

OCCUPATIONAL HEALTH AND SAFETY

SYSTEMWIDE

Audit Report 07-24

April 18, 2008

Members, Committee on Audit

Melinda Guzman, Chair
Raymond W. Holdsworth, Vice Chair
Herbert L. Carter Kenneth Fong
Margaret Fortune George G. Gowgani
William Hauck

Staff

University Auditor: Larry Mandel
Senior Director: Michelle Schlack
Audit Manager: Michael Zachary
Senior Auditor: Danette Adams
Internal Auditors: Dominick Owens and Parvena Sandhu

BOARD OF TRUSTEES

THE CALIFORNIA STATE UNIVERSITY

CONTENTS

Executive Summary	1
Introduction.....	3
Background	3
Purpose.....	4
Scope and Methodology	5

OBSERVATIONS, RECOMMENDATIONS, AND MANAGEMENT RESPONSES

Systemwide Policies and Procedures.....	6
Campus Program Administration.....	7
Health and Safety Policies	7
Health and Safety Inspections.....	9
Health and Safety Training	11
Medical Monitoring Practices	14

APPENDICES

APPENDIX A:	Personnel Contacted
APPENDIX B:	Management Response
APPENDIX C:	Chancellor's Acceptance

ABBREVIATIONS

CCR	California Code of Regulations
CFO	Chief Financial Officer
CSU	California State University
DSC	Department Safety Coordinators
EHIS	Environmental Health and Instructional Safety
EHOS	Environmental Health and Occupational Safety
EHS	Environmental Health and Safety
EHSTP	Environmental Health and Safety Training Program
EMMPM	Employee Medical Monitoring Program Manual
EO	Executive Order
GC	Government Code
IIPP	Injury and Illness Prevention Program
MIIPP	Model Injury and Illness Prevention Program
MMP	Medical Monitoring Program
OH	Occupational Health
OHS	Occupational Health and Safety
ORM	Office of Risk Management
OSHA	Occupational Safety and Health Administration

EXECUTIVE SUMMARY

As a result of a systemwide risk assessment conducted by the Office of the University Auditor during the last quarter of 2005, the Board of Trustees, at its January 2007 meeting, directed that *Occupational Health and Safety* (OHS) be reviewed. Occupational Health and Safety was last audited in 1997.

We visited eight campuses from March 5, 2007, through December 7, 2007, and audited the procedures in effect at that time. Campus specific findings and recommendations have been discussed and reported individually.

In our opinion, the administration and management controls over the OHS program needed improvement. Special attention was needed to ensure the ongoing viability and effective and efficient management of California State University's OHS function. Specifically, we found that systemwide policies for OHS, monitoring of prior audit findings, health and safety inspection programs, tracking and provision of health and safety training for employees and students, campus administration of the Medical Monitoring Program (MMP), and campus maintenance and communication of its Injury Illness and Prevention Program (IIPP) and OHS policies needed improvement. The findings presented below were found in varying degrees at the campuses visited, and while not always noted at a majority of the campuses, these issues were determined to be high-risk, and thus, took on systemwide implications.

The following summary provides management with an overview of conditions requiring attention. Areas of review not mentioned in this section were found to be satisfactory. Numbers in brackets [] refer to page numbers in the report.

SYSTEMWIDE POLICIES AND PROCEDURES [6]

Systemwide policies for OHS were outdated and policies did not clearly define OHS programmatic responsibilities and duties assigned to the systemwide Office of Risk Management.

CAMPUS PROGRAM ADMINISTRATION [7]

Campus IIPP and OHS policies were not always consistently reviewed and communicated, and departmental health and safety policies were not always fully developed and updated at six of the eight campuses visited. The revised IIPP had not been formally reviewed and approved at four campuses, and the art, biology, chemistry, and facilities departments did not always provide sufficient evidence that they had reviewed, updated, and communicated their health and safety policies to employees and students at five campuses. Additionally, campus health and safety inspection programs needed significant improvement at seven of the eight campuses visited. This is a repeat finding from the prior Occupational Health (OH) audit. Specifically, evidence of scheduled and unscheduled periodic health and safety inspections was not maintained at five campuses, documentation to identify and evaluate workplace hazards were not in place at three campuses, and department safety coordinators had not been assigned to all areas scheduled for health and safety inspections and the listing of coordinators was not updated at three campuses. Campus processes for tracking and providing health and safety training to employees and students needed significant improvement at seven of the eight campuses visited. This is a repeat finding from the prior OH audit. Specifically, campus-wide or departmental training matrices were not completed at all campuses and individual health and safety training records for employees were not

always maintained at seven campuses visited. Further, campus administration of the MMP needed improvement at five of the eight campuses visited. This is a repeat finding from the prior OH audit. MMP exams were not always performed and administrative procedures needed development.

INTRODUCTION

BACKGROUND

Senate Bill 198: Injury and Illness Prevention Program (IIPP) was passed and chaptered into the Insurance and Labor Codes on October 2, 1989. Regulations amending the General Industrial Safety Orders in the California Code of Regulations were adopted on December 13, 1990, and incorporated into Title 8, Industrial Relations, §3203, IIPP. Beginning July 1, 1991, Section 3203 required employers to establish, implement, and maintain a written IIPP with specified elements including substantial compliance criteria for use in evaluating an employer's IIPP.

In June 1991, the California State University (CSU) developed and distributed a *Model Injury and Illness Prevention Program* (MIIPP) to each campus. The model program was designed to serve as an umbrella and incorporated elements of a myriad of individual health and safety programs required by state and federal law. It was designed to integrate existing campus health and safety regulations and future safety-related mandates that may arise. The intent of the MIIPP was to facilitate identification and evaluation of workplace hazards; correct unsafe conditions; communicate between the university and its employees, students, and the general public on matters concerning health and safety; educate and train employees; develop compliance strategies; document safety and health-related activities; and identify the person or persons responsible for administering the program.

