

# Beaumont

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Area Laboratory-Safety  
Applicability All Beaumont Hospitals  
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## Laboratory Annual Safety Assessments

Document Type: Policy

### I. PURPOSE AND OBJECTIVE:

- A. The Laboratory Annual Safety Assessment policy defines the four safety assessments that are completed on an annual basis: Hazardous Chemical Inventory, Fire Safety Review, Personal Protective Equipment (PPE), and Safety Inspection.
- B. Completing each safety assessment gives the Laboratory Managers/Supervisors an opportunity to identify and correct possible safety concerns that may be found in the Laboratory.

### II. POLICY STATEMENT:

As defined in this policy, designated Laboratory employees will perform, complete associated forms, and retain the results of the four safety assessments.

### III. ASSESSMENTS:

#### A. Hazardous Chemical Inventory and Safety Data Sheets (SDS)

1. Responsible employees:
  - a. Department Manager/Supervisor/designee update their hazardous chemical inventory in the MSDSonline SDS database for their department's location and performs the hazardous chemical inventory/SDS review as defined in the procedure section of this policy and in the [Laboratory Chemical Hygiene Plan](#).

- i. Each hazardous chemical located in a Laboratory department must have a corresponding SDS, for the specific manufacturer, available for employees to review in MSDSonline.
- ii. As hazardous chemicals are retired from the Laboratory or new hazardous chemicals are introduced, the Manager/Supervisor/designee will update the MSDSonline or request assistance from the Campus Laboratory Safety Officer/designee.

- b. Campus Laboratory Safety Officer/designee will export MSDSonline chemical inventory reports for the manager's review.

## 2. MSDSonline SDS Database Application

- a. The MSDSonline (Safety Data Sheet database) application is the primary electronic storage of SDS and is located on the Corewell Health Intranet in the Document menu option. Directions for accessing MSDSonline can be found in the attachment section of this policy.

## B. Fire Safety Review

### 1. Responsible Laboratory employees:

- a. Manager/Supervisor/designee performs the fire safety review as outlined in the [Laboratory Fire Safety](#) procedure.

## C. Personal Protective Equipment (PPE) Assessment

### 1. Responsible Laboratory employees:

- a. Manager/Supervisor/designee performs the PPE assessment following the Corporate Safety (Environment and Life Safety) policy: [Personal Protective Equipment - MIOSHA](#).

## D. Laboratory Safety Inspection

### 1. Responsible Laboratory employee:

- a. Campus Laboratory Safety Officer/designee performs the safety inspection following the procedure steps in this policy and the inspection checklist document found in the attachment section.
- b. Manager/Supervisor/designee reviews the results of the safety inspection and determines the appropriate corrective action.

# IV. PROCEDURE:

## A. Hazardous Chemical Inventory and SDS

### 1. Identifying a hazardous chemical:

- a. Refer to the SDS, [Laboratory Chemical Hygiene Plan](#) and [Hazard Communication Program](#) for information on how to identify a hazardous chemical.

### 2. Initial upload of the departments hazardous chemical inventory into the MSDSonline database application:

- a. If a Laboratory department does not have a hazardous chemical inventory in MSDSonline for a their specific location, the Laboratory Manager/ Supervisor should coordinate with the campus Laboratory Safety Officer and the Environment and Life Safety Corporate Safety Coordinator to have the inventory uploaded. A hazardous chemical inventory form can be found in the Environment and Life Safety policy: [Hazardous Communication Program](#).

**3. Export of a current hazardous chemical inventory from MSDSonline:**

- a. On an annual basis, the campus Laboratory Safety Officers or designee will export and email the hazardous chemical inventory from MSDSonline for each of the Laboratory departments at their campus location for Manager/ Supervisor review. Directions for exporting the inventory and adding data fields into the export Excel document along with an example export can be found in the MSDSonline Job Aid documents in the attachment section of this policy.

**4. Review of the hazardous chemical inventory MSDSonline exported document**

- a. Laboratory department Managers/Supervisors/designee will compare the hazardous chemicals physically located in the department to the hazardous chemical inventory MSDSonline exported document to:
  - i. Determine if any hazardous chemicals needs to be added or retired (marked as not-in-use) from MSDSonline for their specific department location.
    - a. The Manager/Supervisor/designee will contact the campus Laboratory Safety Officer if assistance is needed for adding or retiring (marked as not-in-use) hazardous chemicals from their department location in MSDSonline. The SDS should be provided to the Safety Officer for each hazardous chemical that needs to be added into MSDSonline.
- b. The Laboratory department manager/supervisor/designee will complete the MSDSonline hazardous chemical Inventory exported document (Excel) for the following:
  - i. Name and date of Laboratory employee(s) performing the inventory review.
  - ii. Document the storage location(s) for each of the hazardous chemicals.
  - iii. Document the approximate quantity for each hazardous chemical.
  - iv. Document any new hazardous chemical that needs to be added into MSDSonline for a specific Laboratory location.
  - v. Document which hazardous chemical can be retired from a specific Laboratory location within MSDSonline.

