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FORMS REFERENCED

Employee Safety Training Acknowledgment 04F-OEHS
Hazardous Chemicals Inventory 06F-OEHS
Inspection Reports (various) 12F-OEHS - 17F-OEHS
Personal Protective Equipment Assessment 11F-OEHS
Respiratory Hazard Assessment 19F-OEHS

CHARTS

Compliance Management System Page 6
I. ENVIRONMENTAL HEALTH & SAFETY

Providing and promoting a safe and healthful work environment and safe work practices for Tulane employees and students at each of the University's facilities is the primary objective of the policies and procedures presented throughout this manual, most of which are based on federal, state, and local safety standards, regulations, and guidelines.

Reaching this objective requires that employees are provided: 1) information regarding basic safety, potentially hazardous materials and equipment in their work areas, and protective equipment they may need to eliminate or reduce exposure to such hazards; 2) training that addresses procedures specifically designed for the job being performed, the materials and equipment being used, the area in which the job is being done, the protective equipment required, and the contingencies developed for emergency situations; and 3) a means of ensuring compliance with the requirements of 1) and 2) above. Whenever non-compliance occurs, safety is compromised; injuries, illnesses and/or deaths may result; and, in many cases, non-compliance may lead to heavy penalties imposed by governmental agencies.

To ensure compliance with health and safety policies and procedures, Tulane administrators have approved the Environmental Health & Safety-Compliance Management System, which was developed by Tulane's administration and its Office of Environmental Health and Safety (OEHS), for the purpose of engaging “levels” of management to support OEHS efforts in bringing about compliance at all facilities. OEHS is the office charged with stewardship, compliance assessment, and dissemination of environmental and occupational health and safety policies and practices campus-wide. (The system is more fully outlined in II further in this section.)

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1 The word "University" capitalized is used interchangeably with "Tulane" or "Tulane University" throughout this manual.
A. Policy

The policies and procedures presented in this manual are designed to ensure that 1) employees are trained in the procedures, safeguards, and use of equipment needed in performing their jobs; 2) that management bears the responsibility for training and training documentation; 3) that employees have access to information regarding the hazardous nature of any operations in which they are involved, of any hazardous materials they may handle or to which they may be exposed, and have information on the proper storage, handling and disposal of such materials; 4) that on-going efforts are being made to reduce injuries/illnesses; and 5) that employees who do become injured or ill in the workplace receive prompt medical attention.

These requirements are met through programs involving fire safety, hazardous materials and hazardous waste management, biological safety, occupational health and safety, prevention of water and air pollution, radiation safety, accident prevention, electrical safety, emergency operations preparedness, insect and rodent control, food service sanitation and hygiene, and employee health and safety training.

Program implementation shall be through a compliance management system of senior officers, deans, unit heads, and departmental safety representatives working with OEHS and the University’s environmental health & safety committees (operations and policy); published safety policies, procedures, and rules; safety meetings; newsletters; safety alert communications; inspections/audits; development of emergency preparedness plans; emergency operations drills; emergency response to fire, chemical or biological spills, and personal injuries; response to employee complaints; employee monitoring for toxic or hazardous materials exposures; hazardous waste removal activities; setting worker protection criteria; reviewing new construction or renovation plans for safety and health code compliance; and employee training.

B. Regulatory Committees

In addition to the Environmental Health & Safety Compliance Management System outlined in II below, the following committees and review processes aid in compliance management by monitoring the use of certain chemicals, compressed gases, carcinogens, radioactive materials, and biological agents:

1. Laboratories planning to perform gene therapy, recombinant DNA experiments, or research involving select biological agents and toxins, are subject to the regulations and guidelines of the University’s Institutional Biosafety Committee (IBC).

2. Laboratories and facilities using radioactive materials and radiation producing equipment are referred to and subject to the regulations and recommendations of the University’s Radiation Safety Committee (RSC).