To expand further health and safety program awareness and compliance, the CSU developed and distributed additional health and safety guidance and policy resources. In July 1996, a *Sample Employee Medical Monitoring Program Manual* (EMMPM) was distributed to assist campuses in understanding and complying with applicable health, safety, and environmental laws and regulations. The *Sample EMMPM* was prepared in response to campus requests for guidelines to be used in developing local campus-specific medical monitoring programs. The manual provides suggested methods and exam protocols to help facilitate safe employee job placement, satisfactory maintenance of employee health, and implementation of effective hazard control methods on individual campuses. In April 1997, a *Sample Environmental Health and Safety Training Program* (EHSTP) was distributed to assist campuses in the area of environmental health and safety training. The objectives of the Sample EHSTP were to identify required and recommended environmental health and safety training, provide mechanisms to ensure that such training is completed, document safety training, make training-related records and reports available to managers and regulatory agencies, and provide a mechanism to ensure continuous improvement of campus safety training programs.

In August 1999, health and safety checklists for on- and off-campus activities were distributed to supplement existing campus, college, or department procedures. These checklists were subsequently included in Executive Order (EO) 715, *California State University Risk Management Policy*, dated October 27, 1999. EO 715 states that each president shall develop and implement campus risk management policies and procedures. In addition to the aforementioned checklists, the EO includes risk management guidelines for electrical safety.

PURPOSE

Our overall audit objective was to ascertain the effectiveness of existing policies and procedures related to the administration of *Occupational Health and Safety (OHS)* and to determine the adequacy of controls that ensure compliance with relevant governmental regulations, Trustee policy, Office of the Chancellor directives, and campus procedures.

Within the overall audit objective, specific goals included determining whether:

- ▶ Administration of OHS incorporates a defined mission, stated goals and objectives, clear lines of organizational authority and responsibility, and an effective safety and health committee.
- ▶ The IIPP and OHS policies and procedures are current, comprehensive, compliant with relevant laws and regulations, and adequately communicated.
- ▶ Selected departments had implemented inspection procedures to identify and evaluate workplace hazards and unsafe conditions and work practices, and to report inspection results to appropriate regulators, department chairs, and the environmental health and safety office.
- ▶ Occupational injuries and illness are adequately investigated and accurately reported.
- ▶ Recordkeeping procedures for health and safety inspections are adequate; and noted deficiencies from inspections and accidents are prioritized and resolved.
- ▶ Health and safety training has been provided to selected employees in accordance with specific job requirements; and appropriate training records are maintained.
- ▶ Health and safety training has been provided to students whose areas of study present potential hazards; and appropriate training records are maintained.
- ▶ The employee medical monitoring program is adequate, includes identification of all affected employees, and incorporates effective monitoring and recordkeeping procedures.

SCOPE AND METHODOLOGY

The proposed scope of the audit, as presented in Attachment B, Audit Item 2 of the January 23-24, 2007, meeting of the Committee on Audit, stated that OHS includes oversight of the campus IIPP, job and workplace conditions, employee health examinations and medical monitoring, health and safety training, work-related accidents, and programs for complying with federal and state occupational regulations. Potential impacts include injury of staff, faculty, and students; non-detection of work-related illnesses; regulatory fines and sanctions; litigation; and excessive workers' compensation costs.

Our study and evaluation were conducted in accordance with the *International Standards for the Professional Practice of Internal Auditing* issued by the Institute of Internal Auditors, and included the audit tests we considered necessary in determining whether operational and administrative controls are in place and operative. This review emphasized, but was not limited to, compliance with state and federal laws, Board of Trustee policies, and Office of the Chancellor and campus policies, letters, and directives. The audit review focused on procedures in effect from January 2006 through the date of audit, along with limited testing of calendar year 2005 records.

We focused primarily upon the internal administrative, compliance, and operational controls provided by the campus-wide IIPP and related management activities. Most of our work involved the EHS office and four selected departments: art, biology, chemistry, and physical plant/facilities.

Specifically, we reviewed and tested:

- ▶ The OHS organization and safety and health committee.
- ▶ Health and safety policies and procedures and the campus IIPP.
- ▶ Communication of pertinent IIPP and other health and safety information.
- ▶ Health and safety programs, policies, and inspections for selected departments.
- ▶ Occupational illness and injury investigation and recordkeeping, and Cal/OSHA reporting.
- ▶ Employee and student health and safety training.
- ▶ The medical monitoring program and recordkeeping.

During the course of the audit, we visited eight campuses: East Bay, Fullerton, Los Angeles, Monterey Bay, Northridge, San Diego, San Francisco, and San José. We interviewed campus and chancellor's office personnel and audited procedures in effect at that time.

OBSERVATIONS, RECOMMENDATIONS, AND MANAGEMENT RESPONSES

SYSTEMWIDE POLICIES AND PROCEDURES

Systemwide policies for occupational health and safety (OHS) were outdated and did not clearly define OHS programmatic responsibilities at the Office of the Chancellor.

During our OHS audits, we noted that the following systemwide policies were outdated and had not been revised since the early 1990's or subsequent to the last Occupational Health (OH) audit in 1997:

- ▶ California State University (CSU) *Model Injury and Illness Prevention Program* (MIIPP), dated June 1991.
- ▶ CSU *Sample Employee Medical Monitoring Program Manual* (EMMPM), dated July 1996.
- ▶ CSU *Sample Environmental Health and Safety Training Program* (EHSTP), dated April 1997.
- ▶ Executive Order (EO) 715, *CSU Risk Management Policy*, dated October 1999.

We also noted that although the Office of Risk Management (ORM) had systemwide authority for OHS, none of these policies included a clear definition of ORM's OHS programmatic responsibilities. Such responsibilities should include resolution of prior OHS issues noted in internal audit reports or external agency reports, monitoring the viability and sustenance of campus controls in significant OHS areas, and reporting the state of compliance to chancellor's office management.

Government Code (GC) §13402 and §13403 state that management is responsible for establishing and maintaining a system of internal administrative controls, which includes documenting the system, communicating system requirements to employees, and assuring that the system is functioning as prescribed and is modified, as appropriate, for changes in conditions. Further, administrative controls are the methods through which reasonable assurance can be given that measures adopted by state agency heads to safeguard assets and promote operational efficiency are being followed.