- c. The Laboratory Manager/Supervisor/designee will email a copy of the completed MSDSonline exported document to the campus Laboratory Safety Officer and retain a copy in the Laboratory department for employees and inspector access.
  - i. If requested, after chemical inventory edits are made in MSDSonline, the campus Laboratory Safety Officer can export a new version of the department hazardous chemical inventory for the department Manager/Supervisor/designee.

5. **Adding or retiring SDS from a specific location in MSDSonline**

- a. Employees designated as MSDSonline "manager" have the security access to add SDS (that are found in the MSDSonline E-binder) or retire (mark not-in-use) SDS for a specific location in MSDSonline. Directions for adding or retiring a SDS can be found the MSDSonline Job Aid attachment in this policy.
  - i. Each campus Laboratory Safety Officer and a limited number of other Laboratory employees have been assigned as a MSDSonline manager. The Hospital Environment & Life Safety Coordinator assigns the manager access and provides basic training in the MSDSonline application.
  - ii. If a SDS cannot be located in MSDSonline, then connect the Hospital Environment & Life Safety Coordinator for assistance.

6. **ADDITIONAL INFORMATION**

- a. An up-to-date electronic or paper copy of the hazardous chemical inventory can be posted within the department for laboratory employees and inspectors (including the Fire Marshall).
- b. A Laboratory department may use a different version of a hazardous chemical inventory list or form, if required by local Fire Marshals.
- c. Each campus Laboratory Safety Officer tracks the yearly completion of the Laboratory hazardous chemical inventory review for their specific campus Laboratory.
- d. Laboratory Safety Officers will email end of year reminders to the Managers/Supervisors for incomplete hazardous chemical inventory review.

**B. Fire Safety Review:**

- 1. Laboratory Managers/Supervisors/designee are responsible for performing an annual fire safety review for their department as outlined in the [Laboratory Fire Safety](#) procedure.
- 2. The completed fire safety review documentation is retained by the department Manager/Supervisor and a copy is sent to the campus Laboratory Safety Officer.
- 3. The campus Laboratory Safety Officer tracks the yearly completion of the departments fire safety review. Safety Officers will email end of year reminders to the

Managers/Supervisors for incomplete review.

**C. PPE Assessment:**

1. Each Laboratory Manager/Supervisor/designee is responsible for performing the annual PPE Assessment for their department. The directions and the associated form (PPE Hazard Assessment Certification) for performing a PPE hazard assessment is located the Environment and Life Safety policy: [Personal Protective Equipment - MIOSHA](#).
2. The completed PPE Hazard Assessment Certification form is retained by the department Manager/Supervisor and a copy is sent to the campus Laboratory Safety Officer.
3. The campus Laboratory Safety Officer tracks the yearly completion of the departments PPE Assessment. Safety Officers will email end of year reminders to the Managers/Supervisors for incomplete PPE Assessment forms.

**D. Laboratory Safety Inspection:**

1. The campus Laboratory Safety Officer or designee is responsible for performing the annual Laboratory safety inspection at their assigned Laboratory campus. The Laboratory Safety Officer coordinates the inspection date with the individual department Manager/Supervisor/designee.
2. The Laboratory Safety Inspection checklist follows the College of American Pathologists (CAP) Laboratory General Safety checklist questions and includes standards from Michigan Occupational Safety and Health Administration (MIOSHA).
3. The Laboratory Safety Inspection checklist can be found in the attachment section of this policy.
  - a. The Safety Inspection Checklist contains two sections:
    - i. Section A contains the safety questions with check boxes to indicate if the laboratory department is in compliance with the question. Mark "Yes" for compliance to all items in the question, "No" if not fully in compliance or "Not Applicable" (NA) if the question doesn't apply to the department.
    - ii. Section B is divided in three parts:
      - a. The first section is dedicated to the Safety Officer's inspection non-compliance (deficiencies) discoveries.
      - b. The second section is dedicated to the Manager/Supervisor follow-up to the non-compliance discoveries.
      - c. The third section is dedicated to miscellaneous Safety Officer notes.
4. The campus Laboratory Safety Officer will print a copy of the Laboratory Safety Inspection checklist and email a copy to the department employee who is partnering with the safety inspection.
5. Upon arrival in the Laboratory department, the Safety Officer and the partnering

employee will use the Safety Inspection Checklist to perform the safety inspection. Deficiencies that can be corrected during the inspection should be made and noted on the inspection checklist (e.g. storage in front of a fire extinguisher). Deficiencies discovered during the inspection that need follow-up by the department Manager/Supervisor should be noted on the inspection checklist and, if possible, communicated in-person to the Manager/Supervisor during the inspection.

