

EHS Escalation Criteria and Process

Responsible Administrator: Executive Director, EHS

Revised: January 2024

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

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1. Process Description

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

2. Scope

These criteria apply to EHS inspections and assessments conducted using either the UC Inspect application or a process outside of UC Inspect. When repeated issues are observed and unresolved, and the responsible unit, department head, and/or Principal Investigator (PI) does not appropriately correct the issue, the criteria and process below will be used to escalate these issues.

3. Definitions

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

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

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

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

Priority One Finding:

Serious safety hazards, serious/willful regulatory violations, and/or significant fire and life safety code violations that pose a serious safety or compliance risk, initial hazard/compliance issue **must be addressed, and development of a corrective action plan leading to closure within 7 calendar days**. Work may continue if a temporary abatement plan can be developed and implemented.

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

Priority Two Finding:

Moderate safety hazard or moderate/repeat regulatory violation and/or moderate fire and life safety concern, poor housekeeping, safety documentation issues, safety training compliance, etc., **development of a corrective action plan leading to closure within 30 calendar days**. Work may continue if a temporary abatement plan can be developed and implemented.

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

Priority Three Finding:

Minimal safety hazard, possible regulatory violation, infrastructure, deferred maintenance, etc., **development of a corrective action plan leading to closure within 90 days**. Work may continue if a temporary abatement plan can be developed and implemented. Examples: Fire sprinkler/fire alarm non-compliance, damaged ceiling tiles or floor tiles, maintenance-oriented issues, etc.

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

Priority Scale	Priority Description	Days to Closure
IDLH	Imminent Danger/Immediately Dangerous to Life and Health	Within 24 hours
One	Serious safety hazard, serious/willful regulatory violations and/or significant fire and life safety code violation that poses a serious safety or compliance risk	0-7
Two	Moderate safety hazard or moderate/repeat regulatory violation and/or moderate fire and life safety concern, poor housekeeping, safety documentation issues, safety training compliance, etc.	8-30
Three	Minimal safety hazard, possible regulatory violation, infrastructure, deferred maintenance, etc.	31-90

4. Responsibilities

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

EHS Inspectors – Schedules and conducts inspections and completes inspection reports and findings. If IDLH findings are found, the EHS Inspector reports the situation to their respective EHS Assistant Director and/or the Executive Director of EHS. Works to resolve IDLH finding with lab within 24 hours of when the IDLH condition is found.

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

EHS Assistant Directors - Notify the Executive Director of EHS of IDLH conditions and communicate outstanding findings to campus Executive Leadership.

