SAFE WORK PRACTICES FOR THE CRO

What contract researchers need to know to be compliant with OSHA and keep employees safe

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Disclaimer

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Goal of This Presentation

My hope is that this presentation will give you a better idea of what you need to know to develop or enhance your business safety program in order to keep you and your employees safe, to help you increase safety compliance, and to decrease risk in your business operations.
Give you some background about OSHA and how it may impact you as a business owner

Focus on five important areas of safety that may impact the CRO business

Supply you with resources for building or enhancing your business safety programs

NO GAMBLING

Safety of your employees and workplace is a no gamble zone!
Resource Lists Follow At End of Slide Deck
The Deal: basics you need to know

- OSH Act
- State Plan States
- Small Business Exemptions
- General Duty Clause
- When OSHA will show up? Fines?
- Most Frequently Cited Violations & other important topics
OSH Act

• Occupational Safety and Health Act of 1970, (OSH Act)
  • Richard Nixon and bipartisan Congress
  • “the right to a safe workplace is a basic human right”

• General Industry regulations:
  • 29 CFR 1910
    • Hazard Communication, Respiratory Protection, Hearing Conservation, Blood borne Pathogens, First Aid, Materials Handling, Forklift safety, Ladders, etc.
  • Allows OSHA to enforce and issue citations/fines for violations
  • Enforcement vs. Consultation
OSHA Regions and State-Plan States
Small Business Exemptions

In order to decrease some of the burden of meeting the OSHA requirements for small businesses

- The Self-Employed are exempt from OSHA

- Small businesses with 10 or fewer employees throughout the year are exempt from some OSHA requirements such as
  - Keeping an OSHA Log
  - Written Emergency Action Plan
The General Duty Clause

Each employer shall furnish to each of his employees a place of employment which is free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees”; OSH Act, Section 5(a)1

• So, if your employee is significantly injured due to a hazard that you were aware of and could have feasibly abated, AND the hazard doesn’t specifically fall under other regulations under the OSH Act (1910.)

Then you could be cited under the General Duty Clause
ERGONOMICS DRIVING
When will OSHA visit?

- If you report, or they learn about:
  - Fatality (report within 8 hours)
  - Overnight hospitalization of one or more employees
  - Amputation
  - Loss of an eye

- Employee or Whistleblower complaint
- Referral from another agency
What about fines?

• The **maximum** penalty OSHA can assess, regardless of the circumstances,
  • $7,000 for each serious violation and
  • $70,000 for a repeated or willful violation

• Often these may be reduced depending on
  • Abatement conference
  • Willingness to correct immediately
  • Case-by-case basis
OSHA's 2014 TOP TEN Most Frequently Cited Violations

1. Fall protection (C)
2. Hazard communication
3. Scaffolding (C)
4. Respiratory protection
5. Powered industrial trucks
6. Lockout/tagout
7. Ladders (C)
8. Electrical: wiring
9. Machine guarding
10. Electrical: systems design

(NSC, Safety+Health, December 2014)
Leslie’s Additions

OSHA Top 10

1. Fall protection (C)
2. Hazard communication
3. Scaffolding (C)
4. Respiratory protection
5. Powered industrial trucks
6. Lockout/tagout (LOTO)
7. Ladders (C)
8. Electrical: wiring
9. Machine guarding
10. Electrical: systems design

Leslie’s Additions

- First Aid & Medical
- Materials Handling
- Employee Training
- Driving
- Recordkeeping
- Emergency Action Plans
Respondent Issues

OSHA Top 10
1. Fall protection (C)
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Leslie’s Additions
• First Aid & Medical
• Materials Handling
• Employee Training
• Driving
• Recordkeeping
• Emergency Action Plans

Respondent’s Top Issues:
• Chemical Handling safety
• Farm equipment / tractor safety
• Proper PPE usage
• Driving Safety
• Heat Stress
Full House