3. Prior to the use of explosives, “select carcinogens,” reproductive toxins, or substances having a high degree of acute toxicity, protocols should be submitted to OEHS for a review of safety procedures and concerns.

4. Grant proposals that involve the use of any of the aforementioned materials must be submitted to and reviewed by OEHS before grants may be funded (see III.C below).
5. The Tulane’s **OSHA Disease Prevention Committee** shall establish and review policies and procedures relating to bloodborne pathogens and biological agents/toxins that may cause diseases affecting staff, faculty, and visitors to Tulane facilities.

C. **Sources Used in Developing Health and Safety Policies/Procedures**

The policies and procedures set forth in this manual are based on 1) federal, state and local standards and regulations; 2) national consensus standards; 3) voluntary accreditation agencies; and 4) policies set forth by University administrators and committees. A list of contributing sources includes, but is not limited to:

- Asbestos Hazardous Emergency Response Act (AHERA)
- American Conference of Governmental Industrial Hygienists (ACGIH)
- American National Standards Institute (ANSI)
- American Society of Heating, Refrigeration, & Air-Conditioning Engineers (ASHRAE)
- American Society of Mechanical Engineers (ASME)
- American Society of Safety Engineers (ASSE)
- American Welding Society (AWS)
- Centers for Disease Control (CDC)
- City of New Orleans & other local government agencies
- Compressed Gas Association (CGA)
- Department of Environmental Quality (DEQ)
- Department of Health and Human Services (DHHS)
- Illumination Engineering Society (IES)
- Joint Commission for Accreditation of Healthcare Organizations (JCAHO)
- National Fire Protection Association (NFPA)
- National Institute of Health (NIH)
- National Cancer Institute (NCI)
- New Orleans Sewerage and Water Board (S&WB)
- Occupational Safety and Health Administration (OSHA)
- State of Louisiana Fire Marshal's Office
- State of Louisiana Departments of Agriculture, Transportation and Development
- State of Louisiana Department of Environmental Quality (LADEQ)
- Sanitary Code of the State of Louisiana (SCSL)
- Tulane University Administration
- Tulane University **Radiation Safety Manual**
- Tulane University Operations and Policy Committees
- U.S. Federal Aviation Administration (FAA)
- U.S. Departments of Transportation, Energy, Health & Human Resources
- U.S. Environmental Protection Agency (EPA)
- U.S. Department of Agriculture (USDA)

The **William-Steiger Occupational Safety and Health Act of 1970** requires every employer covered under the Act, to furnish its employees a place of employment free from recognized hazards that may cause death or serious physical harm. The Act also requires the employer to comply with the occupational safety and health standards promulgated under this Act, and demands that employees comply with the standards, rules, regulations, and orders that are applicable to their own actions and conduct.

**Louisiana Worker’s Compensation Law Part IV Subpart A Section 1291 (b)(4), Louisiana Statutes, as amended**, requires any self-insured Louisiana employer of more than fifteen employees to provide (to be provided by carrier if privately insured) plans for implementation of a working and operational safety plan. The plan shall be made available for inspection by the director of that office upon request but shall be privileged and confidential pursuant to R.S. 23:1293.
II. ENVIRONMENTAL HEALTH & SAFETY COMPLIANCE MANAGEMENT SYSTEM

The Environmental Health & Safety Compliance Management System (Compliance Management System or CMS) was designed to involve several levels of management in disseminating health and safety information and ensuring compliance with health and safety policies and procedures.

The CMS opens an information and compliance pathway which ensures that each level of management knows the compliance status of a unit and may separately and/or collectively affect a non-complying unit. For purposes of the CMS, a “unit” is defined as any configuration of a department, section, center, and/or program (or any number thereof) represented by a DSR (or any number of DSRs) who is appointed by a Unit Head (see Appendix C of this manual for unit listing). Each unit must have an Emergency Action Plan in place (see, Section 1, Emergency Response, and see V.E.1g, Emergency Action Plan, of this manual).

