

OCCUPATIONAL HEALTH AND SAFETY

SAN JOSÉ STATE UNIVERSITY

**Audit Report 07-30
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ABBREVIATIONS

CCR	California Code of Regulations
CSU	California State University
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
OHS	Occupational Health and Safety
OSHA	Occupational Safety and Health Administration
SJSU	San José State University

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 the San José State University campus from September 10, 2007, through October 12, 2007, and audited the procedures in effect at that time.

In our opinion, internal administrative and operational controls governing OHS were, for the most part, adequate. However, procedures in effect for administrative oversight of the OHS program, health and safety programs and policies, health and safety inspections, recordkeeping and assignment of responsibility for employee and student health and safety training, tracking of employee training requirements, and overall medical monitoring practices needed improvement.

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.

GENERAL ENVIRONMENT [6]

Administrative oversight and monitoring were not sufficient to ensure the integrity of the OHS program. Due to the decentralized nature of the campus health and safety program, there was a lack of communication from a single authoritative body enforcing the health and safety program across the campus and inconsistencies in policies across departments.

HEALTH AND SAFETY PROGRAMS AND POLICIES [7]

The campus Injury and Illness Prevention Program (IIPP) and departmental OHS policies were not always timely or consistently reviewed, updated, communicated, and/or distributed. The IIPP had not been formally reviewed and distributed campus-wide. Furthermore, the facilities department's programs and procedures were outdated and they did not utilize the latest version of the campus IIPP nor did the department consistently communicate their policies and procedures.

HEALTH AND SAFETY INSPECTIONS [9]

Health and safety inspection procedures, practices, and documentation were inadequate. The university risk and compliance office and facilities department did not have documented procedures for scheduled periodic inspections to identify potentially unsafe conditions and work practices. Additionally, the art, biology, and chemistry departments did not maintain documentation of inspections performed within their departments, did not identify the person performing the inspections, did not note deficiencies during inspections, and did not provide appropriate corrective actions.

EMPLOYEE HEALTH AND SAFETY TRAINING [10]

Individual health and safety training procedures, recordkeeping, and assignment of responsibility for health and safety training needed improvement. Detailed testing of employee health and safety training for art, biology, chemistry, facilities, and for new hires disclosed that individual health and safety training records were not maintained. The art department procedures did not require that faculty/supervisors familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed, and the art and facilities departments did not assign responsibility for ensuring compliance with departmental health and safety training and documentation requirements. A comprehensive system for tracking health and safety had not been completed. The campus had not yet completed either campus-wide or departmental training matrices or any such similar system for tracking health and safety training for every department. Facilities had not completed the training listed on the university risk and compliance training requirements.

STUDENT HEALTH AND SAFETY TRAINING [14]

Recordkeeping and assignment of responsibility for student health and safety training needed improvement. The art, biology, and chemistry departments were not always able to provide sufficient training records as evidence that students had received health and safety training, nor could they fully document and describe a responsible body for ensuring compliance with the requirements for student health and safety training.

MEDICAL MONITORING PRACTICES [15]

Medical monitoring examinations were not conducted consistently. Sufficient documentation was not provided to verify that baseline, interim, and exit examinations were always conducted when necessary. Furthermore, campus administration of the Medical Monitoring Program (MMP) needed improvement. The campus had not formally assigned specific authority and responsibility for the program, employee placement in the program, and ongoing medical monitoring activities. Lastly, the campus did not have its own campus-specific MMP manual or document, and there were no policies covering MMP operations or authority and responsibility for the program.

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.

OBSERVATIONS, RECOMMENDATIONS, AND CAMPUS RESPONSES

GENERAL ENVIRONMENT

Administrative oversight and monitoring were not sufficient to ensure the integrity of the occupational health and safety (OHS) program.

