



INTRODUCTION

The University of Michigan (U-M) is committed to promoting an environment where all research and academic activities are conducted with safety as a top priority. U-M expects all individuals (e.g., faculty, staff, other employees, trainees [students and postdoctoral fellows], visitors, and volunteers) to consistently maintain the procedures and practices of a safe research and academic environment. U-M supervisors are responsible for ensuring that their employees, trainees, visitors, volunteers, etc. are in compliance with all applicable health and safety requirements. A supervisor is defined as ANYONE in a managerial, supervisory or mentorship role. When safety deficiencies or concerns are identified in a research or academic setting, the responsible supervisor must make corrections in a *timely* and *sustainable* manner. This Research and Academic Safety Committee Safety Resolution Policy establishes the processes involved to ensure compliance with U-M health and safety requirements when safety deficiencies or concerns are not corrected in a timely and sustainable manner by the relevant U-M Supervisor.

This policy is issued by [Environment, Health & Safety](#) (EHS) in collaboration with the Research and Academic Safety Committee (RASC) and their oversight Executive Leadership Team (ELT) that oversees and provides direction for the Research Safety First Initiative. The ELT is comprised of the following individuals: the Provost and Executive Vice President for Academic Affairs, the Executive Vice President and Chief Financial Officer, the Vice President for Research, and the Executive Vice President for Medical Affairs. This policy and its corresponding procedures are issued under the [Research and Academic Safety policy](#) and both are supported by [Standard Practice Guide 605.01 Safety, Health and Environmental Policy](#)

APPLICABILITY

This policy applies to requests for reviews of issues under the purview of the RASC brought by schools and colleges. The RASC may also initiate reviews of issues under its purview. This policy may also be used by individuals who have followed applicable policies and procedures and continue to have concerns that have not been adequately addressed.

This policy is not intended to replace normal processes for units or individuals to seek clarity with EHS on a specific issue or to take the place of normal unit processes for grievances including use of the U-M compliance hotline.

This policy is also not intended to cover situations of imminent danger, where the EHS director has direct authority to take measures to ensure a given situation is rectified in a timely manner.

BACKGROUND

EHS advises U-M faculty, staff, and trainees on safety practices, conducts both scheduled and unscheduled inspections, and reports on deficiencies that need to be corrected to maintain safety. A U-M supervisor who is responsible for any relevant deficiencies shall correct all such deficiencies in a timely and sustainable manner. Should barriers or challenges arise delaying deficiency corrections, such U-M

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supervisor shall notify and inform EHS of the delay. The responsible U-M supervisor must seek the appropriate assistance from their unit to complete the deficiency corrections. If the responsible U-M supervisor does not correct deficiencies within the timeframe specified by EHS, EHS will request the assistance of the department chair, the applicable unit safety committee, and/or safety accountability lead to prompt the supervisor to resolve the matter.

Additionally, safety issues or concerns may be brought to the attention of a supervisor outside of EHS inspections in regard to a lab-specific issue or incident/near miss that occurred. These could include from staff and trainees, unit personnel, unit safety committee members, complaints brought to EHS via anonymous complaints or the Compliance hotline, or other mechanism of reporting. The supervisor shall work to also correct these identified issues in a timely and sustainable manner using a similar process as outlined above with communication to the appropriate party raising the concern.

In addition to EHS, safety oversight at U-M also includes the RASC as a central body reporting to the ELT and working in partnership with unit-level safety committees and the safety accountability lead in the schools/colleges/units comprising U-M. Each school/college/unit (each, a unit) involved has created a Safety Accountability Plan that details the processes for tracking and reviewing all issues within such unit. The majority of these issues should be able to be resolved locally. In situations where a unit is unable to effectively resolve a non-compliance issue or concern, the unit may contact the RASC for additional assistance (e.g., send an email to RASCQuestions@umich.edu or submit a [form](#)). In this communication, the unit should detail the issue, steps taken to resolve the issue per their safety accountability plan, and perceived barriers to compliance. The faculty, staff, and trainees involved in the non-compliance issue or concern are expected to cooperate fully and provide all information pertaining to the concern as the same may be requested. The barriers to resolution may be varied such as individual resistance, monetary issues, uncertainty of requirements, etc.

GOVERNING STANDARDS

All individuals, including, but not limited to, faculty, staff, trainees (students and postdoctoral fellows), visitors, and volunteers, at U-M must comply with all applicable Federal, State, and local workplace safety, health, and environmental rules and regulations, as well as the [U-M Research and Academic Safety Policy](#), which outlines the roles and responsibilities for maintaining a culture of safety. Such individuals shall also abide by the specific guidance and policies on the safe conduct of research and academic work that are issued by EHS. The EHS guidance and policies governing research and academic activities subject to **this** policy include but are not limited to:

- [Chemical Hygiene Plan](#): standards for safe laboratory use of hazardous chemicals
- [Biosafety Manual](#): standards for safe handling of biological materials.
- [Hazard Communication Program](#): standards for chemicals used in a non-laboratory environment
- [Machine Shop Safety for Academic Departments](#)
- [Laser Safety Program](#)

SUMMARY OF RESOLUTION PROCESS

This policy promotes the review and resolution of issues at the unit level through the active involvement of the responsible supervisor, EHS, unit safety committees, and unit safety accountability lead as described above. Safety Accountability Plans (SAPs) are in place to define local processes to appropriately manage safety issues and, if needed, elevate issues within the unit for resolution. In the normal course, units will fully and completely resolve issues locally through their SAPs. If, after following their SAPs, an issue remains unresolved, this policy and related procedures may be utilized. There may also be instances in which an issue cannot be resolved locally, in which case this policy will serve as the first review of the matter. This policy outlines the process to review any issues brought to the attention of the RASC and, if needed, recommend leadership involvement for resolution. U-M supervisors are not relieved of their individual responsibilities for the health and safety of relevant individuals by virtue of this policy.