A. Components

The Compliance Management System is made up of the Office of Environmental Health & Safety, the University's Environmental Health & Safety Policy Committee (Policy Committee), the University's Environmental Health & Safety Operations Committee (Operations Committee), the Unit Heads who are the primary unit administrators, and the Departmental Safety Representatives (DSRs) who are the liaisons for all components within their units. The CMS also includes Senior Officers who report to the Policy Committee, and Deans, who like the Unit Heads, report to the Operations Committee as the chart below illustrates.

With its layers of managerial involvement, the CMS provides greater leverage in ensuring unit compliance. The system also provides an open exchange for information, suggestions, and complaints. All levels of the CMS have access to OEHS, and although OEHS may approach any level for assistance with non-compliance, it will start with lower levels of management and, if necessary, move up to higher levels until compliance is achieved.
B. How the System Works

OEHS determines a unit's compliance status by 1) conducting audits of the unit, and 2) reviewing mandatory documentation such as inspection reports, training acknowledgments, chemical inventories, etc., that have been collected on a regular basis by DSRs and submitted to OEHS. If a unit is in compliance, OEHS shall report the unit’s positive compliance status to the Operations and Policy Committees. Compliant units and DSRs will be acknowledged yearly. Units that achieve compliance for three consecutive years will receive special recognition.

If the unit is “not” in compliance, OEHS shall first consult with the DSR, then, if necessary, the Unit Head. If after approaching the Unit Head compliance is still not achieved, OEHS shall turn to the Operations Committee for assistance. The Operations Committee shall notify the Unit Head, Dean, and/or Senior Officer in charge of the non-compliant unit and ask that their influence be brought to bear in resolving the unit’s non-compliance. If the issue is still not resolved, OEHS and the Operations Committee shall prevail upon the Policy Committee.
C. Responsibilities

The responsibility for compliance with occupational and environmental health and safety policies and practices is shared by all levels of the Compliance Management System as well as by all supervisors/principal investigators, faculty, staff, and students.

1. Office of Environmental Health & Safety

OEHS responsibilities include:

a. Coordinating all occupational health and safety activities within the University and assisting deans, Unit Heads, DSRs and employees in the establishment and implementation of occupational and environmental health and safety policies and practices.

b. Maintaining records such as: 1) First Report of Occupational Injury/Illness forms for at least one year from the end of the year in which the reports are generated; 2) all OSHA logs for a period of five years; 3) the results of all environmental exposure monitoring, permanently; 4) a catalog of Material Safety Data Sheets; 5) a “master inventory” of hazardous chemicals, radioactive materials, and select biological agents and toxins used at the University; 6) Asbestos Management Plans for all AHERA covered facilities; 7) emergency plans for each facility in the event of a catastrophic emergency; 8) training documentation for employees; 9) medical surveillance records; 10) standard operating procedures for laboratories, 11) personal protective equipment and respiratory assessments, 12) vaccine documentation for hepatitis B virus (HBV), 13) waste manifests, etc.

c. Distributing notices (for posting) of compliance with Louisiana Worker’s Compensation laws governing occupational injuries or diseases.

d. Inspecting support facilities, teaching facilities, laboratories, research facilities and storage areas through the use of inspections/audits and monitoring.

e. Providing all training and materials necessary for DSRs to carry out their responsibilities.

f. Reviewing DSR submittals, and if requirements are met, reporting compliance status to Operations Committee and Policy Committee. If compliance is not achieved, OEHS is responsible for notifying the Unit Head, the Operations Committee, or ultimately the Policy Committee if necessary.

g. Reviewing all major occupational and environmental health and safety objectives set forth the previous year to determine whether goals have been met, and transmitting the results of such review to the Operations Committee.

h. Submitting projected annual goals to the Operations Committee.

i. Seeking additional authority, compliance suggestions, and/or resources from and through the Operations Committee.


k. The responsibilities of the Director of OEHS include, but are not limited to:
1) Developing comprehensive occupational and environmental health and safety systems, practices, policies and procedures that minimize hazards to employees, students, and visitors to University campuses.

