VA NORTHEAST OHIO HEALTHCARE SYSTEM
Louis Stokes Cleveland DVAMC
Medical Research Service
Subcommittee on Research Safety Policy

Effective Date: August 16, 2023

Policy Title: **MEDICAL RESEARCH SERVICE SAFETY PROGRAM**

Policy Number: SRS--001

Policy Version: .16

Author:

Name: John M. Schaffer, B.A
Title: Research Safety Coordinator
Department: Medical Research Service

JOHN M SCHAFFER 417267 Digitally signed by JOHN M SCHAFFER 417267 Date: 2023.08.22 09:36:10 -04'00'

John M. Schaffer, B.A.

Reviewed By:

Chair/Subcommittee on Research Safety:

Curtis J Donskey 402815 Digitally signed by Curtis J Donskey 402815 Date: 2023.08.29 16:22:58 -04'00'

Curtis J. Donskey, M.D.

Approved By:

Associate Chief of Staff/Research

Neal Peachey 411157 Digitally signed by Neal Peachey 411157 Date: 2023.08.29 20:31:55 -04'00'

Neal S. Peachey, Ph.D.

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1. PURPOSE: To establish a safety program within the Medical Research Service that provides for the protection of research personnel and compliance with relevant safety requirements.

2. POLICY: Medical Research Service will strive to provide a safe environment for employees, patients, and visitors by requiring and supporting the establishment and maintenance of an effective service safety policy.

3. DEFINITIONS:

a. Employees - This includes all VA employees (full-time, part-time, and without compensation [WOC]), regardless of work site and non-VA employees who work on VA premises.

b. SDS - Safety Data Sheet. Informational sheet prepared by the manufacturer of a chemical that states the physical and chemical properties of the chemical as well as handling, storage, and disposal procedures.

c. NRC – Nuclear Regulatory Commission

d. RSC/CHO – Research Safety Coordinator/Chemical Hygiene Officer

e. RSO – Radiation Safety Officer

f. WOC (Without Compensation) employee – An employee who is paid by any other source other than the VA, i.e., Case Western Reserve University, University Hospitals, etc or has a volunteer status.

g. TJC – The Joint Commission: The Joint Commission is a United States-based nonprofit tax-exempt 501 organization that accredits more than 20,000 health care organizations and programs in the United States.

h. OSHA – Occupational Safety and Health Administration

i. IRBNet – An online submission platform used by Research Integrity to review, make determinations, communicate, and manage project documents to ensure regulatory compliance.

j. Service Impact Forms – A document that indicates work to be performed by another service, which must be approved by the Chief of that service, i.e., blood draws to be performed by Pathology and Laboratory Medicine Services (PALMS), x-rays to be performed by Radiology.

4. RESPONSIBILITIES:

a. ASSOCIATE CHIEF OF STAFF/RESEARCH (ACOS/RESEARCH):

(1) The approving official for all policies and procedures relative to safety within Medical Research Service.

(2) Appoints the RSC/CHO.

(3) Establishes and maintains an active Medical Research Service Subcommittee on Research Safety. See Medical Center Policy 151-007 "Subcommittee on Research Safety" for information related to the SRS.

(4) Ensures that employees receive orientation and required safety-related training presented by the Facility Safety Office, RSC/CHO, RSO, their immediate supervisor, and other appropriate individuals.

(5) Reviews performance of safety responsibilities by supervisors.

(6) Provides appropriate disciplinary action when it is evident that safety and health standards are violated.

(7) Reports accidents, safety activities, and fire prevention activities that occur within the service at staff meetings.

b. INVESTIGATOR/SUPERVISOR:

(1) Informs the RSC/CHO and RSO (if appropriate) prior to a new employee working in the laboratory.

(2) Provides new employees with training on safe working practices, policies, and procedures appropriate for their laboratory and maintains documentation of this training on the Employee Confirmation of Laboratory Safety Training by Supervisor form (SRS Policy 010 - Employee Hazards Training by Supervisor) and the Office of Research & Development's Laboratory Biological Risk Assessment form (see SRS Policy 013 - Risk Assessment Policy.

(3) Ensures that new VA employees attend VA employee Orientation; and all new employees complete a Research Safety Orientation (in-person or on-line) and a Radiation Safety Orientation (if appropriate).

(4) Ensures that all employees complete required Talent Management System (VA web-based training, which includes safety-related coursework), Research Service Safety and Radiation Safety (if applicable) refresher training.

(5) Actively promotes and supports safety and fire prevention programs conducted at the facility.