Systemwide management stated that the existing policies did not sufficiently address OHS policy at a systemwide level and that EO 715 was very limited in its scope of OHS.

The absence of current and complete OHS policies and procedures increases the risk of inconsistent treatment and handling of issues, regulatory scrutiny, and possible fines and sanctions.

Recommendation 1

We recommend that the chancellor's office:

- a. Review and update existing OHS systemwide policies to include, but not be limited to, a clear definition of ORM's OHS programmatic responsibilities.

- b. Establish a specific means for future review and maintenance of systemwide OHS policies to ensure that they are updated and communicated at appropriate intervals.
- c. Implement periodic processes for monitoring and reporting to executive management the quality and viability of campus controls in significant OHS areas.

Management Response

We concur.

The ORM will write an OHS (aka environmental health and safety [EHS]) specific EO that will include codification of ORM's responsibility to monitor the viability and reliability of campus controls to include, but not necessarily be limited to, requiring annual review and communication from campus EHS personnel to the systemwide ORM. Additionally, the ORM will issue reminder memos while the EO is being drafted.

The above will be accomplished by November 2008.

CAMPUS PROGRAM ADMINISTRATION

HEALTH AND SAFETY POLICIES

Campus Injury and Illness Prevention Program (IIPP) and OHS policies were not always consistently reviewed and communicated, and departmental health and safety policies were not always fully developed and updated at six of the eight campuses visited.

Specifically, we noted that:

- ▶ The revised IIPP had not been formally reviewed and approved at four campuses. Although it appeared that in most instances EHS had performed informal reviews, we found that revisions made to the IIPP were not subject to a formal review and signature approval process that was documented. Further, the campus web-based version of the IIPP was not consistent with the official hard copy version that was broadcast to the campus community at two campuses.
- ▶ The art department was unable to provide sufficient evidence that it had updated its OHS policies and communicated them to its employees and students at five campuses.
- ▶ The facilities department had neither developed nor updated local OHS policies at five campuses.
- ▶ The biology and chemistry departments did not provide sufficient evidence that they had reviewed, updated, and communicated their health and safety policies to employees and students at three campuses.

Title 8 California Code of Regulations (CCR) §3203 states that, every employer shall establish, implement, and maintain an effective IIPP and it further states, in part, that every employer shall include a system for communicating with employees matters relating to safety and health, and employers who elect to use a labor/management safety and health committee shall be presumed to be in substantial compliance.

The CSU *MIIPP* §7.5 states, in part, that it is the responsibility of deans, directors, department chairs, and department heads to develop departmental procedures to ensure effective compliance with the IIPP and other university health and safety policies as they relate to operations under their control. Specific areas include employee and student education and training, identification and correction of unsafe conditions, and recordkeeping.

EO 715, *CSU Risk Management Policy*, dated October 27, 1999, states that risk management includes policies and practices designed to minimize the adverse effects of losses experienced by the CSU. These losses arise from injury to persons or damage to property and include the legal liability imposed upon the CSU when the injury or damage has been caused, in whole or in part, by the CSU or its officers or employees. The campus policy and procedures should be reviewed annually. Periodic audits for compliance with the systemwide guidelines will be conducted.

GC §13402 states that state agency heads are responsible for the establishment and maintenance of a system or systems of internal accounting and administrative control within their agencies. This responsibility includes documenting the system, communicating system requirements to employees, and assuring that the system is functioning as prescribed and is modified, as appropriate, for changes in conditions.

GC §13403 states that the elements of a satisfactory system of internal accounting and administrative control shall include an effective system of internal review.

Campus management cited various reasons for these issues, including personnel resource constraints and their assertion that the IIPP and departmental health and safety policies had been informally reviewed and communicated. Additionally, the campuses stated that review, updates, and communication of the campus IIPP and departmental health and safety policies had not occurred due to oversight and also because there were no procedures in place to ensure that the process would occur.

Failure to timely review and consistently communicate IIPP and OHS policies increases the campus' legal risks and limits its ability to effectively carry out OHS responsibilities, including responding to emergencies in a timely manner.

Recommendation 2

We recommend that the chancellor's office:

- a. Remind the campuses to develop and timely review, update, and communicate IIPP and designated departmental OHS policies to the campus community.

- b. Consider including systemwide expectations for this area in the updated OHS systemwide policies.

Management Response

We concur.

The ORM will include in said OHS-specific EO a clear and concise reminder to the campuses of their duty to develop and timely review, update, and communicate IIPP and designated departmental OHS policies to the campus community. ORM will also issue specific reminder memos to the campuses.

The above will be accomplished by November 2008.

HEALTH AND SAFETY INSPECTIONS

Campus health and safety inspection programs needed significant improvement at seven of the eight campuses visited. This is a repeat finding from the prior OH audit.

Specifically, we found that:

- ▶ Evidence of scheduled and unscheduled periodic health and safety inspections, including the identification and evaluation of potentially unsafe conditions and work practices, was not maintained at five campuses. Additionally, the campuses did not always identify the person performing the inspections or the deficiencies noted during inspections.
- ▶ Documented procedures sufficient for identification and evaluation of workplace hazards, including scheduled and unscheduled periodic inspections to identify unsafe conditions and work practices, were not in place at three campuses.
- ▶ Inspection documentation did not always include a description of methods or procedures for correcting hazards, evidence that hazards noted during inspections had been corrected, or prioritization of planned hazard correction at six campuses.
- ▶ Department safety coordinators (DSC) had not been assigned to all areas scheduled for health and safety inspections, and the listings of DSC were not always up-to-date at three campuses.