2) Identifying hazardous conditions or practices, evaluating and/or making recommendations for correcting and avoiding conditions or practices that might be harmful to individuals, equipment, buildings or to the environment.

3) Acting as University liaison with representatives of outside agencies on all environmental health and safety matters. The exception is that the OEHS director does not submit plans of construction and renovation to appropriate review agencies, a responsibility that belongs to University architects and engineers.

2. Environmental Health & Safety Policy Committee

Members of the University's Environmental Health & Safety Policy Committee (aka, University Policy Committee or Policy Committee):

a. Review, comment, decide on approval of policies submitted by the Operations Committee.

b. Assist other entities within the compliance management system in obtaining full compliance.

3. Environmental Health & Safety Operations Committee

The University's Environmental Health & Safety Operations Committee (aka, University Operations Committee or Operations Committee) has advisory responsibilities covering areas of occupational and environmental health and safety, and accident prevention in all operations of the University with the exception of those responsibilities explicitly assigned to the Institutional Biosafety Committee, the Tulane OSHA Disease Prevention Committee, and the Radiation Safety Committee. The Operations Committee maintains an effective liaison and open exchange of information with these committees as well as with all University operating units. It is empowered to review, evaluate and make recommendations for policies, procedures and guidelines and/or revisions to existing policies and procedures. Additionally, Committee members:

a. Assist in developing occupational and environmental health and safety education/training programs designed to create and maintain an interest in health and safety issues.

b. Assist OEHS, Unit Heads, and DSRs in the implementation of occupational and environmental health and safety policies and practices; review the University’s compliance with federal, state, and local regulations.

c. Review reports of serious accidents, incidents, exposures, or fires for the purpose of detecting hazard patterns that can be corrected.

d. Recommend 1) health and safety policies or changes to existing policies; 2) corrections to eliminate hazardous conditions and/or unsafe practices; 3) physical or structural alterations to eliminate or control hazards.

e. Review policies and procedures submitted by OEHS.
f. Assist in prioritizing projects and/or securing funds to correct hazardous conditions.

4. **Senior Officers**
   
a. Charge Deans and Unit Heads with the responsibility of compliance.

b. Ensure that Unit Heads appoint qualified DSRs.

c. Assist other entities comprising the safety management system in obtaining full compliance.

d. Assist in the implementation of health and safety policies and practices.

5. **Deans**

a. Advise supervisors/principal investigators of their responsibility to ensure that employees in their charge perform job assignments in accordance with safety and health guidelines specific to each assignment.

b. Notify all employees and students that they are expected to adhere to all safety and health rules, regulations and guidelines within the scope of their job functions or classroom activities.

c. Through their supervisors/principal investigators, or DSRs, perform formal inspections of the physical facilities under their jurisdiction on a quarterly basis.

d. Support and lend authority to efforts by Unit Heads and DSRs to ensure compliance within units under their charge.

6. **Unit Heads**

a. Appoint DSRs and determine the duration of his/her term and the authority he/she shall exercise in accordance with the minimum requirements listed in the DSR Manual.

b. May form any type of DSR/safety organization within their unit that will help meet occupational and environmental health and safety program requirements.

7. **Departmental Safety Representatives**

The DSR’s responsibilities depend upon the type of unit under his/her supervision. Units may comprise facilities, laboratories, offices, or any combination thereof:

a. **DSRs Representing Facilities**

1) **Quarterly:** a) attend quarterly meetings with OEHS (one of which shall be the annual Non-Laboratory OEHS Safety Training session); 2) hold quarterly meetings with unit personnel on safety topics, and forward attendance records to OEHS (may do this by e-mail or electronically); 3) collect and submit quarterly inspection forms (prepared by supervisors/principal investigators) for unit to OEHS.

2) Report to OEHS a) any unsafe conditions or practices observed by unit members; b) spills, ergonomic problems, or asbestos concerns; c) coordinate the purchase of...
environmental H&S / Page 10 / SECTION 2

equipment requiring OEHS approval, etc.; d) collect and submit departmental response to OEHS inspections.

