



TEXAS TECH UNIVERSITY™

Operating Policy and Procedure

**OP 74.18: Institutional Laboratory Safety Committee**

**DATE:** October 8, 2019

**PURPOSE:** The purpose of this Operating Policy/Procedure (OP) is to establish procedures for the review and conduct of research by Texas Tech University (TTU) faculty, staff, and students involving chemical and physical hazards in a manner consistent with the Texas Tech University Laboratory Safety Manual and established best practices. TTU has established the Institutional Laboratory Safety Committee (ILSC) to act on its behalf in ensuring that laboratory research with chemical and physical hazards meets these safety standards.

The TTU ILSC is further charged with reporting to the Vice President for Research and Innovation on matters related to the use of chemicals and physical hazards that may be hazardous in the research, studios, and educational activities of TTU. Hazardous chemicals are defined as substances that are potential physical or health hazards by exhibiting harmful characteristics such as toxicity, reactivity, or flammability. Specific charges to the committee include the following:

- To recommend to the Vice President for Research and Innovation policies and procedures to ensure Texas Tech University's compliance with all federal, state, and local statutes, regulations, procedures, and principles relating to the purchase, storage, use, and disposal of hazardous chemicals used in TTU's research, studio, and educational programs.
- To certify investigators, their laboratories, and their programs for work with hazardous chemicals.
- To produce and update the Laboratory Safety Manual and oversee its implementation in the research laboratories and studios of TTU.
- To review and recommend to Environmental Health & Safety (EH&S) the need for general and specific training programs for research, studio, and teaching activities dealing with hazardous chemicals, and to review the appropriateness and effectiveness of such training programs.

**REVIEW:** This OP will be reviewed in September of odd-numbered years by the Assistant Vice President for Research (Environmental Health and Safety) and the Associate Vice President for Research and Innovation (Responsible Research; AVPR-RR) with substantive revisions forwarded to the Vice President for Research and Innovation (VPR).

## **POLICY/PROCEDURE**

### **1. Committee Function**

- a. The Vice President for Research and Innovation of Texas Tech University shall appoint the Chair of the Institutional Laboratory Safety Committee (ILSC) who, in turn, will appoint the members of the ILSC
- b. The ILSC is a faculty-led committee charged with improving the safety culture in research facilities, art studios, teaching facilities, and field research sites. The committee focuses on both human health protection and hazardous risk reduction in these facilities.
- c. The 16-person committee, in part, will establish policies and procedures based on current best practice by a number of national professional groups.
- d. This committee will serve as a faculty-led committee to improve the safety culture in research facilities such as laboratories, art studios, and field research sites. It will focus on both human health protection and hazardous risk reduction in these facilities. It will establish policies and procedures in accordance with current practices included in the National Research Council's (NRC) *Prudent Practices for Handling Hazardous Chemicals in the Laboratories*, the Center for Chemical Process Safety's *Guidelines for Hazard Evaluation Procedures*, the American Chemical Society's *Safety in the Academic Chemistry Laboratory* guide, and the U.S. Chemical Safety Board (CSB) case study on the January 7, 2010, laboratory accident in the Texas Tech University Department of Chemistry and Biochemistry. It also will apply regulations established by the Occupational Safety and Health Administration (OSHA) and Texas Commission on Environmental Quality (TCEQ), and recognized prudent practices for risk and hazard management, chemical use, transport, storage, and disposal.

### **2. ILSC Appointment and Composition**

The members of the committee will be appointed by the Vice President for Research and Innovation. The University Chemical Hygiene Officer will serve as executive secretary to the committee. While the initial appointments have staggered end dates, succeeding appointments will be for three years. Reappointments are permissible.

The ILSC shall have the following members:

- a. A minimum of three faculty members active or knowledgeable in the use of chemical reagents
- b. A minimum of one faculty member active or knowledgeable in the use of energetic materials
- c. A minimum of two faculty members who are non-users of chemical or energetic materials
- d. A minimum of one staff member knowledgeable in the use of chemical and/or energetic materials
- e. A member of the local regulatory community
- f. The Associate Vice President for Research and Innovation (Responsible Research; AVPR-RR), ex-officio

- g. The Assistant Vice President of Environmental Health & Safety, ex-officio
- h. Laboratory safety manager, ex-officio

### 3. **ILSC Responsibilities**

The ILSC shall be responsible for the following:

- a. Review and update, at least annually or as necessary, the Laboratory Safety Manual.
- b. Review and develop safety training appropriate for university laboratory work.
- c. Review reports of EH&S staff of faculty refusing to comply with university safety requirements.
- d. Review and publish reports on laboratory related safety incidents.