Title 8 CCR §3203 states that inspections shall be made to identify and evaluate hazards when the program is first established, whenever new substances, processes, procedures, or equipment are introduced to the workplace that represent a new occupational safety and health hazard, and whenever the employer is made aware of a new or previously unrecognized hazard. The employer should include methods and/or procedures for correcting unsafe or unhealthy conditions, work practices, and work procedures in a timely manner based on the severity of the hazard. Additionally, it states, in part, that records of the steps taken to implement and maintain the program shall include records of scheduled and periodic inspections to identify unsafe conditions and work practices,

including person(s) conducting the inspection, the unsafe conditions and work practices that have been identified, and action taken to correct the identified unsafe conditions and work practices.

The CSU *MIIPP* §10.1 states that a health and safety inspection program is essential in order to reduce unsafe campus conditions which may expose faculty, staff, students, and visitors to incidents that could result in injury to individuals or damage to property. It is the responsibility of each department to ensure that a regular and systemic inspection process be scheduled for all departmental areas. Further, §10.1 states that unscheduled workplace inspections will be performed whenever new substances, processes, procedures, or equipment which represent a new occupational safety and health hazard are introduced, and whenever notification of a new or previously unrecognized hazard is received.

Campus management cited various reasons for these issues including failure to maintain documentation of inspections, inspection activities were decentralized and performed by DSC and not fully under the control of EHS, lack of identification and availability of DSC, staffing turnover of DSC, time and resource constraints, limited implementation of hazard follow-up tracking systems, and outdated inspection procedures.

Failure to conduct inspections; document results of inspections; secure sufficient inspection staff; and maintain procedures to describe methods for correcting hazards, evidence of correction, or prioritization for hazard correction increases the risk that unsafe conditions would not be identified, and further increases the potential for injuries, litigation, and regulatory sanctions.

Recommendation 3

We recommend that the chancellor's office:

- a. Remind the campuses of the need to conduct periodic scheduled and unscheduled inspections at designated schools and departments and document the results of inspections; maintain written procedures for the identification and evaluation of workplace hazards sufficient to identify unsafe conditions and work practices; ensure that inspection reports always identify methods or procedures for correcting hazards as well as inclusion of evidence that the hazards have been corrected or prioritized for correction; maintain sufficient levels of inspection staff and updated staff listings; and clearly identify the responsibility for inspecting specific campus areas.
- b. Include expectations and provisions for health and safety inspections in the updated systemwide OHS policies and procedures or other similar policy documents.

Management Response

We concur.

- a. Understanding the importance that the role inspections play in the successful implementation and management of an OHS program, the ORM will draft an OHS specific EO. This will be done to remind the campuses of the requirement to conduct periodic scheduled and unscheduled

inspections at designated schools and departments and document the results of inspections; maintain written procedures for the identification and evaluation of workplace hazards sufficient to identify unsafe conditions and work practices; ensure that inspection reports always identify methods or procedures for correcting hazards as well as inclusion of evidence that the hazards have been corrected or prioritized for correction; maintain sufficient levels of inspection staff and updated staff listings; and clearly identify the responsibility for inspecting specific campus areas.

- b. Said expectations will be included in the elements required in the previously mentioned annual review, communication and reporting (response to recommendation 1), as well as issue specific memos to the campuses.

The above will be accomplished by November 2008.

HEALTH AND SAFETY TRAINING

Campus processes for tracking and providing health and safety training to employees and students needed significant improvement at seven of the eight campuses visited. This is a repeat finding from the prior OH audit.

Specifically, we found that:

- ▶ Campus-wide or departmental training matrices or any similar such system for identifying and tracking health and safety training for every department were not completed at all eight campuses visited. We found that the campuses had not updated or completed their lists of health and safety training requirements for employees in the art, biology, chemistry, and facilities departments nor were the campus matrices always updated to show the accomplishment of training requirements. Furthermore, because departmental and campus-wide training matrices had not been updated or completed, we had no assurance that campus staffs had completed the various health and safety training requirements that would be specified for them.
- ▶ Individual health and safety training records for employees were not always maintained at seven campuses visited. Specifically, a review and testing of employee health and safety training records at each of the campuses visited involved testing a minimum of ten records from each of the art, biology, chemistry, and facilities/physical plant departments, and at least ten new employee (new hire) training records. Based on these tests performed, we found:
 - Seven campuses were unable to provide complete individual health and safety training records, and some campuses were unable to provide any health and safety training records at all for the employees tested.
 - Seven campuses were unable to provide new hire general safety training records for some or all of the employees tested. Additionally, we found that some of these employees had been working with the campus for over one year at the date of the audit.

- At five campuses, there was no evidence of proactive follow-up procedures for employees who missed training to ensure that employees would be rescheduled for training.
- ▶ Recordkeeping and assignment of responsibility for student health and safety training needed improvement at seven of the eight campuses visited. We utilized 2006 and 2007 class schedules/rosters for our selection and testing of student health and safety training records at each of the campuses visited. Our review involved testing a minimum of ten records from each of the art, biology, and chemistry departments to determine whether classroom and laboratory health and safety training was being accomplished adequately. Based on these tests performed, we found that:
 - Complete student health and safety training records for all departments tested could not be provided for at seven campuses. Additionally, some of these campuses were unable to provide any health and safety training records at all for the sample tested.
 - Evidence of proactive follow-up procedures for students who missed training could not be located for at six campuses.
 - In varying degrees, responsibility for student health and safety training, including the requirements for attendance, recordkeeping, and provision of training, was not always clearly assigned nor were existing policies always sufficient to assign responsibility in this area at four campuses.

Title 8 CCR §3203 states that the state agency should provide training and instruction, and records of the steps taken to implement and maintain the (training) program shall include documentation of safety and health training required for each employee, including employee name or other identifier, training dates, type(s) of training, and training providers. The regulation also states that the state agency should provide training and instruction to all new employees. This documentation shall be maintained for at least one (1) year.

The CSU *EHSTP* states that for employees, their supervisor should complete a job evaluation profile to identify safety training requirements and recommendations, review and update each employee's training profile annually, include safety training requirements in annual employee training plans and performance evaluations, and assess completion in annual performance and progress reviews.