3) Collect and submit to OEHS unit’s chemical inventory forms, PPE assessment forms, and respiratory assessment forms.

4) Ensure that MSDSs are available in the work area.

5) Coordinate facility closeout information with OEHS, Facilities Services, and the unit member closing/renovating the facility.

b. DSRs Representing Laboratories

1) Quarterly: a) attend quarterly meetings with OEHS (one of which shall be the annual Laboratory OEHS Safety Training session); b) hold quarterly meetings with unit personnel on safety topics, and forward attendance records to OEHS (may be able to do this by e-mail or electronically); c) collect and submit quarterly inspection forms (prepared by supervisors/principal investigators) for unit to OEHS.

2) Report to OEHS a) any unsafe conditions or practices observed by unit members; b) spills, ergonomic problems, or asbestos concerns; c) coordinate the purchase of equipment requiring OEHS approval; d) coordinate OEHS/unit grant sign-off, etc.; e) collect and submit unit response to OEHS inspections.

3) Collect and submit to OEHS safety packets which include SOPs, chemical inventory forms, PPE assessment forms, respiratory assessment forms, door sign changes, laboratory training records.

4) Ensure that MSDSs are available in the work area.

5) Coordinate laboratory, or studio closeout information with OEHS, Facilities Services, and the principal investigator closing/renovating the lab, or faculty member in charge of the studio.

c. DSRs Representing Offices

1) Quarterly: a) attend quarterly meetings with OEHS (one of which shall be the annual Non-Laboratory OEHS Safety Training session); b) hold quarterly meetings with unit personnel on safety topics, and forward attendance records to OEHS; c) collect and submit quarterly inspection forms (prepared by supervisors/principal investigators) for unit to OEHS.

2) Report to OEHS a) any unsafe conditions or practices observed by unit members; b) spills, ergonomic problems, or asbestos concerns; c) coordinate the purchase of equipment requiring OEHS approval; d) collect and submit to OEHS unit response to OEHS inspections.
8. **Supervisors/Principal Investigators**

a. Supervisors/principal investigators are primarily responsible for providing and documenting employee training, unit self-inspections, safety meetings, and other compliance paperwork including: annual chemical inventory, SOPs for labs, PPE and respiratory assessments, training documentation, quarterly inspections, annual OEHS inspection response, etc. Supervisors/principal investigators are ultimately responsible for the accuracy of information provided in any compliance paperwork, and for ensuring that the appropriate documents are submitted in a timely manner to their DSRs who then submit the documentation to OEHS.

1) **Safety Meetings**

Supervisors/principal investigators shall hold safety meetings with their employees on a quarterly basis. Upon request, OEHS shall provide needed assistance and resources for these meetings. Dates, attendees’ names, and topics discussed should be prepared for each meeting and filed for future reference. *Note:* A staff meeting may qualify as a safety meeting as long as appropriate safety issues are discussed.

2) **Training**

Supervisors/principal investigators shall make certain that employees are trained relative to the hazards associated with their jobs, the methods to protect themselves from these hazards, and the proper performance of a job before being left alone to perform it (unless the employee has previously performed that job). Supervisors/principal investigators must document employee safety training and forward same to their DSRs who shall submit the documentation to OEHS. A copy should be kept within the unit. OEHS provides supervisors/principal investigators with the necessary safety training to conduct these sessions.

3) **Training Documentation**

For supervisors/principal investigators who hold safety meetings/training sessions, an Employee Safety Training Acknowledgment (*Form 04F-OEHS*) has been provided in Appendix *E* of this manual. The method of transmitting safety rules to employees is left to the discretion of the trainer. As with safety meetings, training documentation should be forwarded to the DSR who shall then submit the documentation to OEHS. A copy should be retained by the unit.