We noted the following:

- ▶ OHS responsibilities were decentralized among the different departments and colleges. We observed that, due to the decentralized nature of the campus health and safety program, there was a lack of communication and monitoring from a single authoritative body enforcing health and safety programs across the campus.
- ▶ There was no clear line of communication between university risk and compliance and the individual departments regarding responsibility for ensuring compliance with departmental health and safety policies, training, and related documentation requirements. Therefore, there were inconsistencies in policies across departments and weak recordkeeping for training on health and safety issues.

Government Code (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.

State Administrative Manual §20050 states that state entity heads, by reason of their appointments, are accountable for activities carried out in their agencies. This responsibility includes the establishment and maintenance of internal accounting and administrative controls. Each system an entity maintains to regulate and guide operations should be documented through flowcharts, narratives, desk procedures, and organizational charts. The ultimate responsibility for good internal control rests with management.

The associate director of university risk and compliance stated that for many years, San José State University (SJSU) did not have a formal environmental health and safety (EHS) director or department to act as the authoritative body. He further stated that EHS issues had been handled by the risk management department by default, and they were not emphasizing certain specific roles and responsibilities of an EHS department.

Inadequate administrative oversight and monitoring of the OHS program increases the risk of non-compliance with regulations, policies and procedures, potentially limits organizational visibility, and leads to imprecise responsibilities.

Recommendation 1

We recommend that the campus strengthen and enforce its OHS policies to ensure that all programs have adequate administrative oversight and monitoring.

Campus Response

We concur. We will strengthen and enforce OHS policies to ensure that all programs have adequate administrative oversight and monitoring. Compliance action to be completed by the end of April 2008.

HEALTH AND SAFETY PROGRAMS AND POLICIES

The campus Injury and Illness Prevention Program (IIPP) and departmental OHS policies were not always timely or consistently reviewed, updated, communicated, and/or distributed.

Specifically, we noted that:

- ▶ The revised IIPP had not been formally reviewed and distributed campus-wide. The IIPP was revised in July 2006, but there was no documented evidence of the formal review, approval, and distribution.
- ▶ The College of Science IIPP was dated February 1994. The college did not provide sufficient evidence that it had reviewed and updated its program since February 1994.
- ▶ The facilities department's programs, policies, and procedures were outdated in eight specific areas that were discussed with management.
- ▶ The facilities department did not have a copy of the most recently revised (July 2006) SJSU IIPP. The copy they had was dated spring 2004. There was no evidence of a more recent review and update. Furthermore, the department only communicated health and safety policies and procedures if there was an update. The last communication provided was sent in June 2001, and no further evidence of communication of the policies and procedures was evidenced.

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.

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 (6) an effective system of internal review.

Executive Order 715 states that risk management includes policies and practices designed to minimize the adverse effects of losses experienced by the California State University (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.

The CSU *Model Injury and Illness Prevention Program* (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.” 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.

The associate director of university risk and compliance stated that IIPP reviews were ongoing, but they had not always been formalized and documented due to an absence of adequate recordkeeping practices. He added that the IIPP was not formally distributed campus-wide due to oversight by the staff. Furthermore, he stated that due to staff turnover, there had been no one to follow up to make sure policies had been followed and updated. He also added that due to faculty and staff turnover and because of time constraints, past practices had been neglected, skipped, forgotten, or just not passed on.

Failure to develop, timely review, consistently communicate, and distribute IIPP and OHS policies limits the campus’ ability to effectively carry out OHS responsibilities and respond to emergencies.

Recommendation 2

We recommend that the campus establish procedures to develop, timely review, update, and communicate the IIPP and departmental OHS policies.

Campus Response

We concur. We will establish procedures to develop, timely review, update, and communicate the IIPP and departmental OHS policies. Compliance action to be completed by the end of April 2008.

HEALTH AND SAFETY INSPECTIONS

Health and safety inspection procedures, practices, and documentation were inadequate.

We noted the following:

- ▶ The university risk and compliance office and the facilities department did not have documented procedures for scheduled periodic inspections to identify potentially unsafe conditions and work practices.
- ▶ The art, biology, and chemistry departments did not maintain documentation of inspections performed within their departments, did not identify the person performing the inspections, did not note deficiencies during inspections, and did not provide appropriate corrective actions.

