

Escalation Protocol for Unresolved Safety Violations in Research Laboratories

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As described in the [UC Santa Barbara Chemical Hygiene Plan \(CHP\), Section II, Chapter 5](#), PI's/Laboratory Supervisors are responsible for taking appropriate and effective corrective action upon receipt of written notification of findings requiring resolution that are identified via lab safety reviews, audits, surveys or inspections. Findings are assigned one of four priority levels, each with its own timeframe for resolution:

Imminent Danger (Immediate danger to life and health, significant property damage, serious near-miss incidents involving conditions that are likely present in other locations on campus.): Immediate Resolution/Stop Work.

Priority One (Serious safety hazard, serious/willful regulatory violations and/or significant fire and life safety code violation): Closure within 0-5 days

Priority Two (Moderate safety hazard or moderate/repeat regulatory violation and/or moderate fire and life safety concern/housekeeping/documentation issues, etc.): Closure within 6-30 days

Priority Three: Closure within 31-90 days (minimal safety hazard/ possible regulatory violation, infrastructure, deferred maintenance, etc.)

The determination of prioritization is subjective based on the inspector's judgment. Every situation is unique; EHS inspectors will base inspection findings on a review of relevant hazards, codes and exposures.

Environmental Health and Safety follows a set of compliance procedures, also described in the CHP chapter referenced above. These procedures consist of reminder messages sent to the PI, followed by subsequent messages to the department chair and the appropriate dean if the issue is not resolved.

The three-tiered protocol described below is to be executed if resolution is not achieved upon completion of all possible steps of the EH&S compliance procedures.

Tier 1

Once a repeat issue of noncompliance (as defined in the CHP, Section II, Chapter 5) by a group has been referred to the Chemical and Physical Hazard Safety Committee, a Tier One memorandum may be issued according to the following steps:

1. EH&S will provide the chair of the CPHSC with a report indicating the nature and severity of the repeat issue of non-compliance using the priority levels described above. These will include, but are not limited to:
 - a. All priority 2 findings that have not been corrected within 10 weeks of the initial inspection report being issued.

- b. All priority 1 findings that have not been corrected within 9 days of the initial inspection report being issued.
 - c. Priority 3 violations, which may involve infrastructure issues and deferred maintenance, will be considered on a case-by-case basis. Temporary alternative risk mitigation approaches may be approved by the CPHSC and the EH&S director, and be required to be implemented until a permanent resolution is effected.
 2. The committee may move to issue a Tier 1 memorandum, or to defer the issuance of a memorandum. Rationale for the deferral and a set time for re-evaluation must be documented.
 3. The Tier 1 memorandum will be sent to the PI and the Department Chair informing them of the repeat issue of non-compliance, the potential for suspension of operations, a time frame for responding in writing to the memorandum, and a new time frame for implementing corrective action.
 4. A written response to the Tier 1 memorandum is required.
 - a. The response should contain details regarding the corrective actions taken or to be taken.
 - b. Failure to respond within the timeframe defined by the memorandum may result in the committee moving to issue a Tier 2 memorandum, or to defer the issuance of a memorandum. Rationale for the deferral and a set time for re-evaluation must be documented.
 5. If a written response to the Tier 1 memorandum is received and the repeat issue corrected within the required timeframe, the committee will issue a Resolution memorandum indicating that the issue is resolved. Note: As the corrective actions must be verified by EH&S, labs must provide at least one business day for EH&S personnel to respond to the claims of corrective action. If there is no deadline within the required timeframe, the issue will advance to Tier 2.

Tier 2

1. The Tier 2 memorandum will be sent to the PI and the Department Chair informing them of the repeat issue of non-compliance, the potential for suspension of operations, that this repeat issue of non-compliance was not resolved in response to the Tier 1 memorandum, and a time frame for responding in writing and in person to the memorandum.
2. The PI must provide a written response to the CPHSC as to the reasons for the continued non-compliance and/or why previous corrective actions were ineffective, and what corrective actions have been or will be taken to prevent recurrence.
3. In addition, the PI will be asked, along with the department chair, to appear before a sub-committee of the CPHSC to discuss the proposed corrective action plan. Subcommittee members will be chosen based on members' expertise and its relevance to the issue at hand.

4. Failure to respond within the timeframe defined by the memorandum may result in the committee moving to escalate the issue to Tier 3, or to defer the escalation. Rationale for the deferral and a set time for re-evaluation must be documented.
5. If a written response to the Tier 2 memorandum is received by the CPHSC, the appearance of the PI before the committee, and the repeat issue corrected within the required timeframe, the committee will issue a Resolution memorandum indicating that the issue is resolved. Note: As the corrective actions must be verified by EH&S, labs must provide at least one business day for EH&S personnel to respond to the claims of corrective action. If there is no deadline within the required timeframe, the issue will advance to Tier 3.

Tier 3

1. The CPHSC will send a report to the Vice Chancellor for Research, recommending suspension of operations.
2. The Vice Chancellor for Research will decide on the course of action following consultation with the CPHSC and the Director of EH&S, and will provide authority and instruction on enacting suspension of operations if needed.
3. During the suspension period, the Principal Investigator and Department Chair will be instructed to appear before the Vice Chancellor and the chair of the CPHSC to explain why the operation should be reinstated and concurrently present a formal written corrective action plan.