4) **Unit Self Inspection**

Supervisors/principal investigators shall conduct inspections of their own units quarterly. Self-inspections shall be documented and forwarded to the DSR who shall then submit the documentation to OEHS. A copy should be retained by the unit.

b. Supervisors/principal investigators and other supervisory personnel must review all substances, agents, processes, and possible reactions for health, safety or fire hazards before an experiment is assigned or attempted. Any potential risk to public health or the environment must be assessed as well. These general recommendations may serve as a basis for further detailed instructions prepared for each laboratory or other University facility by those directly responsible.
Supervisors/principal investigators and other supervisory personnel must not permit students or staff to work with any chemicals or hazardous materials or in an area with hazardous activities without protective equipment and proper training in the hazards of the procedure(s), proper handling techniques and emergency procedures. It is the responsibility of the person having immediate control of the area or procedure(s) to provide the necessary training and personal protective equipment.

9. Faculty, Staff, Students

Faculty, staff, and students at each facility are to comply with OEHS occupational and environmental health and safety policies set forth in this manual, and are to promote and exercise safe work practices at all times.

III. Compliance

A. General Compliance

Although the University accepts responsibility for leadership in implementing safety and health programs and conditions, in order to accomplish the objective of the University's environmental health and safety policies, all faculty, staff, students, and outside contractors are expected to become acquainted with and adhere to the policies and procedures set forth in this manual. Additionally, all staff, faculty, students, outside contractors, visitors, visiting faculty and visiting students shall comply with all rules, regulations and orders issued pursuant to federal, state, and local regulatory acts and University policies.

B. Regulatory Compliance

Many of the policies and procedures outlined in this manual are based on standards and regulations promulgated by governmental agencies such as the Environmental Protection Agency (EPA) and the Occupational Safety and Health Administration (OSHA), that assess considerable penalties on institutions found to be non-compliant. Inspectors representing these agencies most often appear unannounced and the targeted unit or facility must be prepared to answer questions and provide documentation regarding hazardous materials handling (use, storage, and disposal), hazardous materials inventories, employee training, and other safety compliance issues. If fines and penalties are assessed by a regulatory agency such as the EPA, OSHA, or the Louisiana Department of Environmental Quality (LADEQ), the unit(s) receiving violation notices shall be responsible for the fines and penalties incurred.
C. **Compliance Requirements for Certification of Grant Proposals**

Grant proposals that require certification of compliance with occupational and environmental health and safety regulations must be sent to OEHS for verification before grants may be funded. The Director of OEHS and/or his/her designee will *not* certify a grant if the applicant is not in compliance with policies related to any of the following topics: OSHA Hazard Communication, OSHA Laboratory Standard, Animal Handler Medical Surveillance Program, Fire Safety, Radiation Safety, Hazardous Waste, and Biological Safety.

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IV. **OCCUPATIONAL AND ENVIRONMENTAL HEALTH & SAFETY POLICIES IN BRIEF**

A. **Safety Training**

Employees shall be provided with training in the proper safeguards, procedures, and equipment needed to perform their tasks safely. Supervisors/principal investigators shall be responsible both for employee training and for documentation thereof.

In addition to training and information provided by supervisors/principal investigators for specific jobs, OEHS shall provide, at the time of new employee orientation, preliminary safety information and sources for specific training. OEHS shall also periodically hold general training seminars and information booths covering such items as fire safety, laboratory safety, and personal protective equipment. On-line training programs are also available at [www.som.tulane.edu/oehs](http://www.som.tulane.edu/oehs).

See, SECTION 3, EMPLOYEE SAFETY TRAINING, of this manual for "general" employee training information. Training for "specific jobs" or for work in "specific areas" is addressed throughout this manual where areas of specialization are fully covered, e.g., asbestos, hazardous waste, formaldehyde, radiation.

B. **Hazard Communication**

1. Governmental agencies require the implementation of a comprehensive hazardous materials management plan (Hazard Communication Plan) that shall cover, among other things, hazard
determination, handling and labeling hazardous materials, material safety data sheets, employee information and training, and hazardous materials inventories.

