

University of Texas Southwestern Medical Center

**Internal Audit Report 13:15
Environmental, Health, and Safety Department**



August 22, 2014

Office of Internal Audit
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Environmental Health and Safety Department
FY 2013**

AUDIT REPORT

August 22, 2014

Daniel K. Podolsky, M.D., President
University of Texas Southwestern Medical Center
5323 Harry Hines Boulevard, MC 9002
Dallas, Texas 75390-9002

Dear Dr. Podolsky:

The University of Texas Southwestern Medical Center (Medical Center) Office of Internal Audit completed its Environmental Health and Safety (EH&S) audit. The audit was a risk based audit and was included in the fiscal year 2013 audit plan. Environmental Health and Safety risks continue to receive high risk rankings in the FY2014 and FY2015 risk assessments. A separate University of Texas (UT) System required peer review of EH&S Safety Programs was also conducted in FY2013. The audit report issuance was delayed due to the turnover of leadership for EH&S. Internal Audit has worked with the new EH&S Director since coming on board in May 2014 and as a result, the recommendations and management responses are addressed by the new Director of EH&S.

Executive Summary

Background

The EH&S Department provides environmental health and safety services supporting medical research, patient care, and teaching at the Medical Center. EH&S comprises of six distinctive Safety Programs: Radiation, Laser, Occupational, Biological, Chemical, and Fire/Life Safety. Each program reports to a Safety Advisory Committee comprised of faculty, administration members, and staff with expertise for the specific discipline.

Audit Objectives

The primary objective of this audit was to assess how the EH&S Department and its major activities were being managed and to evaluate the overall adequacy and effectiveness of processes and controls for key EH&S functional areas: a) Governance structure, responsibility and accountability; b) Risk assessment and mitigation consistent with UT System guidelines; c) EH&S operations and administration to include coverage adequacy, employee training, monitoring, and follow up. We also reviewed process and controls to comply with Medical Center and UT System-wide guidelines and EH&S policies.

Scope

The audit scope included fiscal year 2013 with additional activity through current date.

Conclusion

EH&S management is committed to the management and sustainability of environmental health and safety affairs, which contributes to the accomplishment of institutional goals. Since the new Director of EH&S has come on board he has introduced a formal comprehensive plan for assessing the EH&S risks and implementation of a core management structure to increase the effectiveness of EH&S for managing

environmental health and safety risks of the Medical Center. During the course of the audit, which was conducted before the new leader of EH&S came on board, the general administration of EH&S, departmental budget control, utilization of information technology to perform safety inspections, data collection and analysis was found to be adequate in accordance with previous management objectives. Opportunities identified during the course of the audit and validated by the new EH&S Director are as follows:

- **EH&S Operations and Administration (High)** - Controls need to be improved to ensure campus personnel who are working with hazardous chemicals are appropriately classified and job hazards are identified in job analysis ensuring completion of mandatory safety training. Also, EH&S policies and procedures at both institutional and departmental levels need to be updated to ensure effectiveness and consistency of administration across all Safety Programs.
- **EH&S Governance (Medium-High)** - Clarity for the oversight, accountability and responsibilities across the Medical Center needs to be formally defined and Safety Program committee charters need to be revised or formalized and approved to reflect the defined roles and responsibilities. Opportunity exists for more focused collaboration among EH&S, Occupational Health, Human Resources, Real Estate Services, and other appropriate functions to ensure a fully integrated environmental health and safety environment with appropriate risk assessment of campus hazards, new facility/property acquisitions, and capital projects in addition to job related hazards.
- **EH&S Resource Allocation (Medium)** - Evaluation needs to be performed to ensure there are adequate resources to fulfill EH&S responsibilities in meeting coverage goals and to allow for enhanced risk monitoring, compliant activities, and ensuring a safe workplace.

The EH&S Director has made the commitment to introduce a job hazard and safety analysis plan by employee category and general exposure setting. This comprehensive environmental, health, and safety risk management matrix identifies specific physical, chemical, biological, and radiological risk types and exposure to applicable employee categories. Controls will be designed to mitigate risks. They include: institutional policies for employee protection, required safety and emergency response training plans, area or personnel monitoring by EH&S, campus safety and employee health clinical services and surveillance, hazards exposure and injury reporting, as well as necessary and targeted interventions.