### 4. **ILSC Committee Operations**

#### a. Incident Investigation

- (1) For a safety incident resulting in injury, damage to property, or incidents in which first responders are called, EH&S will alert the chair of the ILSC to initiate a response.
- (2) EH&S will secure records of training, EH&S findings and reports, and any reports from first responders (if issued) and provide copies to the ILSC.
- (3) The Chair of the ILSC will send a letter to the principal investigators (PIs) and/or responsible individuals. The letter will state that the ILSC will review the incident and make recommendations to the PI and Office of the Vice President for Research and Innovation (ORI). The letter will also point out any relevant Laboratory Safety Manual sections that were violated or that apply to the situation. A copy will go to the Associate Vice President for Research and Innovation (Responsible Research), Assistant Vice President for Research (Environmental Health and Safety), and Vice President for Research and Innovation. The same email will be forwarded to the Senior Vice Provost, the dean of the college, and (if legal is involved) the Office of General Counsel.
- (4) ILSC will convene and redact anything violating the Family Educational Rights and Privacy Act. Working with EH&S, ILSC will issue recommendations to the PI/department and any to the university as a whole. If changes to the CHP should be made, those changes will be included in these recommendations.

The recommendations/findings will be sent to all PIs involved/affected by the incident, the chair of the department, the dean of the college, the VPR and Associate Vice President for Research and Innovation (Responsible Research), and the Assistant Vice President for Research (Environmental Health and Safety).

In the case of recommendations to PIs, the ILSC will set reasonable time limits (typically 30 days) to complete those recommendations. The VPR, AVPR-RR, and ORI

will be alerted to any PI recommendations not met and not identified as “in progress” by the specified deadline.

- (5) If first responders were called, the ILSC will request a town hall meeting in the affected department/building hosted by the ORI and the department chair to disseminate information and lessons learned.
- (6) The campus-wide recommendations, with specific PI information removed, will be shared with the VPR, the Provost and Senior Vice President, the Senior Vice Provost, the AVPR-RR and the Assistant Vice President for Research (Environmental Health and Safety).

b. Procedure for Laboratory Closure

If EH&S or the Office of the Vice President for Research and Innovation, dean, or departmental chair deem that a laboratory or studio space must be closed for serious lack of compliance with the Laboratory Safety Manual or the Laboratory Safety Plan for the laboratory or studio space in question, the following procedure shall be followed:

- (1) If the laboratory or studio space is chronically and/or seriously out of compliance with the practices outlined in the Laboratory Safety Manual or the Laboratory Safety Plan for the laboratory or studio space in question, the Office of the Vice President for Research and Innovation, in consultation with EH&S, will issue a written memorandum or email, as appropriate, to the PI and the departmental chair citing the reason(s) for the potential closure, and outline a timetable for redress of the compliance issues.
- (2) If all the issues described are not addressed adequately to the satisfaction of EH&S in the time indicated, the laboratory or studio space shall be closed and re-keyed until such time as the compliance issues are corrected. If the corrections are beyond the control of the PI, this should be indicated in writing to the university chemical hygiene officer and the department safety officer.
- (3) The PI may appeal the laboratory or studio space closure procedure outlined in writing to EH&S subsequent to the laboratory or studio space closure. The Office of the Vice President for Research and Innovation, in consultation with EH&S, will decide the merits of the appeal and either issue a revised timetable to readdress the compliance issues, accept the appeal without closure, or continue with the original timetable.

Laboratories or studio space that pose an immediate danger to life or health (IDLH) situation will be closed and re-keyed. The Office of the Vice President for Research and Innovation, in consultation with the university chemical hygiene officer and department safety officer, will issue a written memorandum or email, as appropriate, to the PI and the department chair citing the reason(s) for the closure within 24 hours of the closure date.