

OCCUPATIONAL HEALTH AND SAFETY

**CALIFORNIA STATE UNIVERSITY,
NORTHRIDGE**

**Audit Report 07-29
January 31, 2008**

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THE CALIFORNIA STATE UNIVERSITY

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ABBREVIATIONS

CCR	California Code of Regulations
CSU	California State University
CSUN	California State University, Northridge
EHS	Environmental Health and Safety
EHSTP	Environmental Health and Safety Training Program
EMMPM	Employee Medical Monitoring Program Manual
EO	Executive Order
IIPP	Injury and Illness Prevention Program
MIIPP	Model Injury and Illness Prevention Program
MOU	Memorandum of Understanding
OHS	Occupational Health and Safety
OSHA	Occupational Safety and Health Administration
PPM	Physical Plant Management
SEHSTP	Sample Environmental Health and Safety Training Program

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 California State University, Northridge campus from September 24, 2007, through October 26, 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, effective. However, sanitation and custodial training requirements and custodial procedures at the Klotz Student Health Center needed improvement. Furthermore, procedures for health and safety inspections and campus assessments, procedures for prioritizing and resolving deficiencies noted during health and safety inspections and assessments, completion of health and safety training matrices, and new hire health and safety orientation training procedures also 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.

HEALTH AND SAFETY PROGRAMS AND POLICIES [5]

The campus memorandum of understanding between physical plant management and the Klotz Student Health Center did not adequately address sanitation and custodial training requirements or fully address specific health and safety risks associated with custodial requirements in the health facility.

HEALTH AND SAFETY INSPECTIONS [6]

Procedures for health and safety inspections and campus assessments needed improvement. Campus departments did not always document scheduled and unscheduled periodic inspections of work areas in their departments. Several scheduled assessments were behind schedule and in some cases not performed at all. Campus procedures for prioritizing and resolving deficiencies noted during inspections needed improvement. Specifically, proper documentation of health and safety inspection follow-up procedures and corrective actions taken was not always maintained.

EMPLOYEE HEALTH AND SAFETY TRAINING [9]

The campus had not yet completed either campus-wide or departmental training matrices or any similar system for tracking health and safety training for campus departments. Furthermore, we found that initial health and safety training of campus new hires was not always adequately documented. For example, the campus was able to locate evidence of health and safety training for only 1 of 20 new hire employees tested.

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

HEALTH AND SAFETY PROGRAMS AND POLICIES

The campus memorandum of understanding (MOU) between physical plant management (PPM) and the Klotz Student Health Center did not adequately address sanitation and custodial training requirements or fully address specific health and safety risks associated with required custodial procedures in the health facility.

Specifically, the current plan or MOU did not address the following:

- ▶ The unique conditions that determine the frequency and adequacy of cleaning of specific health center areas.
- ▶ Consultation with custodial staff on health center sanitation and safety issues.

Campus representatives asserted that all custodians receive training regarding the transmission and prevention of infectious diseases (blood borne pathogens); however, there were no provisions for specific orientation, training, or the continuing education of custodians specific to the health center.

Executive Order (EO) 943, *Policy on University Health Services*, dated April 28, 2005, states that, to ensure the health and safety of employees, patients, and others, each campus shall implement a written plan that addresses the health and safety risks associated with health facility operation. The plan, consistent with federal and state guidelines, shall include at least the following items:

- Provides appropriate consultation with custodial staff to address health center sanitation and safety issues and provides for the assignment of identified and trained custodial personnel to ensure appropriate cleanliness of the health facility.
- Addresses the unique conditions that determine the frequency and adequacy of cleaning of specific health center areas (e.g., laboratory, examining rooms, minor surgery rooms, waiting areas, halls, and restrooms).
- Provides orientation, continuing education, and training of custodians regarding the transmission and prevention of infectious diseases.

The California State University (CSU) *Sample Environmental Health and Safety Training Program* (SEHSTP) 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 environmental health and safety (EHS) director stated that the campus felt that the existing custodial training procedures substantially satisfied the requirements of EO 943.

Failure to establish adequate sanitation and custodial training requirements in the student health center could compromise the health and safety of employees, patients, and others on campus.

Recommendation 1

We recommend that the campus develop and implement written policy and procedures:

- a. To ensure that the unique conditions that determine the frequency and adequacy of cleaning of specific health center areas are adequately addressed.
- b. To ensure that consultation with custodial staff on health center sanitation and safety issues is accomplished.
- c. To ensure adequate oversight of the health center sanitation program.

Campus Response

We concur. We have implemented procedures addressing the unique conditions that determine the frequency and adequacy of cleaning specific health center areas. These procedures require consultation between custodial staff, health professionals, and responsible managers to ensure adequate oversight is in place.

HEALTH AND SAFETY INSPECTIONS

PERIODIC INSPECTIONS

Procedures for health and safety inspections and campus assessments needed improvement.