(6) Ensures that employee work areas are free of unnecessary clutter.

(7) Ensures that any employee injured on the job receives first aid and/or emergency care.

(8) Ensures that any accident occurring within his/her laboratory or work area is investigated and a Report of Accident is submitted through the Employee Health Services ASISTS (Automated Safety Incident Software Tracking System).

(9) Provides light or alternative duty for injured employees, when possible.

(10) Follows up on the status of an injured employee and provides notification to Facility Safety Office.

(11) After an accident, takes corrective action to prevent a recurrence.

(12) Provides appropriate disciplinary action when it is evident that safety/health standards are violated.

(13) Identifies/corrects physical hazards/unsafe practices in his/her work area through periodic inspections.

(14) Reports unsafe conditions and practices to the RSC/CHO and initiates corrective action.

(15) Performs a Risk Assessment (see SRS Policy 013 - Risk Assessment Policy of all areas and procedures in his/her laboratory, trains their employees in the hazards they will face, the personal protective equipment that must be employed to prevent injury, and maintains documentation of this training (see Section 4 Responsibilities, part b Investigator/Supervisor, subpart 2, above).

(16) Provides personal protective equipment as needed, ensures that employees are trained in its use/maintenance, and ensures that employees use personal protective equipment when required.

c. EMPLOYEE:

(1) Knows and complies with regulations and procedures set forth by the hospital, TJC, NRC, Medical Research Service, and their laboratory supervisor.

(2) Attends/completes initial orientation provided by Personnel Service (VA employees only), the RSC/CHO, the RSO (if applicable), and the PI or laboratory-appointed supervisor.

(3) Completes annual safety training required by the Facility Safety Office, the RSC/CHO (Medical Research Service), the RSO (Office of the Director), and the PI or laboratory-appointed supervisor.

(4) Uses and maintains personal protective equipment when required.

(5) Keeps work areas free of unnecessary clutter.

(6) Promptly reports unsafe or unhealthy conditions to their supervisor.

(7) Promptly reports accidents to their supervisor.

(8) Participates in safety promotions presented by the Facility Safety Office and the RSC/CHO as directed by their supervisor.

(9) Knows the emergency procedures for his/her immediate work area. This includes knowing the location of safety devices such as fire extinguishers, fire alarm pull-stations, fire doors, emergency eyewash stations and emergency showers. Knows and follows proper evacuation procedures.

d. RESEARCH SAFETY COORDINATOR/CHEMICAL HYGIENE OFFICER:

(1) Participates in training for Safety Coordinators.

(2) Tracks research safety training and maintains all training documentation.

(3) Documents new employee attendance/completion of New Employee Safety Orientation coordinated by the RSC/CHO. Topics to be covered include the following: eating, drinking and hand washing requirements, hazard communication laws, the Chemical Hygiene Plan, Safety Data Sheets, personal protective equipment requirements, lockout/tagout, spill cleanup, hazardous waste disposal, infectious waste handling, sharps hazards, fire safety, and Emergency Disaster Procedures.

(4) Develops and revises training materials covering all areas of in-service training, especially those. covering Safety Management, Fire Safety Management, Utility Management, Equipment Management, and Emergency Disaster Procedures.

(5) Follows the regulations of TJC, OSHA, and the NRC. The RSC acts on recommendations from the Environment of Care (EOC) Committee, Radiation Safety Committee, the Radiation Safety Officer, and the Facility Safety Office.

(6) Actively promotes and supports safety and fire prevention and security programs conducted at the facility.

(7) Ensures that any accident occurring within Medical Research Service is investigated immediately by the appropriate supervisory personnel, and that the necessary forms are completed and forwarded correctly.

(8) Reports operational problems and/or violations noted by a Principal Investigator to the SRS for review.

(9) Recommends appropriate disciplinary action to the ACOS/Research when it is evident that safety and health standards are violated.

(10) Evaluates and revises the Medical Research Service Safety Program on an annual basis.

(11) Writes and submits an annual review to the Research and Development Committee regarding the Safety and Security of Medical Research Service.

(12) Coordinates semi-annual Medical Research Service chemical inventory updates, which is reviewed by the RSC/CHO, submitted to the SRS, and forwarded to the Facility Safety Office.

(13) Submits Safety Data Sheets (SDS) and New Chemical Request Forms for Medical Research Service to the Facility Safety Office. When approved, new chemicals and the associated SDS are downloaded into a web-based workplace chemical safety program (MAXCOM), which fully complies with the Occupational Safety and Health Administration (OSHA) Hazard Communication Standard [29CFR 1910.1200].