2. All employees must have access to information concerning the hazardous materials they may handle or to which they may be exposed. Material Safety Data Sheets (MSDSs) for all hazardous materials used at the University are kept by OEHS and are also available on the OEHS website at www.som.tulane.edu/oehs. MSDSs must be available to employees in their work area.

3. OEHS shall maintain a master inventory of hazardous materials in use at Tulane based upon annual inventories submitted by the supervisors/principal investigators.

4. Any department handling the purchase of hazardous materials must have available a list of all items requiring OEHS approval prior to purchase.
   
   • See, SECTION 12, HAZARD COMMUNICATION, of this manual.

C. Hazardous Materials Management

University policy requires a maximum practical separation of large concentrations of people from areas in which hazardous materials are used or stored. Policy also requires that such areas be secured when not in use and that access be limited to authorized personnel.

Facilities where hazardous materials are stored must be secured, clearly identified, labeled and routinely monitored. Purchase, storage, disposal, and transportation of hazardous materials and hazardous waste must follow established guidelines and involve OEHS handling and/or approval. OEHS has the responsibility and authority to inspect and monitor all such facilities and storage areas.

Each laboratory, research facility, support facility (including dormitories), and hazardous materials storage area, must develop site-specific operating procedures that address the specific projects or activities occurring in the area, the hazardous materials being used, and a list of contact personnel and emergency response procedures in the event of a emergency within the unit.

All procedures shall be prominently posted (or easily available) in the work area. In laboratories, the site-specific procedures are referred to as “standard operating procedures.” All such procedures must be updated at least annually. They must also be approved and periodically reviewed by OEHS.

For any experiment, research proposal, or sponsored project that requires use of high risk substances (e.g., select agents, toxins, and carcinogens, reproductive toxins, or substances having a high degree of toxicity), a protocol sheet describing the project and the operating procedures that shall be followed must be submitted to OEHS for review and approval.

• See, SECTION 12, HAZARD COMMUNICATION; SECTION 29, HAZARDOUS MATERIALS SAFETY; and SECTION 26, FIRE SAFETY, of this manual.
D. **Medical Treatment and Injury/Illness Reporting**

When required by law or accrediting agencies, physical examinations and regular check-ups shall be provided at University expense for those employees working with materials or in situations that are known or strongly suspected of presenting a significant health hazard. OEHS shall (via policies, training, and/or audits) inform the necessary personnel of the need for examination and shall maintain a permanent record of same in accordance with regulatory requirements.

In the event of an injury or illness on the job, the employee has a right to medical treatment. All injuries/illnesses must be reported on a First Report of Injury/Illness form (Form 18F-OEHS) to Risk Management (original) and OEHS (copy) within 24 hours.

- **See, SECTION 4, INJURY/ILLNESS REPORTING,** of this manual.

E. **Medical Surveillance**

A medical surveillance program for employees whose work involves hazardous materials or hazardous operations shall be carried out as required by various federal and state regulatory agencies.

1. If monitoring is done, area and personal monitoring results shall be maintained by OEHS for the minimum time required, and are available to the employee or the employee’s duly authorized representative.

2. If monitoring shows exposure above the permissible exposure limits (PELS), or if a person develops signs or symptoms, or in the event of an emergency such as a spill or leak, the person is then entitled to medical surveillance. OEHS shall retain a copy of the physician’s written opinion. Results of the medical examination and tests conducted by the physician, including the physician’s written opinion, shall be kept as part of the employee’s medical record at TUHC and shall be kept for the duration of employment plus 30 years.

3. OEHS, through the supervisor/principal investigator or Unit Head, shall provide a copy of the physician’s written opinion to the affected employee and/or his/her authorized representative, within 15 days of its receipt.

4. If an employee handles or comes in contact with research animals, he/she must participate in the Animal Handling Surveillance Program. To participate in this program, staff, students, and visitors must complete a **Risk Assessment and History** Form.