Detailed EH&S audit issues, recommendations and management action plans with target dates are outlined in the Detailed Results Section of this Report. We appreciate and thank EH&S management and staff, Occupational Health Department, University Hospitals Safety Office, Human Resources Department, Workers Compensation Section (WCA)/Leave Administration, and Real Estate Services for their cooperation and assistance during the audit.

Management Response:

Management agrees with the report findings. We are in the process of developing a comprehensive environmental, health, and safety risk management matrix to address the issues noted. This process will allow us to develop a framework for increasing the effectiveness of the EH&S function that would enhance the Safety program committees' structure to allow for defined responsibility, greater accountability and enhanced reporting. In addition, institutional and departmental policies and procedures are under review or in the process of being revised.

Detailed Results

EH&S Operations and Administration

1. Coordinate Medical Center Job Hazard Analysis and Monitoring of Mandatory Safety Training

The following opportunities were identified:

- Job hazard analysis (JHA) and occupational health initiatives were being performed by different departments/functions within the Medical Center. The activities appeared fragmented and there was an overall lack of synergy among the departments increasing risk of lack of employee safety training and prevention. Communication of roles and responsibilities varied and there was a lack communication and coordination as it related to campus-wide job hazard analysis including persons who have animal exposure. EH&S assumed a minimal role in the Human Resources (HR) and Occupational Health (OCH) job analysis processes. A campus-wide JHA format was not in place and documented retention responsibilities were not yet determined. Further, there were no institutional level policies outlining JHA ownership, roles and responsibilities of parties, or expectations of EH&S.
- While the Worker Protection Program (WPP) required mandatory enrollment of animal exposed personnel coverage and enrollment information provided in the WPP Brochure and on the OCH website indicated expected rather than required. Additionally, there was no mentioning that WPP coverage since applied beyond those positions working with and around research animals.
- There was not an effective mechanism or system trigger to identify and enforce mandatory Hazardous Communication training for required personnel. Required personnel include graduate and medical students, faculty members, post-doctoral, and visiting fellows. Responsibilities and participation of EH&S in regard to hazardous chemical training in hospital settings were not sufficiently defined at the Institutional level to ensure consistency and efficiency of administration. Texas Hazard Communication Act requires employers to identify hazardous chemicals in the workplace, establish programs to communicate specific chemical hazards and provide relevant employee safety training.

Recommendation:

- a. Coordinate with HR, OCH and other necessary parties to promote an integrated JHA environment. The formation of a cross-functional workgroup would define job requirements, ensure adequate communication of JHA responsibilities, and implementation of applicable policies/procedures. Roles and accountability of the parties can be established through a responsibility matrix (RACI chart or Responsible, Accountable, Consulted, and Informed) and allocation of resources ensuring completion of expected tasks or deliverables. Further considerations include:
 - Establish ownership for creating, updating, and monitoring a comprehensive job hazard inventory among EH&S, HR, and OCH. One Department can be made responsible for the hazard inventory, and be integrated with those with knowledge of activities and related hazards.
 - Integrate requirements into the new hiring and job description modification processes including an evaluation of exposure, identification of job hazards for each job type and role including linkage of relevant risk, training, and controls to each hazard. Update hazard inventory as new tasks are created and identified.
 - Continue collaboration with OCH to reemphasize the mandatory aspect of WPP coverage and enrollment. WPP program brochure and online information should be updated to ensure consistency.

- b. Coordinate with Human Resources and other campus functions to recommend a formal process to executive leadership that identifies appropriate personnel required HazCom training. The mandatory aspect of HazCom training should be reemphasized with new and current employees, staff, faculty and students. Additionally, responsibilities and accountability for hazardous chemical training for Hospital staff should be communicated in the same Policy.
- c. Coordinate with HR and the PeopleSoft HCM team to determine if employees who have jobs with hazard exposure can be identified and classified within HCM and required HazCom training could be tracked and monitored.
- d. HazCom is constantly evolving and changing. Therefore, HazCom policies and procedures should be updated at least every three years as well as after any major changes to organization or regulatory requirements. Policies should emphasize the accountability of department or function responsible for ensuring HazCom training completion.

Management Response:

- a. The Office of Human Resources (HR): We will take an active role in the formation of a cross-functional workgroup and will coordinate, at minimum, representatives from HR, specifically WCI/Leave Administration and Compensation, from the Occupational Health department and from EH&S.