The SJSU *IIPP* states that an interested, knowledgeable employee within the department should be designated to assist with the inspection process. This employee should perform a departmental self-inspection on a quarterly basis. Furthermore it states, documentation of the university's response to unsafe conditions and work practices must be provided. This documentation should include the corrective action to be taken or the decision not to take action. Documentation shall be retained for three years.

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." 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.

The CSU *MIIPP* §10.1 states that it is the responsibility of each department to ensure that a regular and systemic inspection process be scheduled for all departmental areas. It is recommended that departmental safety coordinators be assigned to conduct these inspections.

Title 8 CCR §3203 states, in part, that the IIPP should be in writing and shall 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.

The associate director of university risk and compliance stated that the OHS activities were decentralized in the various departments, and therefore scheduled periodic inspections had not been the responsibility of the risk management department. He further stated that it had been established by the risk management department that routine and periodic inspections would be completed regularly but they were informal and may not have been adequately documented.

Failure to develop and implement health and safety inspection procedures and maintain inspection documentation increases the risk that unsafe conditions would not be identified, and further increases the potential for injuries, litigation, and regulatory sanctions.

Recommendation 3

To ensure identification and evaluation of workplace hazards, as well as unsafe conditions and work practices, we recommend that the campus ensure that:

- a. Scheduled inspection procedures are developed and implemented by the university risk and compliance office and the facilities department.
- b. Scheduled and unscheduled inspections occur periodically in accordance with an inspection plan.
- c. Inspection reports provide identification of deficiencies noted during inspections, the methods or procedures for correcting hazards, and the identification of persons performing inspections; and evidence of abatement of hazards is documented, or the hazards otherwise prioritized for correction.

Campus Response

We concur. We will deploy compliance actions by the end of May 2008 to ensure that:

- a. Scheduled inspection procedures are developed and implemented by the university risk and compliance office and the facilities department.
- b. Scheduled and unscheduled inspections occur periodically in accordance with an inspection plan.
- c. Inspection reports provide identification of deficiencies noted during inspections, the methods or procedures for correcting hazards, and the identification of persons performing inspections; and evidence of abatement of hazards is documented, or the hazards otherwise prioritized for correction.

EMPLOYEE HEALTH AND SAFETY TRAINING

TRAINING RECORDS AND PROCEDURES

Individual health and safety training procedures, recordkeeping, and assignment of responsibility for health and safety training needed improvement.

To test employee health and safety training practices, we selected ten employees from each of the art, biology, chemistry, and facilities departments, and requested corresponding individual health and safety training records. Our review disclosed that:

- ▶ None of the departments listed above were able to provide individual health and safety training records for any of the employees reviewed.
- ▶ In addition to the tests above, we reviewed a separate human resources sample of 20 new hire health and safety training records for employees hired from September 2006 through

September 2007. The campus was unable to find evidence of health and safety training for any of the employees tested. Furthermore, there was no health and safety overview in the new employee training program.

- ▶ None of the departments tested was able to show evidence of proactive follow-up activities to ensure that employees who missed training were subsequently trained.
- ▶ The art department procedures did not require that faculty/supervisors familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed. The art department staff stated that the department did not require faculty/supervisors to receive the same or similar training that their employees receive.
- ▶ The art and facilities departments did not assign responsibility for ensuring compliance with departmental health and safety training and documentation requirements. Therefore, maintenance of training documentation at the departmental level was weak. Additionally, there were no clear lines of communication between university risk and compliance and the individual departments with regard to the responsibility for ensuring compliance with employee training and documentation requirements.

The SJSU *IIPP* states that all new employees to the university receive a new employee safety orientation handbook. This program is primarily intended for university staff employees. In this handbook, employees receive an introduction to the university's safety program. Topics include the following: university safety policy; hazard communication; smoking policy; defensive driving; safety training available; fire protection; safety inspections; accident/injury reporting; hazardous materials; asbestos notification; reporting campus hazards; emergency preparedness; safety communications; and employee safety responsibilities.