We noted the following:

- ▶ Campus departments did not always document evidence of scheduled and unscheduled periodic health and safety inspections, including the identification and evaluation of potentially unsafe conditions and work practices. Additionally, we noted that three of the four primary test areas, the art, chemistry, and biology departments, had not documented any periodic inspections of their areas.
- ▶ EHS assessments did not always occur at the intervals stated in the campus policy. Based on our review of the assessment schedule and the campus Injury and Illness Prevention Program (IIPP), scheduled assessments of high-risk departments (art, biology, and chemistry) were not performed timely and, in some cases, not at all.

Title 8 California Code of Regulations (CCR) §3203 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.

Best practice would also dictate that the campus document evidence of unscheduled health and safety 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 *Model Injury and Illness Prevention Program* (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. The MIIPP recommends that departmental safety coordinators be assigned to conduct these inspections.

The California State University, Northridge (CSUN) *IIPP*, dated March 2007, states that the assessment program is administered by the EHS department and includes departments that, because of their activities, are subject to a higher level of regulatory compliance. The focus of the assessments is on compliance with safety and environmental regulations as well as best management policies. Assessments are conducted every 1-3 years (depending on the level of activity in the department).

The EHS director stated that the campus believed that the existing inspection programs (EHS assessments, chemical hygiene program audits, facility inspection reports, and night safety walk program) satisfied the requirements of Title 8 CCR §3203.

Failure to perform health and safety inspections and timely assessments, including the identification and evaluation of potentially unsafe conditions and work practices, increases the risk that unsafe conditions would not be identified and further increases the potential for injuries, litigation, and regulatory sanctions.

Recommendation 2

We recommend that the campus:

- a. Conduct appropriate departmental scheduled and unscheduled periodic health and safety inspections and timely EHS assessments of high-risk campus departments based on a practical schedule.
- b. Document evidence of inspections and assessments, as well as the identification and evaluation of potentially unsafe conditions and work practices.

Campus Response

We concur.

- a. By June 1, 2008, CSUN will implement a departmental health and safety inspection program, which will be monitored by EHS. Additionally, CSUN's IIPP has been revised to require that EHS assessments be conducted every 1-4 years, depending on the level of risk in the department.
- b. By June 1, 2008, CSUN will develop a system for documenting departmental safety inspections.

RESOLUTION OF INSPECTION DEFICIENCIES

Campus procedures for prioritizing and resolving deficiencies noted during health and safety inspections and assessments (inspections) needed improvement.

We found that proper documentation of health and safety inspection follow-up procedures and corrective actions taken was not always maintained. Although campus representatives stated that inspections were sometimes followed by site visits or e-mail correspondence, we did not find sufficient documentary evidence showing corrective actions taken or prioritization for correction of deficiencies noted during health and safety inspections.

Title 8 CCR §3203 states that 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 EHS director stated that the campus believed that existing procedures for resolving deficiencies noted during assessments and inspections was substantially in compliance with the requirements of Title 8 CCR §3203.

Failure to implement and document evidence of hazard correction or prioritization for hazard correction increases the risk that unsafe conditions would continue to exist, increasing the potential for injuries and regulatory sanctions.

Recommendation 3

We recommend that the campus strengthen procedures to ensure that inspection reports always identify methods for correcting hazards as well as inclusion of evidence that the hazards have been corrected or prioritized for correction.

Campus Response

We concur. By June 1, 2008, CSUN will strengthen the existing system for tracking corrective action(s) from safety assessments.

EMPLOYEE HEALTH AND SAFETY TRAINING

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 all campus departments, and new hire health and safety training was not adequately documented.

We noted the following:

- ▶ The art and chemistry departments did not maintain departmental training matrices or similar documentation to track health and safety training.
- ▶ The PPM department did not maintain a training matrix, but kept adequate records of staff initial IIPP training and department-specific training.
- ▶ The campus had not completed departmental training matrices or a training matrix for the campus as a whole.
- ▶ From the population of campus-wide new employees hired during the 12 months prior to our audit, we selected a sample of 20 employees and tested records for health and safety training. We found that the campus was only able to locate evidence of health and safety training for one of the new hire employees tested. Additionally, our review of the chemistry department disclosed that there was no evidence on file to support that faculty and staff had completed initial health and safety training.

The CSU *SEHSTP* 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.

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, employee name or other identifier, training dates, types of training, and training providers. Documentation shall be maintained for at least one year.

The EHS director stated that the campus had identified the need for improving the existing training system in June 2007, and had started implementing a new learning management system.

Failure to adequately track employee health and safety training requirements and maintain employee health and safety training records increases the risk that training would be inadequate, increases the potential for regulatory sanctions, and limits the campus' defense in liability cases.

Recommendation 4

We recommend that the campus:

- a. Complete campus-wide or departmental training matrices or any similar such system for tracking health and safety training requirements for each department.
- b. Strengthen procedures to maintain employee health and safety training records on file for at least one year.

Campus Response

We concur.

- a. CSUN has completed an evaluation of required health and safety training for all campus employees (EHS training matrix).
- b. CSUN has implemented a system for maintaining employee health and safety training records.