The CSU *MIIPP* §7.5 states that it is the responsibility of deans, directors, department chairs, and department heads to develop departmental procedures to ensure effective compliance with the IIPP and other university health and safety policies as they relate to operations under their control. Specific areas include employee and student education and training, identification and correction of unsafe conditions, and recordkeeping. Additionally, the *MIIPP* states that it is the responsibility of management to develop and implement an education and training program designed to instruct employees and students in general safe work practices.

Management at three of the campuses stated that it was not clearly understood that it was a requirement to develop a comprehensive employee training tracking system. Management at four

other campuses stated that substantially, health and safety tracking systems were partially in place and being further developed, but had not been completed due to resource constraints. Various reasons were given regarding employee training and follow-up deficiencies, although management stated their belief that training had occurred. Additionally, campus management stated that written procedures did not always adequately define the requirements and responsibilities for health and safety training, recordkeeping, and follow-up. Management at all six campuses with student training deficiencies stated that current procedures did not adequately support recordkeeping practices for student health and safety training, although they believed this training had also occurred. Furthermore, management at four campuses stated their belief that a system of accountability and clear guidance had not been developed to assure that responsibilities regarding student health and safety training and record maintenance were carried out.

Failure to adequately track and implement necessary employee health and safety training requirements, maintain employee and student health and safety training records, and assign responsibility for employee and student health and safety training and compliance with health and safety policies increases the risk that training could be overlooked and the potential for injuries and regulatory sanctions, and limits the campus' defense in liability cases.

Recommendation 4

We recommend that the chancellor's office remind the campuses of the need to:

- a. Update or complete campus-wide or departmental training matrices or any similar system for tracking health and safety training requirements for designated employees, and implement controls to ensure that training requirements are accomplished.
- b. Strengthen employee and student training and follow-up procedures, and maintain employee health and safety training records on file, and available, for at least one year.
- c. Appropriately assign campus responsibility for employee and student health and safety training.
- d. Ensure that campus policies and directives provide that unresolved employee and student training issues be elevated to sufficient levels of management to ensure resolution.
- e. Explore the possibility of utilizing alternative training methods systemwide, including automated learning management systems, which are already in place at some campuses.
- f. Include expectations and provisions for employee and student health and safety training in the updated systemwide OHS policies and procedures or other similar policy documents.

Management Response

We concur.

The ORM will write an OHS-specific EO that will include reminders to the campuses of the acute need and responsibility to complete the following:

- a. Update or complete campus-wide or departmental training matrices or any similar system for tracking health and safety training requirements for designated employees, and implement controls to ensure that training requirements are accomplished.
- b. Strengthen employee and student training and follow-up procedures, and maintain employee health and safety training records on file, and available, for at least one year.
- c. Appropriately assign campus responsibility for employee and student health and safety training.
- d. Ensure that campus policies and directives provide that unresolved employee and student training issues be elevated to sufficient levels of management to ensure resolution.
- e. Explore the possibility of utilizing alternative training methods systemwide, including automated learning management systems, which are already in place at some campuses.
- f. Include expectations and provisions for employee and student health and safety training in the updated systemwide OHS policies and procedures or other similar policy documents. The ORM will issue reminder memos of the above to the campuses.

The above will be accomplished by November 2008.

MEDICAL MONITORING PRACTICES

Campus administration of the Medical Monitoring Program (MMP) needed improvement at five of the eight campuses visited. This is a repeat finding from the prior OH audit.

Our review of employee medical monitoring practices disclosed that MMP examinations were not always performed and administrative procedures needed development. We found that:

- ▶ In varying degrees, the full cycle of baseline, interim (periodic), and exit medical monitoring examinations were not always performed on a consistent basis at five of the eight campuses visited.
- ▶ Administrative procedures were not sufficient to ensure that EHS was always notified of necessary medical monitoring examinations at three of the eight campuses visited. Notification would normally come from the employees' departments for baseline and interim examinations, and from human resources for exit/termination examinations.

Title 8 CCR §3203 states, in part, that every employer shall establish, implement, and maintain an effective IIPP (Program). The Program shall be in writing and shall, at a minimum, identify the person or persons with authority and responsibility for implementing the Program.

Title 8 CCR §5208 states, in part, that a pre-placement medical examination shall be provided or made available by the employer, periodic medical examinations shall be made available annually, and the employer shall provide or make available a termination of employment medical examination.

The CSU *EMMPM*, §1.3 and §1.4, states, in part, that medical monitoring provides a clinical base of information that is used to evaluate an employee's fitness to work in various hazardous environments and may include an initial baseline examination, a periodic/annual examination, and an exit examination. An exit examination shall be given to any employee whose employment has included contact with Cal/OSHA regulated agents and who has been a participant in medical monitoring.

Management stated that medical monitoring examinations were not always performed when needed because appropriate departments such as EHS and student health services were not notified when examinations were needed. Furthermore, management stated that MMP procedures were not sufficiently updated and communicated to ensure that they would be understood and implemented.

Failure to consistently complete necessary medical examinations initially, periodically, and at the time of employee separation increases the risk of work-related illnesses going undetected and potential liability to the CSU.

Recommendation 5

We recommend that the chancellor's office remind the campuses of the need to:

- a. Timely schedule and perform necessary medical monitoring examinations.
- b. Promptly notify appropriate staff of designated employees who might require a medical monitoring examination when hired, during their tenure, and at the time of separation from the CSU.
- c. Reevaluate the assignment of systemwide responsibility for medical monitoring and consider transferring the responsibility for tracking and managing employee medical monitoring examinations to other departments.
- d. Include expectations and provisions for medical monitoring in the updated systemwide OHS policies and procedures or other similar policy documents.

Management Response

We concur.

The ORM believes that, in order to timely schedule and perform necessary medical monitoring examinations, there needs to be open communication between campus EHS personnel and human resources. To the degree ORM is able to address human resource issues via an EO, the OHS-specific EO will include a strong suggestion that EHS develop a method in which they communicate with and receive communication from campus human resource departments in order to accomplish completion of the above recommendations. The ORM will issue reminder memos of the above to the campuses.

The above will be accomplished by November 2008.

