SAFETY MANAGEMENT PLAN
FOR
HAZARDOUS CHEMICAL MATERIALS
AT THE
DUKE UNIVERSITY HEALTH SYSTEM
2016

I. Introduction

The Hazardous Chemical Materials Management Plan defines the mechanisms for oversight for controlling exposures to chemical materials in the workplace. The related policies and procedures are developed to provide guidance for worker safety and are based on regulatory requirements or current safety guidelines.

II. Organization of Participants

The administration and oversight of occupational safety management for hazardous chemical materials is shared by the Occupational Hygiene and Safety Division of the Occupational and Environmental Safety Office. Specific responsibilities within the OHS division include:

- Operational Management: Nicole Greeson CIH
- Respiratory Protection: Nicole Greeson CIH
- OSHA Recordkeeping: Courtney Stanion CIH
- Hazard Communication: Gary M. Tencer CIH
- Hazardous Drugs: Nicole Greeson CIH
- Asbestos/Lead Hazards: J. Daniel James CIH, CSP
- Hospital Response to Chemical Event: Gary M. Tencer CIH
- Coordination, Evaluation, Monitoring: Gary M. Tencer CIH

III. Management

A. Policy Development and Review

The primary policies for managing chemical hazards throughout the Hospital and Clinics, including the Duke Primary Care facilities, are found in the following chapters of the Duke University Safety Manual:

- I-3 Reporting of Injuries and Illnesses
- I-4 Hazard Determination/Control
- I-7 Reproductive Health
- II-1 Personal Protective Equipment
- II-2 Respiratory Protection
All of the above sections, as well as their related supplements are reviewed and modified when necessary or on a triennial basis, whichever is more frequent. All additions or modifications are submitted to the Duke University Safety Committee for review and approval.

B. Planning Objectives.

The Director of the Occupational Hygiene and Safety Division is responsible for the development of annual Planning Objectives for the Division. These objectives are developed in accordance with the mission of the Institution and the OESO, any applicable laws or regulations, and all relevant accreditation standards. These planning objectives define the focus for resource commitment by the Division. Where objectives include measurable outcomes, they are considered for establishment of performance standards. Planning Objectives are submitted to the Duke University Safety Committee for review and approval.

The Planning Objectives for the Occupational Hygiene and Safety Division are incorporated into the Planning Objectives for OESO.

IV. Activities

A. Selection, Use, and Storage of Hazardous Chemical Materials (EC.02.02.01 EP 1,3,4,5,9,11,12)

Chapter II-4 of the Duke University Safety Manual details the requirements for the selection, storage, and use of hazardous materials. Each department using hazardous materials is responsible for managing a list of such materials and access to related safety information (SDS’s). At DUH, the Pharmacy Formulary and Hospital supply catalog is acceptable as a list of chemicals. SDS’s are available through OA’s office or through the OESO website. The use of any material listed as a Particularly Hazardous Substance requires a written SOP and, in some cases, prior approval by the Occupational and Environmental Safety Office (OESO). Disposal of hazardous materials is arranged through the Environmental Programs Division of OESO.
B. Exposure Monitoring (EC.02.02.01 EP 10)

Monitoring of employee exposures to hazardous vapors, gases, or airborne particulates may be conducted for the following circumstances:

- Monitoring is required by law or regulation.
- Significant potential exists for airborne contaminants to exceed permissible limits.
- Strong concern about overexposure is expressed by employees.

All monitoring is conducted with calibrated equipment using validated sampling and analytical methods. Where significant exposures are measured, controls are developed and implemented.

C. Hazard Reporting and Spill Management (EC.02.02.01 EP 3,4)

Section I-4 of the Duke University Safety Manual describes the process of identifying and assessing hazards discovered by or reported to OESO. Spill reporting procedures are described in the OESO Emergency Response and Reporting Guide. Emergency response for the control of major spills is done by OESO personnel who have been received the appropriate level of training required by the Code of Federal Regulations, Title 29, Part 1910.120. Spills of hazardous drugs on Hospital Units are managed by unit personnel following the instructions provided in Supplement V of the Duke University Safety Manual (These instructions are also included with the spill kit).

D. Training

Policies and procedures for handling hazardous chemical materials are included in the DUMC Employee Orientation and periodic update programs. Orientation includes an introduction to Hazard Communication and Chemical Hygiene/Laboratory Safety, as covered in Sections V-1 and V-2 of the Duke University Safety Manual. This training is followed up by workplace specific training, conducted by the individual supervisors, as well as other training conducted on request by OESO.

V. Performance Monitoring

A. Performance Improvement Plan

The Director of the Occupational Hygiene and Safety Division is responsible for the development of the Performance Improvement Plan, which is based on the objectives and priorities set by the Institution, the OESO and the Duke University Safety Committee. All plans are developed in coordination with the Accreditation and Patient Safety Office to assure that all performance improvement activities are appropriately integrated into the Performance
Improvement Plan for the Duke University Hospital. The DUSC approves the plan each year, and all PI activity is reported at least quarterly to the DUSC.

There are no PI plans for 2016.

B. **Effectiveness Monitoring**

In addition to the PI activities and reporting, the Occupational Hygiene and Safety Division monitor the effectiveness of the various programs for which it has responsibility. Programs include:

- Respiratory Protection
- Departmental Safety Committee activities
- Chemical Exposure Monitoring
- Indoor Environmental Quality
- Asbestos and Lead Management

Evaluations of these programs are done by a combination of methods, including: record reviews, site audits, air monitoring. Observations and recommendations are reported to the management of the affected area. Significant events and trends are reported routinely to the DUSC.

VI. **Management Plan Evaluation**

The Director of the Occupational Hygiene and Safety division will evaluate this management plan annually for its scope, objectives, performance, and effectiveness. Any changes in scope will be addressed during the annual update of the plan, and any changes in the application or interactions will be incorporated into the update.

Annual planning objectives will be developed through interactions with Administration, the OESO Director and DUSC members. These objectives will address the primary operational initiatives for maintaining and enhancing the safety of the Environment of Care. Progress toward accomplishing these objectives will be reported at least quarterly to the DUSC with an additional year-end summary of effectiveness.

The performance of the plan will be assessed in part through progress in achieving the PI standards defined herein. The annual evaluations, updates, and planning efforts will be presented for DUSC review and action during the first quarter of the new calendar year.