6. The Safety Officer will email a completed copy of the inspection checklist document to the department Laboratory Manager/Supervisor.
7. The department Manager/Supervisor/designee will resolve deficiencies discovered during the safety inspection, to the best of their ability, document the corrective action(s) on the Laboratory Safety Inspection Checklist, and email a copy of the document to the Safety Officer.
8. The completed Laboratory Safety Inspection Checklist is retained by the campus Laboratory Safety Officer and a copy is sent to the System Quality and Safety Manager.
9. The safety inspection results should be shared with the Safety Committee members for learning purposes.
10. The document owner of this policy or designee is responsible for updating the Laboratory Safety Inspection Checklist as new or edited CAP and MIOSHA standards are published.

#### **E. Final Instruction**

1. The four Laboratory safety assessments can be performed at anytime during the calendar year, however, a suggested completion data range is offered in the table in the Reference section of this policy.
2. Each campus Laboratory Safety Officer will contact the Laboratory Managers/Supervisors to communicate the safety assessment that are due for the calendar year.
3. The assessment forms (Hazardous Chemical Inventory, Fire Safety Drills, PPE Assessment, and Laboratory Safety Inspection) will be retained by the department Laboratory Manager/Supervisors and a copy is sent to the campus Laboratory Safety Officers.

## **V. REFERENCE:**

Policies: [Laboratory Chemical Hygiene Plan](#) [Hazard Communication Program](#)

MIOSHA published standards: [MIOSHA Standards](#)

Contact your campus Operations Specialist or designee for the current version of the CAP Checklist

Suggested calendar schedule for completing the safety assessments:

| Safety Assessment Task       | Suggested Date Range |
|------------------------------|----------------------|
| 1. Hazard Chemical Inventory | Jan - March          |



|  |              |
|--|--------------|
| <b>2. Fire Safety Review</b>           | April - June |
| <b>3. PPE Hazard Assessment</b>        | July - Sept  |
| <b>4. Laboratory Safety Inspection</b> | Oct - Dec    |

## Attachments

[Laboratory Safety Inspection Checklist](#)

[MSDSonline \\_Add or Remove SDS from Lab Location](#)

[MSDSonline \\_Exporting Hazardous Chemical Inventory](#)

[MSDSonline \\_Log on SDS and Location search\\_ Open a SDS](#)

[MSDSonline Hazardous Chemical Export\\_Troy Chemistry example](#)

## Approval Signatures

| Step Description   | Approver                                     | Date      |
|--|--|-----------|
| CLIA Site Licensed Medical Directors                     | Subhashree Mallika Krishnan: Staff Physician | 9/21/2023 |
| CLIA Site Licensed Medical Directors                     | Vaishali Pansare: Chief, Pathology           | 9/21/2023 |
| CLIA Site Licensed Medical Directors                     | Ann Marie Blenc: System Med Dir, Hematopath  | 9/15/2023 |
| CLIA Site Licensed Medical Directors                     | Jeremy Powers: Chief, Pathology              | 9/6/2023  |
| CLIA Site Licensed Medical Directors                     | Muhammad Arshad: Chief, Pathology            | 9/6/2023  |
| CLIA Site Licensed Medical Directors                     | Ryan Johnson: OUWB Clinical Faculty          | 9/6/2023  |
| CLIA Site Licensed Medical Directors                     | Kurt Bernacki: System Med Dir, Surgical Path | 9/6/2023  |
| CLIA Site Licensed Medical Directors                     | John Pui: Chief, Pathology                   | 9/6/2023  |
| Policy and Forms Steering Committee Approval (if needed) | Christopher Ferguson: Mgr, Laboratory        | 9/6/2023  |

|                      |   |           |
|----------------------|---|-----------|
|                      | Sarah Britton: VP, Laboratory Svcs        | 9/5/2023  |
| Operations Directors | Joan Wehby: Dir, Lab Operations C         | 9/5/2023  |
| Operations Directors | Amy Knaus: Dir, Lab Operations C          | 8/24/2023 |
| Operations Directors | Kimberly Geck: Dir, Lab Operations B      | 8/23/2023 |
| Operations Directors | Elzbieta Wysteppek: Dir, Lab Operations B | 8/23/2023 |
| Operations Directors | Brittnie Berger: Dir, Lab Operations C    | 8/23/2023 |
|                      | Christopher Ferguson: Mgr, Laboratory     | 8/23/2023 |

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