Title 8 CCR §3203 states, in part, that the state agency shall provide training and instruction for supervisors to familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed. It further states that records of the steps taken to implement and maintain the (training) program shall include documentation of the safety and health training required by subsection (a) (7) for each employee, including employee name or other identifier, training dates, type(s) of training, and training providers. Documentation shall be maintained for at least one year.

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 Injury and 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.

The associate director of university risk and compliance stated that new employee training and documentation had not been adequately maintained due to a lack of a clear understanding of who has responsibility for ensuring adequate training and documentation for all employees, but he believed

that new hires and existing employees were being adequately trained. He stated that the responsibility for ensuring compliance with health and safety training requirements for employees had not yet been established. He further stated that staff turnover and a lack of clear understanding of the recordkeeping requirements had resulted in the inability of each department to produce the records requested for the audit.

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

Recommendation 4

We recommend that:

- a. The campus strengthen employee training procedures and maintain employee health and safety training records on file, and available, for at least one year.
- b. The campus appropriately assigns the responsibility for employee health and safety training.
- c. Campus policies and directives provide that unresolved employee training issues be elevated to high enough levels of management to ensure resolution.

Campus Response

We concur. We will deploy compliance action by the end of April 2008 to ensure that:

- a. Employee training procedures are strengthened and that employee health and safety training records are maintained on file for at least one year.
- b. The responsibility for employee health and safety training is appropriately assigned.
- c. Our campus policies and directives clearly provide that unresolved employee training issues be elevated to high enough levels of management to ensure resolution.

TRACKING OF TRAINING REQUIREMENTS

A comprehensive system for tracking health and safety training had not been completed.

The campus had not yet completed either campus-wide or departmental training matrices or any similar such system for tracking health and safety training for every department. Additionally, we noted the following deficiencies during our review:

- ▶ A listing of health and safety training requirements for art, biology, chemistry, and facilities had not been developed, although university risk and compliance maintained documentation identifying the optional and required training for different job classifications. Additionally, the campus was unable to provide training matrices showing the accomplishment of training goals for the art, biology, and chemistry departments.
- ▶ According to the facilities training matrix, some facilities employees had not yet completed the training requirements shown on the university risk and compliance training requirements listing. Similarly, because art, biology, and chemistry did not maintain training matrices, there was no assurance that their staffs had completed the various training requirements that would be specified for employees in those departments.

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.

The CSU *Sample Environmental Health and Safety Training Program* 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 SJSU *IIPP* states that the program shall provide training and instruction whenever new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard.

The associate director of university risk and compliance stated that the risk management department was unaware of the need or requirement for such a campus-wide tracking system for all employees.

Failure to adequately track employee health and safety training requirements increases the risk that training would be inadequate, inconsistently applied, and overlooked.

Recommendation 5

We recommend that the campus complete campus-wide or departmental training matrices or any similar such system for tracking health and safety training requirements for each employee.

Campus Response

We concur. We will create a campus-wide or departmental training matrices or an equivalent system for tracking health and safety training requirements for each employee. Compliance action to be completed by the end of May 2008.

STUDENT HEALTH AND SAFETY TRAINING

Recordkeeping and assignment of responsibility for student health and safety training needed improvement.

Utilizing spring 2007 class schedules and rosters, we selected 30 students from the art, biology, and chemistry departments and requested corresponding training records to determine whether classroom and laboratory health and safety training had been performed and if recordkeeping was adequate. Additionally, we evaluated the assignment of responsibility for student health and safety training. Our review disclosed that:

- ▶ The art department was unable to provide individual health and safety training records for five of the ten students tested.
- ▶ The biology department was unable to provide individual health and safety training records for five of the ten students tested.
- ▶ The chemistry department was unable to provide individual health and safety training records for all of the ten students tested.
- ▶ None of the departments tested showed evidence of proactive follow-up activities to ensure that students who missed health and safety training were subsequently trained.
- ▶ The biology, chemistry, and art departments were all unable to fully document and describe a responsible body for ensuring compliance with the requirements for student health and safety training.