♦ OSHA Recordkeeping and Reporting
♦ Hazard Communication / Chemical Safety
♦ Respiratory Protection
♦ Emergency Medical (First Aid, Showers, Eyewashes)
♦ Driving Safety
OSHA Recordkeeping and Reporting (1)

Definitions:

• Recordable vs. Reportable;
  • **Recordable incident**: meets OSHA criteria for injury/illness beyond First Aid treatment
  • **Reportable**: Fatality, Hospitalization, Amputation, Loss of Eye
    • And also to be recorded
OSHA Recordkeeping and Reporting (2)

Log 300 vs. 300A

- **300**: The detailed log you keep of injuries/illnesses that are beyond First Aid

- **300A**: A Summary log that removes details and is required for worksite posting February 1 – April 30 of each year
OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

You must record information about every work-related death and every work-related injury or illness that results in loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use the two lines for a single case if you need to. You must complete an Injuries and Illnesses Incident Report (OSHA Form 201) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is reportable, call your local OSHA office for help.

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<thead>
<tr>
<th>Identify the person</th>
<th>Describe the case</th>
<th>Classify the case</th>
<th>Enter the number of days the injured or ill worker was</th>
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<tr>
<td>(A) Case no.</td>
<td>(B) Employee name</td>
<td>(C) Job title</td>
<td>(D) Date of injury or onset of illness (e.g. 1/1/98)</td>
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<td>Aniken Skywalker</td>
<td>Pilot</td>
<td>2 / 16 months</td>
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Public reporting burden for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments to: OSHA-1214, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this address.
OSHA Recordkeeping and Reporting (3)

Requirements:

• Report certain types of injuries and illnesses immediately to OSHA

• You need to keep a listing (log) of injuries and illnesses that meet OSHA criteria unless your business is exempt

• Retain log for 7 years
Usual deficiencies:

• Don’t keep a Log when you are required to do so
  • If you have over 10 employees during the year

• If you have been specifically requested by the Bureau of Labor Statistics (BLS)

• Some enter every incident even if they don’t meet the recordable definition…
  • No need to enter First Aid events

• Keep a Log but don’t keep it up to date; entries within 7 Days
OSHA Recordkeeping and Reporting (5)

What you can do:

• Develop a written incident/emergency action plan
  • Clinics, hospital, EMT contacts
  • Local OSHA contact information
  • List Recordable, Reportable and First Aid Definitions

• Use an internal incident report form
  • Make sure you indicate any corrective actions taken

• Keep an “OSHA Log” file
Hazard Communication HAZCOM(1)

Definitions:


- HAZCOM 2012, new version aligned with the Globally Harmonized System (GHS)
  - All employees were to be trained by December 1, 2013
Major Changes for Your Awareness

MSDS → SDS (Safety Data Sheet)

SDS is now 16 sections

- OSHA was previously 8 sections
- Sections 12-15 not mandatory for OSHA
- EPA Pesticide information now in Section 15

Signal words: Warning and Danger (no Caution)

Standardized

- Pictograms
- Hazard Statements,
- Labels (except pesticides)

Basically required June 1, 2015
HAZCOM (2)

Requirements:

- Must have a written HAZCOM plan
- Chemicals must be properly labeled
- Hazardous materials need an SDS
- Emergency procedures; Non-routine tasks
- Off-site activities procedures
- Training: Initially or with new chemical or task
HAZCOM (3)

Usual deficiencies:

• Not reading labels and Safety Data Sheets!
• No written HAZCOM Plan
• No documented training,
  • Especially HAZCOM 2012
• Secondary containers not properly labeled
• SDSs not available or maintained
HAZCOM (4)

What you can do:

• READ
• Write a Hazcom plan
• Conduct Hazcom 2012 training
• Chemical Storage: labels, containment, segregation
• PPE training
• Emergency Response training for employees
• Maintain accurate SDS library
  • Paper, electronic, vendor-hosted
Respiratory Protection (1)

Definitions:

- 29 CFR 1910.134
- Respiratory Protection Standard

4th most cited standard in FY2014
Respiratory Protection (2)

Requirements:
• Written program
• Hazard determinations / proper selection
• Medical Evaluations, fit testing
• Annual training:
  • Job hazards requiring respirators
  • Types of respirators available
  • How to don, doff, clean, store
• Length of use (for cartridges & filters)
• Voluntary Use requirements
Respiratory Protection (3)

Usual deficiencies:
- Requirements may be confusing
- Wrong respirators, poorly maintained
- No written program
- Not reading the label and SDS
- How long to use cartridges and filters

Dust Masks & Filtering Facepieces
Respiratory Protection (4)

What you can do:

• Develop written program for your site
• Read labels and SDSs and determine if there are hazards…
• If so, ensure medical evaluations, fit-testing, and proper training on all required topics – every year!
• Take care of your respirators = $$$
Medical and First Aid (1)

Definition:
First aid supplies, safety showers & eyewashes, (29 CFR 1910.151);

- Medical personnel available for advice & consultation
- If professionals not in near proximity, you need adequately trained staff and adequate supplies
- Drenching/flushing equipment for immediate use (corrosives)
Medical and First Aid (2)

Requirements:
Requires employers to provide medical and first-aid personnel and supplies commensurate with the hazards of the workplace

Incorporates:
First Aid ANSI* Z308.1-1998
Eyewash and Safety Showers ANSI Z358.1-2004

*American National Standards Institute
Medical and First Aid (3)

Usual deficiencies:

- Undersized or out-of-date first aid supplies, little training in first aid
- Thinking “band aid” versus “lots of bleeding” for both supplies and training
- No eyewash or safety shower equipment
- Not taking equipment “on-the-road”
Medical and First Aid (4)

What you can do:

- Carry Trauma-type Kit in field, multiple eyewash bottles, extra water for drenching
- Keep supplies clean and up-to-date!
- Train employees in high-level first aid
- Wear goggles and face shields when working with chemicals
- Have vehicle kits, communication devices
Driving Safety\(^{(1)}\)

**Definition:**

No OSHA regulation for driving safety

38% of all occupational fatalities
Driving Safety(2)

Requirements:

• Guidance document from OSHA, NETS, and NHTSA for employer use

• Your insurance company may have some requirements
  • MVR checks, training, vehicle requirements

• Federal, State and local vehicle codes
Driving Safety (3)

Usual deficiencies:

- No driving policy
- Not checking employee driving records
- No employee training
- Not carrying safety equipment
- Not wearing seatbelts/restraints
- No cellular technology policy
- Not enough attention to younger drivers
Driving Safety (NSC 2014)

- Ave. cost of vehicle accident: $16,500
- Results in injury: $74,000
- Results in fatality: $500,000
Driving Safety

What you can do:

• Develop a Driving Safety Policy
  • Cellular technology, Substance use, fatigue, towing, etc.
  • Who can drive company vehicle and when?
• Review MVR records at hire and annually
  • Pre-determine what will be an acceptable record
• Train annually
  • DVD, on-line, supervisor ride-along
How to Get the Odds in Your Favor

- Identify & Prioritize Your Risks
- Define Risks in Safety Terms
- Make it Important
- Resources
## Identify & Prioritize Your Risks

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<th>Risk Level</th>
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<td>High Risk</td>
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<td>Likely</td>
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<td>Highly Unlikely</td>
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<td>Very Low Risk</td>
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<td>Harmful</td>
<td></td>
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**Safety for the CRO**
Identify & Prioritize Your Risks

Safety for the CRO

Very Likely

Medium Risk

High Risk

Extremely High Risk

Likely

Low Risk

Medium Risk

High Risk

Highly Unlikely

Very Low Risk

Low Risk

Medium Risk

Slightly Harmful

Harmful

Extremely Harmful

No Safety Eyewear

Consequences
Describe Risks in Safety Terms

- **JSA/JHA**: (Job Safety Assessment or Analysis)
  - describe how to perform a task step-by-step, any hazards associated with a task, and controls to mitigate these hazards