APPENDIX A: PERSONNEL CONTACTED

<u>Name</u>	<u>Title</u>
<u>Office of the Chancellor</u>	
Richard P. West	Executive Vice Chancellor and Chief Financial Officer (CFO)
Charlene Minnick	Chief Risk Officer, Office of Risk Management
Colleen Nickles	Assistant Vice Chancellor, Financial Services
Elvyra San Juan	Assistant Vice Chancellor, Capital Planning, Design and Construction
Michelle Schlack	Associate Director, Office of Risk Management (At time of review)
<u>California State University, East Bay</u>	
Mohammad Qayoumi	President
Juanita Aguilar	Workers' Compensation and Leaves Coordinator, Human Resources
Shawn Bibb	Vice President, Administration and Finance/CFO
Eileen Franke	Manager, Environmental Compliance
Barbara Haber	Associate Vice President, Facilities Planning and Operations
Phillip Hofstetter	Chair, Art Department
Craig Ishida	Director, Environmental Health and Safety (EHS)
Poly Kavanaugh	Equipment Technician, Art Department
Charlene Lebastchi	Administrative Support Coordinator, College of Science
Jan Martinez	Administrative Support Coordinator, Public Safety
Kathy Mayer	Office Manager, Facilities Management
Alan Monat	Associate Dean, College of Science
Ayesha Moss-Spearman	Office Manager, EHS
Kathy Palmer	Assistant to the Dean, College of Letters, Arts, and Social Sciences
Arlene Pugh	Safety and Industrial Hygiene Manager, EHS
Don Sawyer	Chief of Staff to the President
<u>San Francisco State University</u>	
Robert A. Corrigan	President
Corinne Da Cunha	Manager, Risk Initiatives, Human Resources, Safety and Risk Management
Barbara Foster	Professor and Chair, Art Department
Daniel Ho	Senior Health and Safety Specialist, Environmental Health and Occupational Safety (EHOS)
Todd Iriyama	Chief of Compliance, EHOS
Franz Lozano	Internal Auditor
Michael Martin	Executive Director, Human Resources, Safety and Risk Management
Leroy M. Morishita	Vice President for Administration and Finance and CFO
Mark Osborne	Associate Internal Auditor
Robert Shearer	Director, EHOS
Alastair Smith	Director, Student Health Services
Linda Vadura	Health and Safety Specialist, College of Science and Engineering
Ted Yamasaki	Associate Vice President, Human Resources, Safety and Risk Management
Andrew Yu	Chief of Operations, EHOS

APPENDIX A: PERSONNEL CONTACTED

California State University, Monterey Bay

Dianne F. Harrison	President
Anthony Boles	Associate Vice President, Capital Development and Operations
Terry Burns	Workers' Compensation/Benefits Analyst
Diane Ehlers	Director, Environmental Protection, Health and Safety, Capital Development and Operations
Art Evjen	Director, Business and Support Services
Jerry Figuerres	Manager, Risk Services
John Fitzgibbon	Associate Vice President, Finance
Todd Kruper	3D Studio Technician, Visual Public Art
Dan Kubiak	Interim Vice President, Administration and Finance (At time of review)
James Main	Vice President, Administration and Finance
Kathleen Ventimiglia	University Architect, Capital Development and Operations

San Diego State University

Stephen L. Weber	President
Scott Burns	Associate Vice President, Financial Operations
Linda Burton	Director, Academic Resources, Provost Office
Valerie Carter	Director, Audit and Tax, Financial Operations
Norma Casas	Analyst, Audit and Tax, Financial Operations
Millie Dizon-Tran	Biosafety Officer/Environmental Health Officer/ Industrial Hygienist, EHS
Melanie Doyle	Training and Professional Development Manager
Johnny Eaddy	Assistant Director, Physical Plant
Terry Gee	Director, EHS
Kathryn LaMaster	Associate Dean, Art Department, College of Professional Studies and Fine Arts
Richard Lamoureux	Environmental Health Coordinator/Chemical Hygiene Officer/Safety Officer, EHS
Sheryl Mansour	Assistant Biosafety Officer/Assistant Environmental Health Officer/ Assistant Industrial Hygienist, EHS
Patrick Papin	Associate Dean, College of Science
Kristen Ross	Manager, Occupational Safety, EHS
Rhonda Russell	Manager, Risk and Workers' Compensation, The Center for Human Resources
Robert Schulz	Associate Vice President, Operations
Richel Thaler	Associate Vice President, Administration
James Zimmer	Facilities Manager, Biology
Bonnie Zimmerman	Associate Vice President, Faculty Affairs

California State University, Northridge

Jolene Koester	President
Tom Brown	Director, Physical Plant Management
Rod Collins	Environmental Health and Safety Specialist
Fred Dukes	Executive Assistant, Administration and Finance
Benjamin Elisondo	Manager, Operations, Safety and Training, Physical Plant Management
John Haran	Physical Plant Management Safety Coordinator