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.

The associate director of university risk and compliance stated his belief that evidence of student health and safety training existed, but also agreed that the recordkeeping and retrieval system needed

improvement. Additionally, he stated that the responsibility for ensuring compliance with health and safety training requirements for students had not yet been established.

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

Recommendation 6

We recommend that:

- a. The campus strengthen procedures to maintain student health and safety training records.
- b. The campus appropriately assigns the responsibility for student health and safety training.
- c. Campus policies and directives provide that unresolved student training issues be elevated to high enough levels of management to ensure resolution.

Campus Response

We concur. We will implement compliance actions by the end of April 2008 to:

- a. Strengthen procedures to maintain student health and safety training records.
- b. Appropriately assign the responsibility for student health and safety training.
- c. Ensure, by way of specific campus policies and directives, that unresolved student training issues be elevated to high enough levels of management for resolution.

MEDICAL MONITORING PRACTICES

MEDICAL EXAMINATIONS

Medical monitoring examinations were not conducted consistently.

As part of our medical monitoring review, we evaluated whether periodic/annual examinations and exit/termination examinations were performed consistently for employees on the campus Medical Monitoring Program (MMP). We reviewed medical monitoring records for the calendar years 2005, 2006, and through September 18, 2007, and noted the following:

- ▶ Testing of baseline (initial) examinations showed that, due to a lack of available documentation, we could not verify whether 10 of the 12 employees selected for testing through September 2007 had received baseline exams in a timely manner.

- ▶ Testing of periodic (annual) examinations for employees in the campus MMP showed that, due to a lack of available documentation, we could not verify that any of the 12 employees selected for testing through September 2007 had received periodic medical examinations on a consistent basis. Many of these employees were missing one or more periodic/annual examinations.
- ▶ Testing of exit (termination) examinations for employees in the campus MMP showed that neither of the two employees selected for testing from the period January 1, 2006, through September 18, 2007, had received an exit medical examination.

The CSU *MIIPP* §14.5 states, the medical record for each employee will be preserved and maintained for at least the duration of employment plus thirty (30) years except for certain health insurance claims records, first aid records, or the medical records of employees who have worked for less than one (1) year if they are provided to the employee upon termination of employment. Such records include medical and employment questionnaires or histories; the results of medical exams and lab tests; medical opinions, diagnoses, progress notes, and recommendations; first aid records; descriptions of treatments and prescriptions; and employee medical complaints.

The CSU *Sample Employee Medical Monitoring Program Manual* §1.3 and §1.4 state, in part, that medical monitoring provides a clinical base of information that is used to evaluate an employees 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.

The associate director of university risk and compliance stated that these conditions occurred because not all components of a MMP were known and understood by the campus departments.

Failure to 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 7

We recommend that the campus develop and implement procedures to:

- a. Ensure that baseline, periodic, and exit medical monitoring examinations are scheduled and performed.
- b. Ensure that proper medical monitoring records are maintained.
- c. Ensure that appropriate staff is notified when employees that might require an exit medical examination are separating, and thereby allow sufficient time to assess the need for an exit medical examination.

Campus Response

We concur. We will implement compliance actions by the end of April 2008 to:

- a. Ensure that baseline, periodic, and exit medical monitoring examinations are scheduled and performed.
- b. Ensure that proper medical monitoring records are maintained.
- c. Ensure that appropriate staff is notified when employees that might require an exit medical examination are separating, and thereby allow sufficient time to assess the need for an exit medical examination.

PROGRAM OVERSIGHT

Campus administration of the MMP needed improvement.