The cross-functional team will hold discussions and establish a formal plan designed to promote a fully integrated JHA environment as recommended by this audit.

Occupational Health and Aston Ambulatory Care Center: We have already had one meeting with EH&S to discuss several issues in which we should create a closer collaboration.

EH&S: We will coordinate with HR and OCH to discuss and assist in development of applicable Job Descriptions (JD) for Medical Center employees.

*Implementation Status: In Process
 Implementation Date: September 1, 2015
 Responsible Personnel: Bruce Brown, Director, EH&S
 AVP of Human Resources
 AVP, Aston Ambulatory Care Center*

- b. *EH&S will continue to work with HR, Institutional Compliance, Research and Health Care administrations, and all other key stakeholders to establish a formal Plan for Institutional Safety Training. This Plan will describe the available in-person and online HazCom and other safety training courses provided by EH&S. This Plan will include an updated policy that reflects the needs, requirements, and responsibilities for HazCom training. Interim date for this Plan is May 1, 2015.*
- c. *EH&S will coordinate with HR and the PeopleSoft HCM team to identify system flagging and controls for ensuring all appropriate personnel are identified and tracked for job hazard ongoing analysis, communications and ensuring training requirements are met. Target implementation date is September 1, 2015.*
- d. *EH&S will update policies as decisions are made for addressing job hazard analysis and training plans are formalized.*

*Implementation Status: In Process
 Implementation Date: September 1, 2015
 Responsible Personnel: Bruce Brown, Director, EH&S*

2. Update Policies and Procedures

Policies and Procedures governing EH&S activities and programs were established at both Institutional (Handbook of Institutional Policies and Procedures) and Departmental levels. Opportunities were identified as follows:

- Institutional Level - Ten of thirteen policies were last updated in 1998. Since that time the Medical Center added Zale and St. Paul Hospitals and experienced significant growth in patient care, clinical services research, and increased enrollment and training of medical students and staff.
- Departmental Level – Several EH&S Safety Program policies and procedures posted on-line were in draft status, had missing document numbers, there were duplicate policy postings and incorrect document reference or linkage to the EH&S web page.

Recommendation:

EH&S recently started an inventory and review of all Safety Program policies and procedures. Allocate necessary resources to assess relevant policies and procedures. Update EH&S policies and procedures and conduct reviews to update every three years at a minimum. Management should institute a work plan and order of priority with input from the Policy Office, where applicable, to ensure systematic revision of policy documents at both institutional and department levels.

Management Response:

EH&S has been methodically submitting pertinent existing Policies and Procedures to the new Institutional Policy Office (IPO) for required reformatting and approval. EH&S will follow the schedule, requirements, and recommendations mandated by the Policy Office regarding Policies and procedures pertinent to EH&S. Other departmental policies and procedures will continue to be updated. EH&S will continue to monitor for regulatory changes that may merit immediate change to existing Policies.

Implementation Status: In Process

*Implementation Date: a. Institutional Level (to IPO for approval) – March 1, 2015
b. Departmental Level – May 1, 2015*

Responsible Personnel: Bruce Brown, Director, EH&S

Governance

3. Improve EH&S Governance

Opportunities for improving overall governance for environmental, health, and safety at the Medical Center include the need to complete a comprehensive risk assessment of campus safety programs and to establish clear roles and responsibilities for the management of environmental, health and safety risks. This includes coordination with other areas outside of the EH&S department who have specific responsibilities and accountability for managing EH&S related risks, promoting an integrated campus-wide EH&S approach. Improved EH&S governance will require collaboration with all campus functions including academics, research, clinics, hospitals, and administration.

In addition, Safety Advisory Committee Charters have not been formerly approved for some committees. The committees include the Institutional BioSafety Committee at the Medical Center (IBC), Biological and Chemical Safety (BCSAC) and Occupational Safety and Fire Protection (OSFPAC) Advisory Committee. EH&S Safety Advisory Committees (SAC) were established to help the Institution attain its

strategic priorities and commitment to quality, safety and innovation in patient care, enhanced research, and commitment to education and training.