APPENDIX A: PERSONNEL CONTACTED

Bill Krohmer	Manager, Technical Services and Safety
William Lee	Chemical Hygiene Officer
Jerry Luedders	Assistant Provost, Office of the Provost and Vice President of Academic Affairs
Howard Lutwak	Director, Internal Audit
Ed Madrid	Instructional Support Technician
Tom McCarron	Interim Vice President, Administration and Finance and CFO
Kristin Morris	Administrative Assistant
Ron Norton	Director, EHS
Anthony Pepe	Environmental Compliance Manager
Yolanda Reid Chassiakos	Director, Klotz Student Health Center
Richard Spaniard	Insurance and Risk Management Manager
Jim Sweeters	Preparator, Art Galleries
Jody Vanleuven	Environmental Health and Safety Specialist
 <u>San José State University</u>	
Don W. Kassing	President (At time of review)
Robert Andrews	Associate Director of Facilities Services, Custodial Services
John Boothby	Department Chair, Biological Sciences
Michaux Burchard	Safety Specialist, Human Resources
Steven Carlson	School Facilities Coordinator, Art and Design
Roger Elrod	Director, Student Health Center
Violet Gonzalez	Safety/Projects Coordinator, Facilities, Development and Operations
John Hawk	Administration Analyst/Specialist, College of Science
Paula Hernandez	Assistant to the Director, Student Health Center
Rose Lee	Vice President, Administration and Finance
Mark Loftus	Associate Director of University Risk and Compliance, Human Resources
Christopher Nakamura	Facilities Manager, Aramark Custodial Services
Ninh Pham-Hi	Director of Internal Control, Administrative Systems and Finance
Ruby Phillips	Registered Nurse, Student Health Center
Maria Rivera	Associate Vice President, Human Resources
John Skyberg	Director, Facilities Maintenance and Construction Services, Facilities, Development and Operations
Bradley Stone	Department Chair, Chemistry
Dennis Suit	Manager, Facility Services, Grounds Main Campus
Linda Walsh	Department Chair, Art and Design
 <u>California State University, Fullerton</u>	
Milton A. Gordon	President
Bill Barrett	Associate Vice President, Administration
John Beisner	Director, University Risk Management
Scott Bourdon	Associate Director, Environmental Health and Instructional Safety (EHIS)
Alisha Brown	Program Manager, Workers' Compensation, Risk Management
Mark Filowitz	Vice Chair, Chemistry and Biochemistry
Susan Fisher	Radiation Safety Officer, EHIS

APPENDIX A: PERSONNEL CONTACTED

Naomi Goodwin	Assistant Vice President, Administration and Finance
Robin Graboyes	Director, Faculty Affairs and Records
Bahram Hatefi	Director, Internal Audit
Skip Hines	Chemical Hygiene Officer, EHIS
Lea Jarnagin	Assistant to the Vice President, Student Affairs
Lawrence Johnson	Chair, Visual Arts Department
Robert Koch	Chair, Biological Science Department
Maria Linder	Chair, Chemistry and Biochemistry
Curtis Plotkin	Environmental Compliance Manager, EHIS
Kenna Schoenherr	Safety Trainer, EHIS
Willem Van der Pol	Director, Physical Plant
Tom Whitfield	Director, EHIS
Colleen Wilkins	Environmental Health and Safety Officer, EHIS

California State University, Los Angeles

James M. Rosser	President
Diana Avila	Personnel Coordinator, Human Resources Management
Kevin Brady	Director, Risk Management and Environmental Health and Safety
Vickie Chau	Administrative Manager of General Services, Facilities Services
John Ferris	Director, Facilities Services
Tim Frazee	Associate Director, Facilities Services
Steven Garcia	Vice President of Administration and Finance and CFO (At time of review)
Tanya Ho	University Internal Auditor
Yuet Lee	Associate Vice President for Administration and Finance
Christine Leung	Senior Internal Auditor
Todd McIntyre	Health and Safety Coordinator, Risk Management and Environmental Health and Safety
Sal Membreno	Director, Academic Support, Office of Academic Affairs
George Pardon	Vice President of Administration and CFO
Lisa Sanchez	Director, Human Resources Management
Greg Sandoval	Staff, University Police
Jeffrey Tipton	Director and Medical Chief of Staff, Student Health Center
Obie Valdez	Administrative Assistant, Risk Management and Environmental Health and Safety
Susan Varela	Employment Services Manager, Human Resources Management
Denise Watson-Cross	Workers' Compensation Coordinator, Risk Management and Environmental Health and Safety



The California State University
OFFICE OF THE CHANCELLOR

Business & Finance Division
401 Golden Shore, 5th Floor
Long Beach, CA 90802-4210

www.calstate.edu

Richard P. West
Executive Vice Chancellor/CFO

562-951-4000
Fax 562-951-4970
rwest@calstate.edu

Date: May 28, 2008

To: Larry Mandel
University Auditor

From: Richard P. West
Executive Vice Chancellor and Chief Financial Officer

Subject: Management Response to Recommendations for Audit Report Number 07-24,
Occupational Health and Safety, Systemwide

Enclosed are the management responses to the audit recommendations pertaining to Audit Report 07-24. Should you have any questions, please feel free to contact Colleen Nickles, Charlene Minnick, or me.

RW:cn

Enclosures

Cc: Colleen Nickles, Assistant Vice Chancellor, Financial Services
Charlene Minnick, Chief Risk Officer



CSU Campuses
Bakersfield
Channel Islands
Chico
Dominguez Hills
East Bay

Fresno
Fullerton
Humboldt
Long Beach
Los Angeles
Maritime Academy

Monterey Bay
Northridge
Pomona
Sacramento
San Bernardino
San Diego

San Francisco
San José
San Luis Obispo
San Marcos
Sonoma
Stanislaus

OCCUPATIONAL HEALTH AND SAFETY

SYSTEMWIDE

Audit Report 07-24

SYSTEMWIDE POLICIES AND PROCEDURES

Recommendation 1

We recommend that the chancellor's office:

- a. Review and update existing OHS systemwide policies to include, but not be limited to, a clear definition of ORM's OHS programmatic responsibilities.
- b. Establish a specific means for future review and maintenance of systemwide OHS policies to ensure that they are updated and communicated at appropriate intervals.
- c. Implement periodic processes for monitoring and reporting to executive management the quality and viability of campus controls in significant OHS areas.

Management Response

We concur.

The ORM will write an OHS (aka Environmental Health & Safety) specific EO that will include codification of ORM's responsibility to monitor the viability and reliability of campus controls to include but not necessarily be limited to requiring annual review and communication from campus EHS personnel to the systemwide ORM. Additionally, the ORM will issue reminder memos while the Executive Order is being drafted.

The above will be accomplished by November 2008.

CAMPUS PROGRAM ADMINISTRATION

HEALTH AND SAFETY POLICIES

Recommendation 2

We recommend that the chancellor's office:

- a. Remind the campuses to develop and timely review, update, and communicate IIPP and designated departmental OHS policies to the campus community.
- b. Consider including systemwide expectations for this area in the updated OHS systemwide policies.

Management Response

We concur.