Based on our review of employee MMP practices, we noted the following deficiencies:

- ▶ The campus was unable to identify and formally assign specific authority and responsibility for the MMP, employee placement in the program, and ongoing medical monitoring activities.
- ▶ The campus did not have its own campus-specific MMP manual or document, and there were no policies covering MMP operations or authority and responsibility for the program.

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

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.

The associate director of university risk and compliance stated that these conditions occurred because not all components of a MMP were known and understood by the campus departments.

Failure to assign authority and responsibility for the MMP and formally document and implement program operations and policies may increase the risk of work-related illnesses and illnesses going undetected and potential liability to the CSU.

Recommendation 8

We recommend that the campus develop and implement a campus-specific MMP document covering MMP operations and policies, as well as authority and responsibility for the program.

Campus Response

We concur. We will develop and implement a campus-specific MMP document covering MMP operations and policies, as well as authority and responsibility for the program. Compliance action to be completed by the end of April 2008.

APPENDIX A: PERSONNEL CONTACTED

<u>Name</u>	<u>Title</u>
Don W. Kassing	President
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



San José State
UNIVERSITY

**Office of the Vice President
for Administration and
Finance**

One Washington Square
San José, CA 95192-0006
Voice: 408-924-1500
Fax: 408-924-1515
<http://www.sjsu.edu>

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THE CALIFORNIA STATE
UNIVERSITY

February 15, 2008

Mr. Larry Mandel
University Auditor
The California State University
401 Golden Shore, 4th Floor
Long Beach, CA 90802

**Campus Response to the OCCUPATIONAL HEALTH AND SAFETY
AUDIT (07-30) at San José State University**

Enclosed is San José State University's response to the Occupational Health and Safety Audit. The campus is committed to addressing the issues identified in this audit report.

Please let me know if I can provide you with additional information.

A handwritten signature in cursive script that reads "Rose L. Lee".

ROSE L. LEE
Vice President for Administration and Finance

Enclosure

c: Don W. Kassing, President
Ninh Pham-Hi, Director, Internal Control

The California State University:

Chancellor's Office, 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 Louis Obispo, San Marcos, Sonoma, Stanislaus

**OCCUPATIONAL HEALTH AND SAFETY
SAN JOSÉ STATE UNIVERSITY**

**Audit Report 07-30
January 18, 2008**

GENERAL ENVIRONMENT

Recommendation 1

We recommend that the campus strengthen and enforce its OHS policies to ensure that all programs have adequate administrative oversight and monitoring.

Campus Response

We concur. We will strengthen and enforce OHS policies to ensure that all programs have adequate administrative oversight and monitoring. Compliance action to be completed by end of April 2008.

HEALTH AND SAFETY PROGRAMS AND POLICIES

Recommendation 2

We recommend that the campus establish procedures to develop, timely review, update, and communicate the IIPP and departmental OHS policies.

Campus Response

We concur. We will establish procedures to develop, timely review, update, and communicate the IIPP and departmental OHS policies. Compliance action to be completed by end of April 2008.

HEALTH AND SAFETY INSPECTIONS

Recommendation 3

To ensure identification and evaluation of workplace hazards, as well as unsafe conditions and work practices, we recommend that the campus ensure:

- a. Scheduled inspection procedures are developed and implemented by the university risk and compliance office and the facilities department.
- b. Scheduled and unscheduled inspections occur periodically in accordance with an inspection plan.
- c. Inspection reports provide identification of deficiencies noted during inspections, the methods or procedures for correcting hazards, and the identification of persons performing inspections; and

evidence of abatement of hazards is documented, or the hazards otherwise prioritized for correction.

Campus Response

We concur. We will deploy compliance actions by end of May 2008 to ensure that:

- a. Scheduled inspection procedures are developed and implemented by the university risk and compliance office and the facilities department.
- b. Scheduled and unscheduled inspections occur periodically in accordance with an inspection plan.
- c. Inspection reports provide identification of deficiencies noted during inspections, the methods or procedures for correcting hazards, and the identification of persons performing inspections; and evidence of abatement of hazards is documented, or the hazards otherwise prioritized for correction.

