by separate policies.

While the 3-tiered procedure is designed to provide a progressive compliance process, it may be by-passed in the event of an egregious finding that endangers the safety of employees. Any egregious findings will be reported to the LSC immediately for review at the discretion of Environmental Health & Safety (EHS) Chemical Hygiene Officer (CHO). This may result in suspension of the PI's laboratory activities, in whole or in part, by OVPR, with concurrence of the LSC or appropriate Subcommittee and the EHS Director. Should this occur, the PI will be required to appear before the LSC or an appropriate Subcommittee before laboratory activities may resume.

Tier One

The Laboratory Safety Compliance Policy for Chemical and Physical Hazards is initiated at the discretion of the CHO when an issue of noncompliance is identified by EHS and a suitable plan of action to resolve it is not in place. The CHO provides the Chair of the LSC with a report indicating the issues of noncompliance, the date(s) the issue was identified, and the timeframe over which the issue has not been resolved.

Note: Corrections that require infrastructure upgrades will be considered on a case-by-case basis and alternative risk mitigation strategies may be approved by the LSC (or a Subcommittee consisting of at a minimum, the Chair, the CHO, and a third committee member to be appointed by the Chair) and the EHS Director.

Once a report is issued to the LSC, the committee may move to issue a Tier One Memorandum or defer issuance of the memorandum. If the committee wishes to defer, it must establish a rationale for deferring issuance and set a time for re-evaluation.

A Tier One Memorandum will be sent to the Principal Investigator (PI) and their Departmental Executive Officer (DEO) informing them of the noncompliance issue(s); the risks associated with these issues; consequences of safety violations; and of the potential for suspension of

operations. The memorandum will indicate the item(s) of noncompliance and indicate a new timeframe for implementing corrective action.

A written response to the Tier One Memorandum is required. The response should contain details regarding either the corrective action taken or plans to take corrective action. Failure to respond within the stated time period (15 calendar days or a timeframe determined by the sub-committee) may escalate the memorandum level to Tier Two. Lack of corrective action within the prescribed problem-resolution period following a Tier One Memorandum may result in the issuance of a Tier Two Memorandum. If the committee wishes to defer issuance of a Tier Two Memorandum, it must establish a rationale for deferring issuance and set a time for re-evaluation.

Should the item(s) of noncompliance be corrected within the specified timeline the LSC will issue a Resolution Memorandum indicating that corrective action has been taken and verified by EHS. Since corrective action must be verified by the EHS, labs should provide sufficient time for EHS to respond to claims of corrective action (one business day).

Tier Two

A Tier Two Memorandum will be sent to the PI, DEO, Associate Dean for Research, and Collegiate Dean informing them of the noncompliance issue(s); the risks associated with these issues; consequences of safety violations; and of the potential for suspension of operations. This notice will be sent to the PI informing them that this is a repeat item of noncompliance that was not resolved in response to the Tier One Memorandum. The PI, or their designee, must provide a formal written response to the LSC and EHS as to the reasons for a second instance of non-compliance specifying the specific barriers to complying with best practices, and/or why the previous corrective action(s) was/were ineffective and what further corrective action(s) will be implemented to prevent recurrence. In addition, the PI (or other responsible manager) will be asked, along with their DEO, to appear before a Subcommittee of the LSC to discuss the proposed corrective action plan. The Committee will offer recommendations and/or additional requirements to the PI to ensure future compliance.

Failure to respond within the stated time period (15 calendar days from the date of issue or as determined by the sub-committee) may escalate the memorandum level to Tier Three.

Lack of corrective action within the prescribed problem-resolution period following a Tier Two Memorandum may result in the issuance of a Tier Three Memorandum. If the committee wishes to defer issuance of a Tier Three Memorandum, it must establish a rationale for deferring issuance and set a time for re-evaluation.

Should the item(s) of noncompliance be corrected within the specified timeline the LSC will issue a Resolution Memorandum indicating that corrective action has been taken and verified by EHS. Since corrective action must be verified by the EHS, labs should provide sufficient time for EHS to respond to claims of corrective action (one business day).

Tier Three

A Tier Three Memorandum will be sent to the PI, DEO, Associate Dean for Research, Collegiate Dean, and OVPR informing them of the continuing noncompliance and recommending that the PI's operations be suspended until corrective action is taken. The OVPR will decide on the course of action following consultation with the LSC and the Director of EHS and will provide authority and instruction on enacting suspensions. During the suspension period, the PI and DEO will be instructed to appear before the LSC to explain why the operation should be reinstated and concurrently present a formal written corrective action plan.

Drafted by E. A. Stone, LSC Chair, 12/12/2018 with reference to the UCLA Laboratory Safety Compliance Procedure (LSCP) Implementation Plan and revised on 2/8/2019 with feedback from the LSC. Finalized 3/4/2019.