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

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

5. Program Components

A. Research Activities

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

i. Lab Inspection Findings and Corrections Escalation Process

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

a. *Imminent Danger/IDLH Findings*

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

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

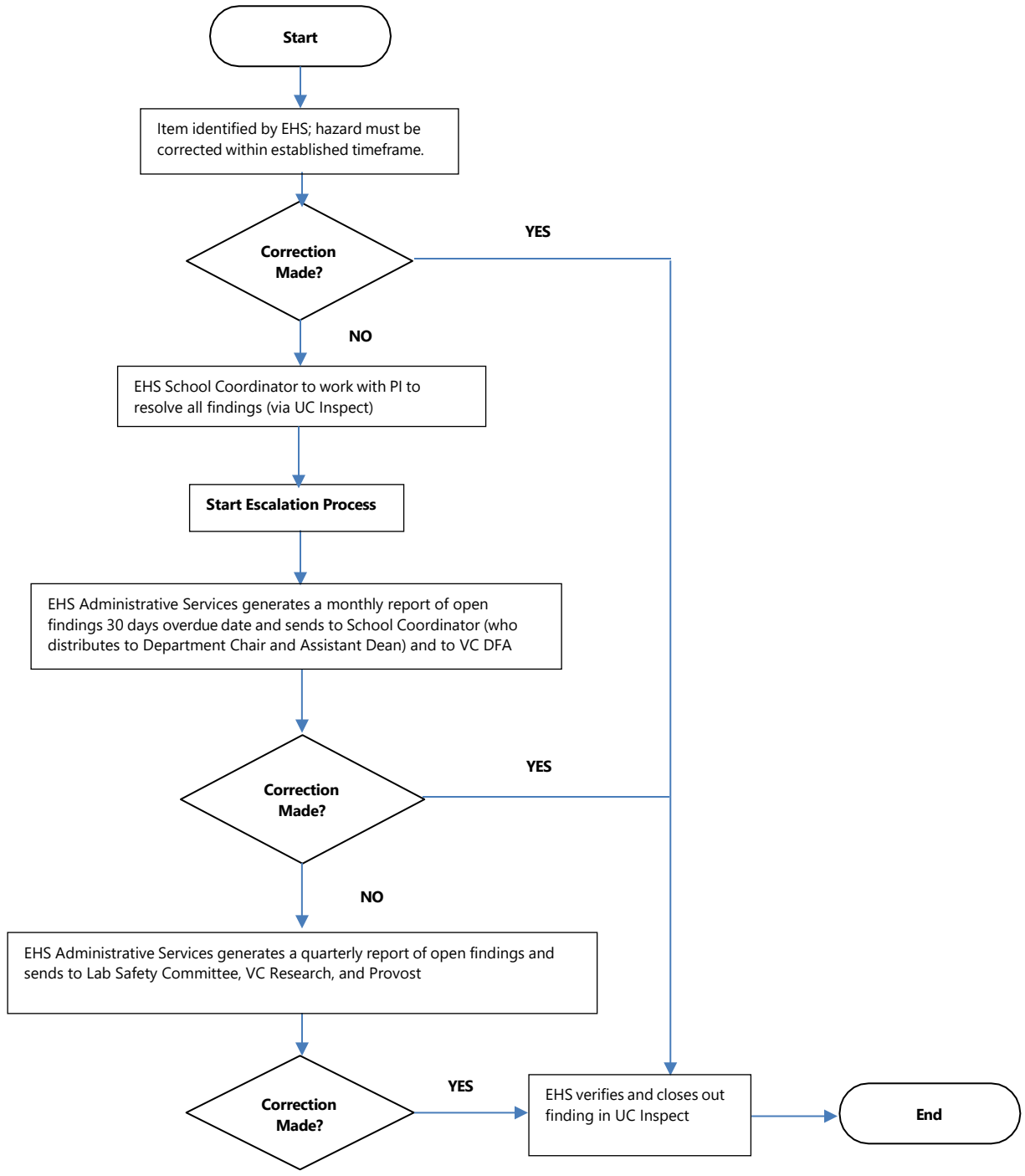
b. *Priority One, Two, and Three Findings*

If Priority One Findings have been discovered in the laboratory, the PI is expected to initially abate the hazard/risk and provide an action plan to correct these findings within 7

days. If no response is received from the PI or delegate 7 days after the safety hazard was identified, the EHS School Coordinator will follow-up with the PI to resolve the findings. If no response is received, the escalation process will be initiated according to the EHS Escalation Process, as noted in the flowchart above. The applicable EHS Assistant Director and/or EHS Administrative Services will generate a report of all open findings to provide to the EHS School Coordinator, who will provide this report to the Department Chair and Assistant Dean. If corrections are not made, the applicable EHS Assistant Director and/or EHS Administrative Services will then generate a report of all open findings to the Lab Safety Committee (including the VC of Research and VC of DFA) and Provost.

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

Research Escalation Process
(Revised 12/05/23)



If these findings are not resolved promptly, EHS will primarily focus on the escalation of IDLH and Priority One findings. Priority Two and Priority Three findings will continue to be identified and noted on inspection reports, and these findings are expected to be resolved according to their established timeframes. EHS will periodically review these findings and report closure of these items in internal reports.

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

Lab Safety Inspections Follow-Up Notifications Timeline:

Day 1: Report sent

Day 7: P1 items due

Day 8: P1 overdue notification sent

Day 14: P1 overdue notification sent

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

Day 31: P2 items overdue notification sent

Day 45: P2 items overdue notification sent

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

Day 91: P3 items overdue notification sent

Day 120: P3 items overdue notification sent

B. Non-Research Activities

i. Findings and Corrections Escalation Process

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

a. *Imminent Danger/IDLH findings*

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

b. Priority One, Two, and Three Finding

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

ii. Escalation Process using UC Inspect

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

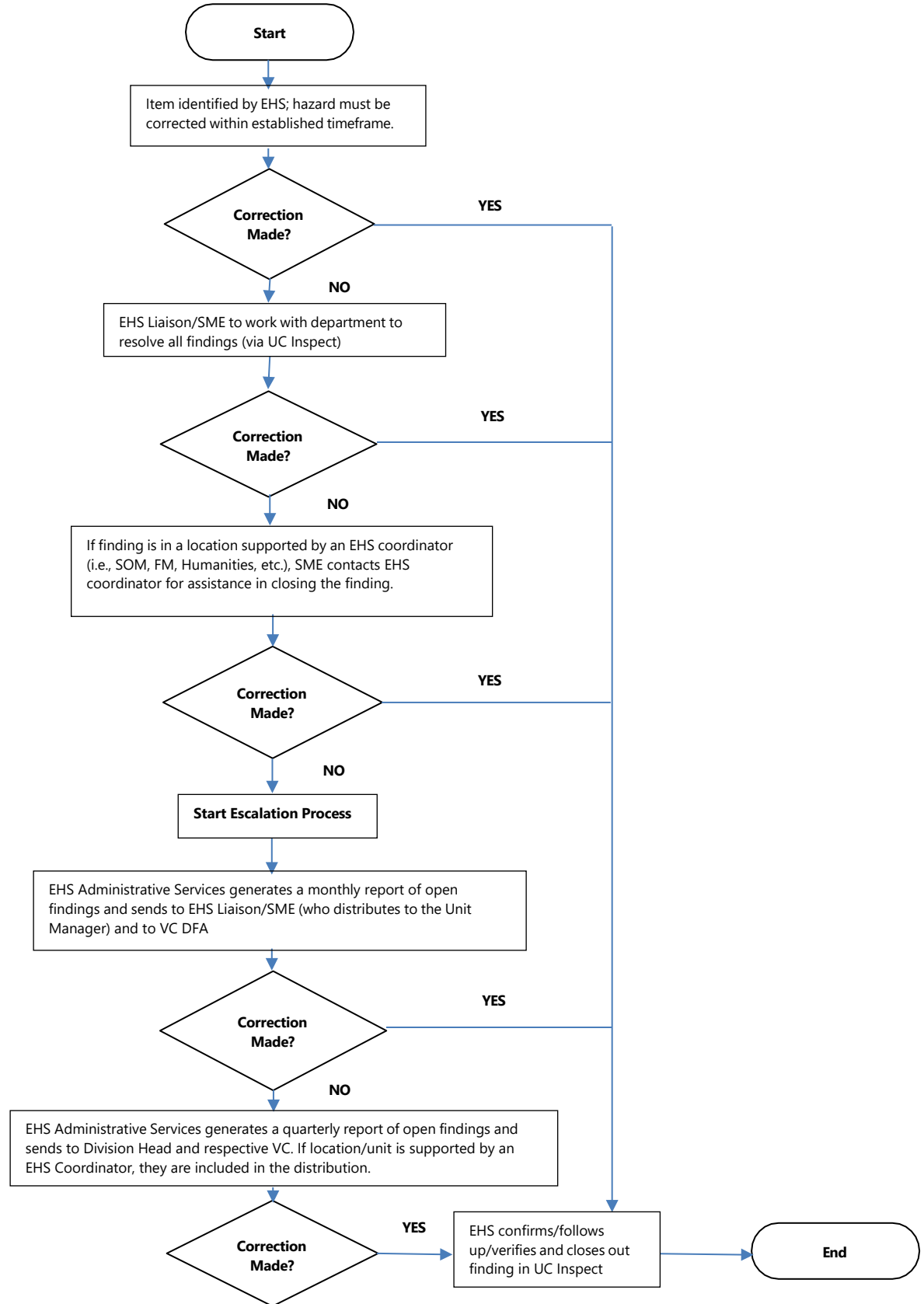
iii. Escalation process not using UC Inspect

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

If not using the UC Insect application, the EHS Assistant Director/unit manager is responsible for developing a tracking system for findings. The EHS Assistant Director/unit manager is also responsible for drafting and submitting a quarterly open item report to the EHS Executive Director.

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

Non-Research Escalation Process
(Revised 12/5/23)



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

6. Reporting Requirements

Example Escalation Report

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

7. References

[Environmental Health and Safety Policy \(Sec. 903-10\)](#)

Cal/OSHA: Inspection frequencies, identifying and correcting hazards