F. **Contractor Safety**

Contractors must be held to the same health and safety standards as Tulane employees, and must be made aware of any potential hazards associated with the contract work. While Facilities Services is the only department authorized to contract outside contractors or vendors, OEHS shall review and have the opportunity to comment within the scope of current federal, state, and local regulations on all plans for construction, renovation, or demolition of buildings at the University to ensure due consideration to health and safety issues. Projects involving hazardous operations and hazardous materials use or storage require OEHS approval.

- **See, SECTION 5, CONTRACTOR SAFETY,** of this manual.
G. Inspection and Compliance

Health and safety inspections (audits) of facilities and the operations conducted therein are mandatory and may be conducted by any of the following: OEHS, the unit supervisor/principal investigator, DSRs, or members of the Operations Committee or the Policy Committee. However, internal inspections (as opposed to inspections by parties outside the University such as governmental or insurance agencies) shall be primarily conducted by the supervisor/principal investigator or DSR representing the unit. All inspections shall be documented in inspection reports that must be forwarded to OEHS. Hazards found during an inspection must be corrected within a given time period. If corrections are not made within the given time, the unit shall be notified by the DSR or OEHS and advised of the need to comply. If neither OEHS nor the DSR can obtain compliance from the unit, appeals may be made by OEHS to higher levels of the Compliance Management System until compliance is achieved.

- See, SECTION 13, INSPECTIONS AND COMPLIANCE, of this manual.

H. Personal Protective Equipment

Federal laws require assessment of work areas to determine whether the hazards present necessitate use of personal protective equipment (PPE). If assessment determines a need for PPE, federal law requires that employees be provided the necessary equipment, be properly fitted for the PPE, and trained in its use and maintenance. To assist units in meeting these federal standards, OEHS has developed the Personal Protective Equipment-Hazard Assessment Certification Program (PPE-HACP). Unit Heads and supervisors/principal investigators are responsible for implementing the PPE-HACP and for the cost of equipment. Training and recordkeeping must be provided by the supervisor/principal investigator with OEHS assistance, if needed.

- See, SECTION 14, PERSONAL PROTECTIVE EQUIPMENT, of this manual.

I. Respiratory Protection

Federal law requires special provisions for respiratory protection in an effort to minimize occupational illnesses that may be attributed to the inhalation hazards. OEHS has developed a Respiratory Protection Program (RPP) that addresses federal standards. The RPP includes identification of the hazards to which employees may be exposed, determination of the proper respiratory protection, training of personnel in its usage and maintenance, routine surveillance of the work area, medical surveillance of employees using respirators, and periodic inspections.

- See, SECTION 15, RESPIRATORY PROTECTION, of this manual.

J. Visiting Children

1. Children UNDER 18 years of age:

   a. shall not be allowed into areas posted with radiation warning signs, or into any animal facility, except with specific written permission of the laboratory or animal facility director;

   b. shall never be allowed into the following areas: laboratories posted at Biosafety Level 3 or Biosafety Level 4, laboratories in which infectious agents are being actively manipulated; laboratories in which chemical carcinogens or other acutely toxic chemicals are actively handled; areas of high radiation or airborne radioactivity (as defined in 10 CFR 20.104).
2. **Children UNDER 12 years of age:**

   a. shall not be allowed into any laboratory except with the specific written permission of the laboratory director;

   b. shall not be allowed into any hazardous equipment or chemical areas, shops, mechanical space, or construction site without specific written permission of the appropriate supervisor.

   c. *Nonpatient* children under 12 years of age shall not be allowed into any clinical laboratory, treatment room, or other "restricted" area except with specific written permission of the clinic manager.

   d. If written permission is given in any of the above circumstances, children must be continuously supervised while in the area(s) specified.

3. No unauthorized persons, whether visitors or employees, shall be allowed into areas posted with restrictive warning signs (examples: "Danger-Asbestos," "High Voltage," "Caution - PCBs").