PPA Department Heads

Initial Impressions and SLAC Challenges

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Agenda

• Initial impressions
• 2011 Performance
• ES&H focus areas and initiatives for 2012
Initial impressions

• SLAC is a safe place to work and people care
• Clear and visible management commitment to safety: Lab Director and ALDs model behavior
• Resources are adequate to do what is planned

• Great staff
• Moving in the right direction: transitioning to customer focused culture
• Some friction points exist

Evolutionary change at a revolutionary pace!!
Field Observations

• Good practices
  – Generally good housekeeping
  – NFPA 70E compliant labeling
  – PPE used when required
  – Good understanding of local workplace hazards

• Recurrent observations
  – Material inside 36” space in front of electrical cabinets
  – Fire extinguishers in remote areas not inspected
  – Equipment/materials not inspected
  – PPE not specified when needed
SLAC Challenges

- Injury rate uptick
- Laser near miss event
- Contractor safety
- Emergency management
- Feedback:
  - Some processes are too complex (e.g. WP&C)
    “Paperwork takes longer than the experiment”
  - 24/7 vs 5x8
  - Some roles and responsibilities unclear
2011 Dashboard

TRC & DART Rates

FY07 FY08 FY09 FY10 FY11

TRC Rate
DART Rate
FA Rate

Injury Severity

DRW
DAFW
3-yr avg

FY07 FY08 FY09 FY10 FY11

Vehicle Accidents

More Information

SLAC
NATIONAL ACCELERATOR LABORATORY
FY11 Injury Data

Overall
57 FA
30 TRC
   26 SLAC
   4 Subs
16 DART

DART Cases - 16
6 overexertion (non-office)
5 slips/trips
3 struck by
2 office ergo

Medical Only - 14
7 office ergo
3 overexertion
3 struck by
1 bicycle

11 Chronic recordable cases (40%)
   9 Office ergo
   2 Overexertion

19 Acute recordable cases (60%)
   7 overexertion
   6 struck by
   5 slips/trips

186 Lost Days
87% slips/trips
12% office ergo
1% overexertion

793 Restricted Days
42% office ergo
34% overexertion
22% slips/trips
2% struck by
ES&H Focus Areas 2012

- Ergonomics assessments
- Personnel moves
- Laser safety
- Management walkthroughs
- Contractor safety
- Work Planning & Control
ES&H Initiatives 2012

Create ES&H strategic plan

Develop and deploy ES&H management systems

Develop Service Level Agreements

Develop analytics and KPI

Support centrally managed/field deployed model
ES&H Related 2012 PEMP Goals

Objective 4.3 – CAS implementation (support)

Objective 5.1 – Ergonomics (lead)

Objective 5.2 – Scrap metal (lead)

Objective 7.1 – Facilities renewal (support)

Objective 8.3 – Physical security (lead)
Additional Slides
Total Injury/Illness Visits, SLAC OHC, FY 2011

Number of Visits


48  | 33  | 22  | 16  | 51  | 51  | 56  | 53  | 47  | 58  | 54

TOTAL INJURY VISITS
Work-related Totals
Non-work-related Total
Linear (TOTAL INJURY VISITS)
Additional notes

• 2 office ergonomics cases resulted in 42% of our total restricted days. Early detection intervention is critical to reducing severity.

• 6 overexertion cases (non-office) resulted in 34% of our total restricted days. Integrating ergonomics into work planning may be key to prevention.

• 5 slips/trips cases resulted in 87% of our lost days (2 cases were responsible for most of these).
Ergonomic-Related Injuries

Examples of recordable injuries last FY

• Non-office
  – Rigger felt back pain when lifting a 4 X 4 board (Ops)
  – Café worker felt lower back pain while working at grill (Ops)
  – Welder strained knee while working (Accel)
  – Worker felt leg pain when positioning a pump (SSRL)
  – Worker felt back pain after lifting several small items (SSRL)
  – Worker felt pain after removing cables from overhead tray (Accel)

• Office
  – Arm pain when performing prolonged mousing (Ops)
  – Worker felt pain after performing standard office duties (Ops)
  – Pain in neck and upper back after prolonged computer use (Accel)
  – Wrist, forearm, and hand pain from using keyboard and mouse (Accel)
  – Shoulder and left index finger pain from computer-related work (Accel)
ES&H Actions for Ergonomics

- Appointed Ergonomics Program Coordinator
- Incorporated ergonomics program into SLAC Agenda
- Increased resources and outreach and are now doing about twice as many ergonomic evaluations as last year
- Work more closely with ES&H Coordinators to better diagnose materials handling and ergonomic overexertion injuries
- Initiating a task order for a professional ergonomist
- Initiated “Safe Moves” campaign

http://www-group.slac.stanford.edu/esh/medical/ergo/officemoves.htm
Guiding Questions for the Longer Term

• How do we facilitate the Critical Success Factors?
• Do we understand our key risks and how they are being managed?
• How do we become the best laser lab in the country?
• How do we manage subcontractor performance?

• How can we become more efficient?
• How do we improve customer satisfaction?
• How do we simplify our processes and make them easy for people to comply?
• How do we (ES&H) become the model for the Lab?