EMPLOYEE HEALTH AND SAFETY TRAINING

TRAINING RECORDS AND PROCEDURES

Recommendation 4

We recommend that:

- a. The campus strengthen employee training procedures and maintain employee health and safety training records on file, and available, for at least one year.
- b. The campus appropriately assigns the responsibility for employee health and safety training.
- c. Campus policies and directives provide that unresolved employee training issues be elevated to high enough levels of management to ensure resolution.

Campus Response

We concur. We will deploy compliance action by end of April 2008 to ensure that:

- a. Employee training procedures are strengthened; and that, employee health and safety training records are maintained on file for at least one year.
- b. The responsibility for employee health and safety training is appropriately assigned.
- c. Our campus policies and directives clearly provide that unresolved employee training issues be elevated to high enough levels of management to ensure resolution.

TRACKING OF TRAINING REQUIREMENTS

Recommendation 5

We recommend that the campus complete campus-wide or departmental training matrices or any similar such system for tracking health and safety training requirements for each employee.

Campus Response

We concur. We will create a campus-wide or departmental training matrices or an equivalent system for tracking health and safety training requirements for each employee. Compliance action to be completed by end of May 2008.

STUDENT HEALTH AND SAFETY TRAINING

Recommendation 6

We recommend that:

- a. The campus strengthen procedures to maintain student health and safety training records.
- b. The campus appropriately assigns the responsibility for student health and safety training.
- c. Campus policies and directives provide that unresolved student training issues be elevated to high enough levels of management to ensure resolution.

Campus Response

We concur. We will implement compliance actions by end of April 2008, to:

- a. Strengthen procedures to maintain student health and safety training records.
- b. Appropriately assign the responsibility for student health and safety training.
- c. Ensure, by way of specific campus policies and directive, that unresolved student training issues be elevated to high enough levels of management for resolutions.

MEDICAL MONITORING PRACTICES

MEDICAL EXAMINATIONS

Recommendation 7

We recommend that the campus develop and implement procedures to:

- a. Ensure that baseline, periodic, and exit medical monitoring examinations are scheduled and performed.

- b. Ensure that proper medical monitoring records are maintained.
- c. Ensure that appropriate staff are notified when employees that might require an exit medical examination are separating, and thereby allow sufficient time to assess the need for an exit medical examination.

Campus Response

We concur. We will implement compliance actions by end of April 2008, to:

- a. Ensure that baseline, periodic, and exit medical monitoring examinations are scheduled and performed.
- b. Ensure that proper medical monitoring records are maintained.
- c. Ensure that appropriate staff are notified when employees that might require an exit medical examination are separating, and thereby allow sufficient time to assess the need for an exit medical examination.

PROGRAM OVERSIGHT

Recommendation 8

We recommend that the campus develop and implement a campus-specific MMP document covering MMP operations and policies, as well as authority and responsibility for the program.

Campus Response

We concur. We will develop and implement a campus-specific MMP document covering MMP operations and policies, as well as authority and responsibility for the program. Compliance action to be completed by end of April 2008.

THE CALIFORNIA STATE UNIVERSITY
OFFICE OF THE CHANCELLOR



- BAKERSFIELD
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- SAN DIEGO
- SAN FRANCISCO
- SAN JOSÉ
- SAN LUIS OBISPO
- SAN MARCOS
- SONOMA
- STANISLAUS

February 27, 2008

MEMORANDUM

TO: Mr. Larry Mandel
University Auditor

FROM: Charles B. Reed
Chancellor

SUBJECT: Draft Final Audit Report 07-30 on *Occupational Health and Safety*, San José State University

In response to your memorandum of February 27, 2008, I accept the response as submitted with the draft final report on *Occupational Health and Safety*, San José State University.

CBR/jt

Enclosure

cc: Mr. Don W. Kassing, President
Ms. Rose L. Lee, Vice President, Administration and Finance