Recommendation:

- a. Share new plan of EH&S structure clarifying its responsibilities and accountability for proper management of environmental, health, and safety risks including Medical Center academics and research, hospitals, and clinics. EH&S will continue working with Medical Center executive management and will lead in promoting a single enterprise approach for managing risks. This will require reciprocal collaboration by all campus functions to help sustain the potential to deliver EH&S promised value, enhanced organizational culture of safety, and compliance.
- b. Update and implement Safety Advisory Committee Charters. A model charter typically incorporates a) its charge or mission statement defining the committee's purpose, goals and objectives, b) authority and responsibility, c) composition, including guidelines for committee member and chair appointments, d) location and timing of meetings, agenda development and drafting, review and approval of meeting minutes. Meeting quorums are recommended.
- c. Provide Medical Center Administration with relevant reports of environmental, health, and safety risk assessment, prioritization of high exposure areas, desired coverage to mitigate business, and compliance risks as the Institution continues to expand.

Management Response:

- a. *EH&S agrees with recommendations and will coordinate with other areas and the safety committees to improve overall governance for health and safety.*
Implementation Status: In progress
Implementation Date: November 1, 2014
- b. *Charters will be updated and provided to respective committees for review and approval.*
Implementation Status: In progress
Implementation Date: November 1, 2014
- c. *Once comprehensive risk assessment and mitigation strategies are finalized, reports will be provided.*
Implementation Status: In progress
Implementation Date: February 1, 2015

Responsible Personnel: Bruce Brown, Director, EH&S

4. Integrate EH&S into Capital Improvement and Real Property Acquisition Planning Processes

EH&S was not actively engaged in the real property acquisition process at the Medical Center. The department was not contacted to evaluate environmental exposure and provide observations for real estate acquisitions, leaseholds or new construction/capital improvement projects often until late stages if at all. This increases the risk of delays or inability to complete transactions if environmental or fire and life safety issues are identified or exposure exceeded the tolerance threshold to move forward. In addition, when the evaluations are not performed in advance of planning, purchases or leaseholds, the institution is not complying with the following two UT System Systemwide Policies:

UTS161 - *Environmental Review for Acquisition of Real Property* policy requires an environmental site assessment be performed before acquisition of any real property assets and any planned purchases of land or leaseholds to be used for campus purposes. This is to reduce the risk of liability and to minimize its potential for exposure to claims made under the applicable laws governing the environment and hazardous substances and limit.

UTS135 – *Fire and Life Safety Reviews* policy requires that before the institution uses any building for campus purposes, an advance inquiry must be made about the fire and life safety feature of the building

and an evaluation of the fire and life safety deficiencies of the building and of the corrective actions or renovations required to remedy the deficiencies must be completed.

Recommendation:

Coordinate with the Real Estate Office, Capital Project leaders and other parties involved in the acquisition, leasing and space renovations to be included early phase discussions of purchasing, acquiring, donating of a building or piece of property or renovating space. EH&S should conduct the required environmental and fire and life safety evaluations and provide timely reporting of exposures, potential hazards and deficiencies to all stakeholders. Report issues to the appropriate Safety Committees to minimize risks for the Medical Center and ensure compliance with UTS135 and UTS161 polices.

Management Response:

EH&S will coordinate with appropriate parties to participate in discussions in early planning phases for new construction, property acquisitions, leases and renovations to ensure appropriate environmental and fire and life safety evaluations are conducted and potential hazards and deficiencies are identified in accordance with UTS135 and UTS161. Issues will be appropriately reported to respective Safety Committees.

Implementation Status: In progress

Implementation Date: October 1, 2014

Responsible Personnel: Bruce Brown, Director, EH&S

Real Estate Services (RES) will continue to include EH&S in the real estate acquisition process of building or land. RES will be sure to afford EH&S the opportunity to review multi-Phase ESA Reports and well as fulfill its responsibilities outlined in UTS135 and UTS161 given buyer contract time frames.

Implementation Status: Implemented and Ongoing

Implementation Date: Immediately (August 23, 2013)

Responsible Personnel: Director of Real Estate Services

5. Assess Resources to Ensure Adequate Coverage to Manage Environmental, Health, and Safety Risks

The EH&S Department had 37 authorized employees. Recent peer reviews conducted by UT System identified EH&S staffing level and coverage responsibilities as potential concerns. *UTS 174 Environmental Health and Safety Policy* section 3.4 requires each institution to provide sufficient staffing and financial resources to manage EH&S risks inherent to its operation. Although the staffing level of EH&S reflected an increase of three FTEs from 34 reported during 2008-2009, the coverage ratio (FTE count/gross million campus square footage) decreased due to increased research, patient care, and acquisition of additional buildings/facilities. This EH&S coverage ratio ranked last among UT System Health Institutions (ranging from <5 to <12). EH&S coverage continues to grow with the new Clements University Hospital and an increase of campus activities and facilities including satellite locations.