When safety non-compliance issues or concerns cannot be resolved locally, they may be referred to the RASC, which will make a determination of the handling of each formal inquiry. Issues that fall under the purview of other compliance committees (e.g., [Institutional Biosafety Committee](#), [Radiation Policy Committee](#), [Institutional Animal Care and Use Committee](#), [Institutional Review Board](#)) should be referred by EHS or the unit safety committee to those compliance committees for handling according to the applicable policies and processes. The RASC will conduct a balanced, unbiased investigation of the issue and vote on a recommendation for resolution for consideration by the ELT, which oversees activities of the RASC. If a resolution cannot be agreed upon by the RASC, the issue may be referred to the ELT. Final determination of the resolution is the responsibility of the ELT. However, the RASC is responsible for establishing an oversight process to ensure the final outcome is executed.

OUTLINE OF RESOLUTION PROCESS

Local process of resolution (Faculty, EHS, and Unit Safety Committee):

Inspections are conducted by **EHS** on both a scheduled and unscheduled basis, both of which result in a report to the **U-M supervisor** that may identify deficiencies needing to be corrected within a specified period of time. These reports are available in the [MI Safety Portal](#) to representatives in each relevant unit as requested and approved. Unit safety committees are expected to help ensure that overdue deficiencies are corrected in a timely and sustainable manner. Under this policy, resolution at the local level is encouraged and expected, where appropriate, for issues identified either through the EHS inspection process or through other sources (e.g., unit safety coordinators). The RASC will provide quarterly and annual safety dashboard reports to the safety accountability lead, unit safety committee chair, and dean.

In addition to inspections, safety issues or concerns may be brought to the attention of a supervisor in regard to a lab-specific issue or incident/near miss that occurred. This is also the responsibility of the supervisor to correct and the unit to ensure this is resolved.

When a concern relating to safety in a covered U-M space (e.g., laboratories, studios, and shops) is brought to the attention of a unit safety committee, that committee should follow the resolution process described in their safety accountability plan, including the following elements:

- Assess the concern in an unbiased manner;
- Gather information from involved parties to provide a balanced view of the concern (it is expected that all involved parties will cooperate by providing all relevant information pertinent to the situation in a timely manner);
- Discuss the situation during a full committee meeting, which shall include proposing solutions and reviewing the applicability/efficacy of such proposals, motioning for a resolution, and voting on the motion;
- When the concern is from an internal source, notify EHS and discuss the matter with the interested parties in an effort to come to a resolution involving unit leadership and EHS as appropriate;
- Establish a course of action and oversight plan (to include components that are specific, measurable, achievable, relevant and timely) to ensure the agreed upon resolution is executed; and
- Inform EHS and the RASC of the outcome. Requests for the committee's assistance on unresolved issues should be formally documented and sent to the RASC.

RASC Review and Resolution Process:

Issues where *the local process of resolution has been unsuccessful* **and** that are *sufficiently serious* may be brought forward by a unit safety committee, or by other sources listed above, to the RASC. The RASC will discuss the issue with the unit safety committee, EHS, and unit leadership (e.g., department chair, research associate dean, dean) to determine if the committee is the appropriate next step, or if referral back to the unit or to another review body (e.g., a different compliance committee) is appropriate. If the RASC is the appropriate body for resolution of the concern, the RASC will take appropriate steps, which may include, but are not limited to, the following:

- Review pertinent information about the issue, interview interested parties, and discuss the matter as a committee. EHS and, if needed, the unit safety committee, will assist in this process. The RASC will conduct a well-balanced investigation, without bias or favoritism. To accomplish this, it is expected that all involved parties will participate fully and freely to provide relevant information pertaining to the issue.
- Seek input as necessary (e.g., unit leadership, other compliance committees, Academic Human Resources, and the Office of the General Counsel).
- Make a recommendation for consideration by the ELT and seek a final outcome consistent with the ELT's determination.
- Inform interested parties, EHS, the unit safety committee, and unit leadership of the outcome. EHS will follow up on corrective actions to ensure completion.
- Assist the Vice President for Research, Executive Vice President and Chief Financial Officer, and EHS in reporting to external agencies and oversight bodies, if required.
- Establish an oversight process to ensure the final outcome is faithfully executed. Any deviations in the execution of the outcome will be reported promptly to the ELT.

Possible outcomes for unresolved non-compliance include, but are not limited to:

- Required training or retraining;
- Increased safety monitoring of U-M supervisor/laboratory;
- Conditions placed on work (e.g., limits on types of chemicals used, work hours allowed, ability to hire students);
- Suspension of specific work activity or process impacted; and
- Closure of laboratory.

Timeframe for resolution:

In general, the RASC will endeavor to reach a resolution within sixty (60) calendar days from submission of the issue to the committee.