(14) Ensures that the safe use guides and Safety Data Sheets (SDS) for all hazardous and extremely hazardous chemicals are maintained in MaxCom and available to personnel.

(15) Coordinates weekly inspections of emergency eyewash and shower stations.

(16) Conducts Research Safety Subcommittee meetings. This includes preparing the agendas and minutes, maintaining documentation, and forwarding copies of the SRS-approved minutes to the Research and Development Committee for review.

(17) Coordinates a semi-annual inspection of the Medical Research Service and submits work orders for deficiencies noted. Reports individual laboratory deficiencies to the investigator within ten working days of the date the violation was first reported.

e. RESEARCH SERVICE SUBCOMMITTEE ON RESEARCH SAFETY & SECURITY (SRSS):

(1) Annually reviews/updates/approves the Medical Research Service Safety Training Manual, which includes the Chemical Hygiene Plan and Hazardous Agents Control Program. After being approved by the SRS, it is submitted to the Research and Development Committee.

(2) Ensures proper health surveillance and exposure monitoring of personnel.

(3) Reviews the transfer of all hazardous chemicals and reports approved transfers to the Associate Chief of Staff/Research.

(4) Reviews and approves SRS Policies.

(5) Reviews accident reports and employee complaints and suggestions. Makes recommendations to the Environment of Care Committee through the Facility Safety Office.

(6) Reviews semi-annual Medical Research Service laboratory inspections.

(7) Ensures that all deficiencies cited during safety inspections are properly abated.

(8) Operational problems and or violations are reported to/handled by the RSC within thirty days.

(9) See Medical Center Policy 151-007 "Subcommittee on Research Safety" for information related to the SRS.

(10) Reviews Research Protocol Safety Surveys (RPSS), any associated documents (i.e., Radiation Safety Committee Approvals, Service Impact Forms, Institutional Biosafety Committee documents [applications, submissions, and approvals], etc.) for each protocol submitted. VHA Handbook 1200.08, Safety of Personnel and Security of Laboratories Involved in VA Research, states the following:

a. Every research protocol that involves biological, chemical, physical, or radiation hazards conducted in a VA research laboratory must be reviewed by the SRS before the work begins and as needed thereafter.

b. The SRS must receive sufficient information from the PI prior to reviewing the research including, but not limited to, the protocol and the RPSS or an alternative form that contains, at minimum, the same information as VA Form 10-0398. See:

http://vaww.va.gov/vaforms/medical/pdf/10-0398.pdf.

NOTE: This is an internal VA Web site that is not accessible to the public.)

f. CHAIRPERSON, SUBCOMMITTEE ON RESEARCH SAFETY:

(1) Oversees all Subcommittee on Research Safety activities.

(2) Works closely with the Research Safety Coordinator.

REFERENCES: VHA Handbook 1200.08.

5. RESCISSION: The rescission date of this Subcommittee on Research Safety Policy is August 15, 2024.

7. FOLLOW-UP: RSC/CHO

SPILL/INCIDENT REPORT

1. Date _____ Time _____

2. Location: Building _____ Room # _____ Service _____

3. If outside, explain:

_____
_____
_____
_____

4. Type Response: Emergency _____ Non-Emergency _____

5. Injuries Involved: Yes _____ No _____
   If yes, time called for medical assistance: _____

If a spill/release of a hazardous material was involved, complete sections 6 – 8.

6. Spill Response Team Called: Yes _____ No _____

7. Type/Name of Hazardous Material(s) Involved:
   a. _____
   b. _____
   c. _____
   d. _____

8. Amount released (if known): _____

9. Area Evacuated: Yes _____ No _____

10. Fire/Explosion Hazard: Yes _____ No _____
    If yes, time when fire alarm activated: _____

11. Immediately Dangerous to Life or Health (IDLH) or Other Type Hazard:
    _____

12. Personal Protective Equipment Worn at time of incident: _____

Personnel Information:
Employee(s) to Employee Health: Yes _____ No _____

_____

(Attach description of how incident occurred to this form)

Report Completed by (print name): _____
Employee Signature _____ Date _____
Investigator: _____
Investigator Signature _____ Date _____
Received by - Research Safety Coordinator: _____
Research Safety Coordinator Signature _____ Date _____

Office of Research Oversight (ORO) Reportable Event? YES ☐ NO ☐ SRSS Determination Date: _____