- **SOP**: (standard operating procedure)
  - a written document or instruction detailing all steps and activities of a process. It should provide information to perform the entire process accurately, including safety

- **Flow diagram:**
  - Good for processes best described visually or with multiple routes of activity. May be helpful to those with language issues

- **Policy**: More formal, usually upper level directives
Make it Important

• Designate a safety rep for your team, provide him/her with training:
  • On-line training resources
  • Join local, regional, national organizations
    • Webinars, magazines, conferences
  • No-cost information (magazines and on-line)

• Make it a job responsibility and add:
  • Authority, Budget
## EHS Activity Calendar: 2015

### January
- Check AED and log-in to website
- Host CPR/AED/Frst Aid training (Vendor) or in February
- Conduct quarterly site safety inspection including hood flows, first aid kits (& restock); report corrective actions to management and Corporate EHS
- Safety Day:

### February
- Check AED and log-in to website
- Post OSHA log sent from Corporate
- Coordinate respirator users to complete and send in medical questionnaires
- Coordinate monthly safety inspection; report corrective actions to management and Corporate EHS

### March
- Check AED and log-in to website
- Coordinate monthly safety inspection, report corrective actions to management and Corporate EHS

### April
- Check AED and log-in to website
- Confirm all respirator users questionnaires are in
- Coordinate or conduct annual fit testing for respiratory users
- Conduct quarterly site safety inspection including hood flows, first aid kits (& restock); report corrective actions to management and Corporate EHS
- Safety Day:

### May
- Check AED and log-in to website
- Take down OSHA log, shred
- Coordinate monthly safety inspection, report corrective actions to management and Corporate EHS
- Coordinate training of all new interns on additional topics missed in April;
- Fire/Severe weather drill

### June
- Check AED and log-in to website
- Coordinate monthly safety inspection, report corrective actions to management and Corporate EHS

### July
- Check AED and log-in to website
- Conduct quarterly site safety inspection including hood flows, first aid kits (& restock); report corrective actions to management and Corporate EHS

### August
- Check AED and log-in to website
- Coordinate monthly safety inspection; report corrective actions to management and Corporate EHS

### September
- Check AED and log-in to website
- Coordinate monthly safety inspection; report corrective actions to management and Corporate EHS
- Arrange for flu shots on-site

### October
- Check AED and log-in to website
- Conduct quarterly site safety inspection including hood flows, first aid kits (& restock); report corrective actions to management and Corporate EHS

### November
- Check AED and log-in to website
- Coordinate monthly safety inspection; report corrective actions to management and Corporate EHS
- Coordinate Forklift training (Vendor) for MSARC employees (or in December)

### December
- Check AED and log-in to website
- Coordinate monthly safety inspection; report corrective actions to management and Corporate EHS
- Send all respiratory program documentation and training documentation to Corporate EHS if not previously done.
Resources Available for You to Use: (1)

• OSHA & State OSHA Websites
  • Regulations
  • Quick Sheets / Fact Sheets
  • Examples of documents and forms
  • Training Video Clips, PPT

• Industry Association Websites
  • American Society of Safety Engineers (ASSE)
  • National Safety Council (NSC)
  • University EHS department webpages (especially Ag)
Resources Available for You to Use: (2)

- Your Worker’s Compensation Insurance Company
- University Extension classes
- Sponsor Companies (inspections, checklists, training materials, DVDs, )
  - Shout Out for Dow Lab Safety Academy
- Outside Consulting & Training Vendors
  - J.J. Keller / Online, UL, MSDSonline, Asmark Institute….hundreds more
- OSHA Consultation Service
Gave you some background about OSHA and how it may impact you as a business owner
Focused on five important areas of safety that may impact the CRO business
Supplied you with ideas & resources for building or enhancing your business safety programs.
Safety of your employees and workplace is a No Gamble Zone!
Resource Lists Follow