APPENDIX A: PERSONNEL CONTACTED

<u>Name</u>	<u>Title</u>
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
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 Chief Financial Officer
Kristin Morris	Administrative Assistant
Ron Norton	Director, Environmental Health and Safety
Anthony Pepe	Environmental Compliance Manager
Yolanda (Linda) 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

California State University
Northridge

Office of the Vice President
Administration and Finance

February 25, 2008

RECEIVED
UNIVERSITY AUDITOR

FEB 27 2008

THE CALIFORNIA STATE
UNIVERSITY

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

Subject: Campus Response to Recommendations of Audit Report Number 07-29,
Occupational Health and Safety at California State University, Northridge

Dear Larry:

Enclosed please find the California State University, Northridge (CSUN) response to the recommendations of the audit, as requested in your letter of January 31, 2008.

We have read the report including the observations and recommendations, and agree with them. Corrective action to implement all of the recommendations has been taken. By separate correspondence, the applicable documents evidencing completion of our implementation process and corrective action for each recommendation will be provided.

Should there be questions regarding the contents of the response, they may be addressed to Howard Lutwak, CSUN Internal Audit Director at (818) 677-2333.

We appreciate the recommendations to improve CSUN's systems of internal control.

Sincerely,



Tom McCarron
Vice President for Administration and Finance
and Chief Financial Officer

TM:mh

Enclosures

cc: Jolene Koester, President
Howard Lutwak, Internal Audit Director

OCCUPATIONAL HEALTH AND SAFETY

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

Audit Report 07-29
January 31, 2008

HEALTH AND SAFETY PROGRAMS AND POLICIES

Recommendation 1

We recommend that the campus develop and implement written policy and procedures:

- a. To ensure that the unique conditions that determine the frequency and adequacy of cleaning of specific health center areas are adequately addressed.
- b. To ensure that consultation with custodial staff on health center sanitation and safety issues is accomplished.
- c. To ensure adequate oversight of the health center sanitation program.

Campus Response

We concur. We have implemented procedures addressing the unique conditions that determine the frequency and adequacy of cleaning specific health center areas. These procedures require consultation between custodial staff, health professionals, and responsible managers to ensure adequate oversight is in place.

HEALTH AND SAFETY INSPECTIONS

PERIODIC INSPECTIONS

Recommendation 2

We recommend that the campus:

- a. Conduct appropriate departmental scheduled and unscheduled periodic health and safety inspections and timely EHS assessments of high-risk campus departments based on a practical schedule.
- b. Document evidence of inspections and assessments, as well as the identification and evaluation of potentially unsafe conditions and work practices.

Campus Response

(a) We concur. By June 1, 2008, CSUN will implement a departmental health and safety inspection program which will be monitored by EH&S. Additionally, CSUN's IIPP has been revised to require that EH&S assessments be conducted every 1-4 years, depending on the level of risk in the department.

(b) We concur. By June 1, 2008, CSUN will develop a system for documenting departmental safety inspections.

RESOLUTION OF INSPECTION DEFICIENCIES

Recommendation 3

We recommend that the campus strengthen procedures to ensure that inspection reports always identify methods for correcting hazards as well as inclusion of evidence that the hazards have been corrected or prioritized for correction.

Campus Response

We concur. By June 1, 2008, CSUN will strengthen the existing system for tracking corrective action(s) from safety assessments.

EMPLOYEE HEALTH AND SAFETY TRAINING

Recommendation 4

We recommend that the campus:

- a. Complete campus-wide or departmental training matrices or any similar such system for tracking health and safety training requirements for each department.
- b. Strengthen procedures to maintain employee health and safety training records on file for at least one year.

Campus Response

(a) We concur. CSUN has completed an evaluation of required health and safety training for all campus employees (EH&S Training Matrix).

(b) We concur. CSUN has implemented a system for maintaining employee health and safety training records.


THE CALIFORNIA STATE UNIVERSITY
 OFFICE OF THE CHANCELLOR

BAKERSFIELD

March 10, 2008

CHANNEL ISLANDS

CHICO

MEMORANDUM

DOMINGUEZ HILLS

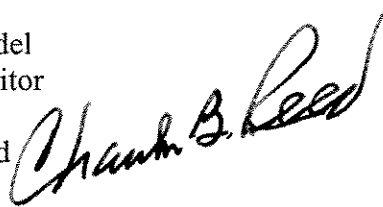
EAST BAY

FRESNO

TO: Mr. Larry Mandel
University Auditor

FULLERTON

FROM: Charles B. Reed
Chancellor



HUMBOLDT

LONG BEACH

SUBJECT: Draft Final Audit Report 07-29 on *Occupational Health and Safety*, California State University, Northridge

LOS ANGELES

MARITIME ACADEMY

In response to your memorandum of March 10, 2008, I accept the response as submitted with the draft final report on *Occupational Health and Safety*, California State University, Northridge.

MONTEREY BAY

NORTHRIDGE

POMONA

CBR/jt

SACRAMENTO

Enclosure

SAN BERNARDINO

cc: Dr. Jolene Koester, President
Mr. Howard Lutwak, Director of Internal Audit
Mr. Tom McCarron, Interim Vice President, Administration and Finance and
Chief Financial Officer

SAN DIEGO

SAN FRANCISCO

SAN JOSÉ

SAN LUIS OBISPO

SAN MARCOS

SONOMA

STANISLAUS