Recommendation:

EH&S management should take steps to fill or repurpose remaining open positions and assess the adequacy of resource levels in total as well as whether current resources are appropriately allocated across the various EH&S programs. EH&S management should continue providing Medical Center administration with relevant reports of environmental, health and safety risk

assessment, prioritization of high exposure areas that incorporates current campus activities and future expansion, desired coverage, and resources ensuring adequate risk mitigation.

Management Response:

EH&S agrees with the recommendations. EH&S will continue in its assessment process and provide coverage needs for risk mitigation strategies. Any staffing deficiencies will be communicated to institution management and appropriate Safety committees to ensure Institutional compliance with UTS174 Sec 3.4 regarding having sufficient EH&S staffing and financial resources.

Implementation Status: In progress

Implementation Date: February 1, 2015

Responsible Personnel: Bruce Brown, Director, EH&S

6. Implement Key Performance Measures For More Effective Monitoring

EH&S inspection statistics were included in the quarterly reporting process to the respective Safety Advisory Committees. However, reporting of key performance measurements were not formalized for all EH&S Safety Programs.

EH&S monitoring activities included inspections, program development, education, accident investigations, and consultation. Safety Program Directors created surveillance and inspection schedules to assist in their monitoring responsibilities. However, these inspection plans and a defined approach on what constituted high risks or Medical Center operations/activities subject to inspection were not shared with related Safety Advisory Committees for evaluation on suitability, adequacy and effectiveness.

Recommendation:

- a. Implement new performance metrics recently drafted. Provide draft measures to all stakeholders for review and approval. Begin reporting measures on a regular basis. Once measures are in place, enhance monitoring procedures and evaluate and revise program goals as necessary. This would increase management's ability to identify and correct negative trends, gain timely visibility of all programs and processes, measure efficiencies/inefficiencies, ability to make informed decisions and reiterate alignment with Institutional strategic goals and support annual work plan development, monitoring and completion.
- b. Provide Medical Center Administration with relevant reports of environmental, health and safety risk assessment, prioritization of high exposure areas, desired coverage to mitigate business and compliance risks as the Institution continues to expand.
- c. Update policies to reflect performance measures and hold all involved parties accountable for meeting measures.

Management Response:

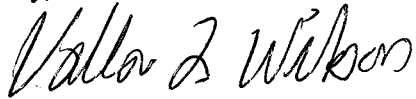
EH&S agrees with the recommendations and will implement the recommendations above.

Implementation Status: In progress

Implementation Date: October 1, 2014

Responsible Personnel: Bruce Brown, Director, EH&S

Sincerely,



Valla Wilson, Assistant Vice President for Internal Audit

Audit Team:

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Armin Dontes, Executive Vice President for Business Affairs

Appendix EH&S Safety Programs

Source: Medical Center EH&S Department

EH&S comprises six distinctive Safety Programs:

- Radiation Safety (RS) provides institutional support, service, and oversight in all matters pertaining to the receipt, use and disposal of radioactive materials, and x-ray producing equipment, as well as compliance with applicable State and Federal regulations. Magnetic Resonance Safety (MRS) assists to prevent work place injuries in the MR area. This Program works with the RSC to encourage voluntary compliance with the American College of Radiology White Paper on MR Safe Practices and provides safety training on pertinent topics including hazard zone identification, access requirements, and identification of ferromagnetic and non-ferromagnetic equipment.
- Laser Safety (LS) supports all staff, faculty, and residents with the use of lasers at UT Southwestern University Hospitals, Children's Medical Center Dallas, Parkland Memorial Hospital, and the VA North Texas Health Care System. LS staff evaluates recommendations for the purchase, maintenance, repair, documentation, registration, utilization, disposal, and administration of all medical lasers. LS is also responsible for monitoring operations of approximately 200 lasers to ensure compliance with national, state, and institutional regulations and policies. LS reports compliance activities to the Clinical Laser Safety Committee (CLSC).
- Biological and Chemical Safety (BCS) maintains regulatory compliance in support of research, teaching, and service endeavors conducted at UT Southwestern Medical Center and its affiliated hospitals. BC has responsibilities in multiple areas, each with a specific regulatory law framework reflecting a combination of practices involving policies, action plans, inspections, sample testing, teaching/training, and program documentation. BCS coordinates with the Biological and Chemical Safety Advisory Committee (BCSAC) to regulate all use of infectious substances, pathogens, and chemicals. BCS staff is responsible for inspections and audits of approximately 3,000 lab locations, 500 PIs and their staff to ensure safety and compliance in working with these hazardous materials.
- Fire/Life Safety (FLS) is to prevent fires by minimizing or eliminating fire hazards on campus. FLS is responsible for educating faculty, staff, and students on fire prevention and protection, life safety, emergency preparedness, and hands-on fire extinguisher training. FLS reports its activities to the Occupational Safety & Fire Protection Advisory Committee (OSFPAC). Another mission of FLS is to protect life and property, and to assist UT Southwestern in compliance with the National Fire Codes for 84 university-owned buildings and lease tenant spaces.
- Occupational Safety (OS) reporting to the OSFPAC promotes a safe work environment and assists to prevent work place injuries. OS encourages voluntary compliance with OSHA standards, provides safety training on pertinent topics including office/lab safety and injury prevention, and conducts investigations of Workman's Compensation Insurance injury claims.

EH&S Identified Compliance Risks Listing & Programs Areas

Source: Office of Risk Management, University of Texas System

Federal Environmental Protection Agency (EPA):	DSHS (continued):
Clear Air Act - air emissions	Hand Held Equipment
Clean Water Act	Welding, Cutting, Brazing/Hot Work Program
EPCRA – Community Right to Know	Electrical
FIFRA – Pesticides	Means of Egress
RCRA: Generation of hazardous waste	Platforms and Manlifts
Transportation of hazardous waste	Walking – Working Surfaces
Treatment of hazardous waste	Materials Handling & Storage
Storage of hazardous waste	Toxic & Hazardous Substances
Disposal of hazardous waste	Recording /Reporting injuries - illness
Toxic Substance Control Act	Texas Commission on Environmental Quality (TCEQ):
Superfund Amend & Reauthorization Act	Air Quality
Emergency Response for Environmental Releases	Clean Texas 2000 (recycling)
Other Federal (OSHA, HHS, Treasury & DOT):	Emergency Response/Community Right to Know
Lab Standard	Public Drinking Water
MSDS Program	Title V operations
Ethylene Oxide	Oil & Tire Recycling
Formaldehyde	Underground Storage Tanks
Hearing Conservation	Above Ground Storage Tanks
Medical Surveillance	Storm water run off
Biosafety Programs	Pretreatment
rDNA Programs	Radiation Control:
Hazardous Material Transportation	Bureau of Radiation Control
IADIA/Shipping and Transportation of Biological Materials	Texas Radiation Control Act
Use of alcohol & explosive materials in lab	Transportation of radioactive material
Fall Protection	License Conditions
Coastal Zone Protection Act	Radiation Disposal Rules
Driver Training/Safety	FDA Requirements
Forklift Operator Safety Training	Texas Medical Physics Act
Texas Department of State Health Services (DSHS):	Certification Conditions
Texas Hazard Communication Act	Registration Conditions
* Employee Training (Right to Know)	License Conditions
* Job Specific Training	Lasers
Medical Waste Collection and Disposal	Texas Department of Public Safety (DPS):
Asbestos	Controlled Substances
Indoor air Quality	Precursor chemicals
PCBs	Glassware
Two Tier Reporting	Driving
Lead Reduction	Texas Department of Transportation (DOT):
Drinking Water	Motor Vehicles
Pesticides	Transportation of Chemicals on Campus
Food Safety	Americans with Disabilities Act (ADA):
Lab Safety	Texas Department of Licensing and Regulation
Lock out/Tag out	National Fire Protection Association (NFPA):
Confined Space Entry	Building/Life Safety Code Compliance
Bloodborne Pathogens	National Electric Code
Personal Protective Equipment	National Fire Alarm Code
Respirator Protection program	Fire Prevention Code
Compressed Gas & Air Equipment	Other:
Machinery & Machinery Guarding	Distressed Medical Devices