

**VA NORTHEAST OHIO HEALTHCARE SYSTEM  
Louis Stokes Cleveland DVAMC  
Medical Research Service  
Subcommittee on Research Safety Policy**

**Effective Date: JUNE 10, 2020**

**SOP Title: HAZARD ASSESSMENT AND PERSONAL PROTECTIVE EQUIPMENT (PPE) TRAINING**

**SOP Number: SRS--013**

**SOP Version: .09**

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1. **PURPOSE:** To establish a program that requires the assessment of every work area for hazards. This assessment is used to determine proper barriers to prevent personnel exposure to hazardous materials.
2. **POLICY:** Supervisors will assess the hazards that are faced by each employee during their tour of duty. Personal Protective Equipment will be selected and provided to each employee to prevent exposure to hazardous materials. The supervisor will train the employee in the location, use, and care of the Personal Protective Equipment that he/she will be required to use. The assessment and PPE training will be documented on the Hazard Assessment and Training Certification for the use of PPE (attached) during initial training and as additional training is required.

**NOTE: All personnel in Medical Research Service who work in laboratories where there are chemicals, biological agents, and/or radioactive materials, and all personnel who work with animals, must wear laboratory coats/smocks and closed-toe footwear (no sandals).**

3. **DEFINITIONS:**

- a. OSHA - Occupational Safety and Health Administration
- b. PPE - Personal Protective Equipment
- c. RSC/CHO - Research Safety Coordinator/Chemical Hygiene Officer
- d. Supervisor – This may be the Principal Investigator, Lab Director, Clinical Research Director, Animal Research Facility Supervisor, or anyone put in a supervisory role.

4. **RESPONSIBILITIES:**

- a. Supervisor:
  - (1) Annually assesses each work area to determine where hazards exist.
  - (2) Annually assesses each protocol to determine when hazards exist, noting especially hazardous equipment, chemicals, and procedures.
  - (3) Selects the PPE that best protects the employee from the hazards he/she will face while performing his/her duties.

(4) Documents the assessment and PPE selections on the Hazard Assessment and Training Certification for the use of PPE.

(5) Supplies necessary PPE for the employee.

(6) Documents each employee training at initial hire and annually thereafter in regard to the following:

- (a) When PPE is necessary.
- (b) What PPE is necessary?
- (c) How to properly don, doff, adjust and wear PPE.
- (d) Limitations of PPE.
- (e) Proper care, maintenance, useful life and disposal of PPE.

(7) Retrains any employee who cannot demonstrate an understanding of each training item.

(8) Reassesses PPE requirements when a work area or protocol change occurs, i.e., equipment change, chemical concentration change, etc. If a change in PPE is required, the supervisor trains the affected employees regarding the information listed in 4.a. (6) above and documents reassessment and retraining.

(9) Corrects deficiencies noted by the RSC/CHO within five working days.

b. Employee:

(1) The employee understands all information presented to him/her and must be able to demonstrate an understanding of this information to his/her immediate supervisor.

(2) Consistently utilizes the PPE as instructed.

(3) The employee is responsible for notifying his/her supervisor or the RSC/CHO when unsafe work situations exist.

(4) The employee is responsible for complying with this and all Medical Center/Medical Research Service Policies.

c. RSC/CHO.

(1) Reviews Research Protocol Safety Surveys (SRS policy SRS-015) prior to the start of a study, annually, and when change in procedure or personnel takes place to determine if proper assessment and training was completed.

(2) Reports deficiencies in training and/or documentation to supervisors as soon as possible after noted.

(3) Assesses employee exposure to vapor forming chemicals (Title 29 CFR Part 1910.1020, Access to Employee Exposure and Medical Records).

- (a) Provides personnel with personal/area dosimeters to measure/document OSHA exposure levels.
- (b) Maintains employee exposure records.
- (c) Documents employee incident reports; corrective measures are taken.

(4) Reports uncorrected deficiencies in documentation and/or training to the ACOS/Research and recommends a corrective plan.

5. REFERENCE: Revised OSHA standards 29 CFR 1910.132; .133; .138; .1020.

6. RESCISSION: Medical Research Policy 151-J dated August 31, 1994. The rescission date of this policy is June 14, 2023.

7. FOLLOW UP: Research Safety Coordinator/Chemical Hygiene Officer.