The ORM will include in said OHS-specific EO a clear and concise reminder to the campuses of their duty to develop and timely review, update, and communicate IIPP and designated departmental OHS policies to the campus community. ORM will also issue specific reminder memos to the campuses.

The above will be accomplished by November 2008.

HEALTH AND SAFETY INSPECTIONS

Recommendation 3

We recommend that the chancellor's office:

- a. Remind the campuses of the need to conduct periodic scheduled and unscheduled inspections at designated schools and departments and document the results of inspections; maintain written procedures for the identification and evaluation of workplace hazards sufficient to identify unsafe conditions and work practices; ensure that inspection reports always identify methods or procedures for correcting hazards as well as inclusion of evidence that the hazards have been corrected or prioritized for correction; maintain sufficient levels of inspection staff and updated staff listings; and clearly identify the responsibility for inspecting specific campus areas.
- b. Include expectations and provisions for health and safety inspections in the updated systemwide OHS policies and procedures or other similar policy documents.

Management Response

We concur.

Understanding the importance that the role inspections play in the successful implementation and management of an Occupational Health & Safety program, the ORM will draft an OHS specific EO. This will be done to remind the campuses of the requirement to conduct periodic scheduled and unscheduled inspections at designated schools and departments and document the results of inspections; maintain written procedures for the identification and evaluation of workplace hazards sufficient to identify unsafe conditions and work practices; ensure that inspection reports always identify methods or procedures for correcting hazards as well as inclusion of evidence that the hazards have been corrected or prioritized for correction; maintain sufficient levels of inspection staff and updated staff listings; and clearly identify the responsibility for inspecting specific campus areas.

Said expectations will be included in the elements required in the previously mentioned annual review, communication and reporting (response to Recommendation 1), as well as issue specific memos to the campuses.

The above will be accomplished by November 2008.

HEALTH AND SAFETY TRAINING

Recommendation 4

We recommend that the chancellor's office remind the campuses of the need to:

- a. Update or complete campus-wide or departmental training matrices or any similar system for tracking health and safety training requirements for designated employees, and implement controls to ensure that training requirements are accomplished.
- b. Strengthen employee and student training and follow-up procedures, and maintain employee health and safety training records on file, and available, for at least one year.
- c. Appropriately assign campus responsibility for employee and student health and safety training.
- d. Ensure that campus policies and directives provide that unresolved employee and student training issues be elevated to sufficient levels of management to ensure resolution.
- e. Explore the possibility of utilizing alternative training methods systemwide, including automated learning management systems, which are already in place at some campuses.
- f. Include expectations and provisions for employee and student health and safety training in the updated systemwide OHS policies and procedures or other similar policy documents.

Management Response

We concur.

The ORM will write an OHS-specific EO that will include reminders to the campuses of the acute need and responsibility to complete the following:

- a. Update or complete campus-wide or departmental training matrices or any similar system for tracking health and safety training requirements for designated employees, and implement controls to ensure that training requirements are accomplished.
- b. Strengthen employee and student training and follow-up procedures, and maintain employee health and safety training records on file, and available, for at least one year.
- c. Appropriately assign campus responsibility for employee and student health and safety training.
- d. Ensure that campus policies and directives provide that unresolved employee and student training issues be elevated to sufficient levels of management to ensure resolution.
- e. Explore the possibility of utilizing alternative training methods systemwide, including automated learning management systems, which are already in place at some campuses.
- f. Include expectations and provisions for employee and student health and safety training in the updated systemwide OHS policies and procedures or other similar policy documents. The ORM will issue reminder memos of the above to the campuses.

The above will be accomplished by November 2008.

MEDICAL MONITORING PRACTICES

Recommendation 5

We recommend that the chancellor's office remind the campuses of the need to:

- a. Timely schedule and perform necessary medical monitoring examinations.
- b. Promptly notify appropriate staff of designated employees who might require a medical monitoring examination when hired, during their tenure, and at the time of separation from the CSU.
- c. Reevaluate the assignment of systemwide responsibility for medical monitoring and consider transferring the responsibility for tracking and managing employee medical monitoring examinations to other departments.
- d. Include expectations and provisions for medical monitoring in the updated systemwide OHS policies and procedures or other similar policy documents.

Management Response

We concur.

The ORM believes that, in order to timely schedule and perform necessary medical monitoring examinations, there needs to be open communication between campus EHS personnel and Human Resources. To the degree ORM is able to address Human Resource issues via an EO, the OHS-specific EO will include a strong suggestion that EHS develop a method in which they communicate with and receive communication from campus Human Resource departments in order to accomplish completion of the above recommendations. The ORM will issue reminder memos of the above to the campuses.

The above will be accomplished by November 2008.



THE CALIFORNIA STATE UNIVERSITY
 OFFICE OF THE CHANCELLOR

BAKERSFIELD

July 1, 2008

CHANNEL ISLANDS

CHICO

MEMORANDUM

DOMINGUEZ HILLS

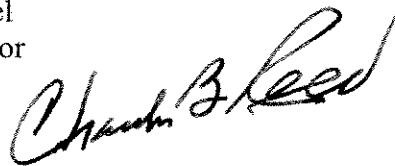
EAST BAY

FRESNO

TO: Mr. Larry Mandel
University Auditor

FULLERTON

FROM: Charles B. Reed
Chancellor



HUMBOLDT

LONG BEACH

SUBJECT: Draft Final Report 07-24 on
Occupational Health and Safety, Systemwide

LOS ANGELES

MARITIME ACADEMY

In response to your memorandum of July 1, 2008, I accept the response as submitted with the draft final report on *Occupational Health and Safety, Systemwide*.

MONTEREY BAY

NORTHRIDGE

POMONA

CBR/jt

SACRAMENTO

Enclosure

SAN BERNARDINO

cc: Ms. Colleen Nickles, Assistant Vice Chancellor, Financial Services
Mr. Richard P. West, Executive Vice Chancellor and Chief Financial Officer

SAN DIEGO

SAN FRANCISCO

SAN JOSÉ

SAN LUIS OBISPO

SAN MARCOS

SONOMA

STANISLAUS