## **Accelerator Safety Workshop**

#### Human Performance Initiative at Collider-Accelerator Department, Brookhaven National Laboratory

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# Outline

- C-AD Facilities and Hazards
- Summary of Requirements
- Safety Management Model
- Performance Indicators
- Human Performance
- Summary





## Summary of C-AD Facility Characteristics

- 120 Buildings
- 7 Accelerators
- 3 Major Experimental Areas
- 6.2 Miles Of Vacuum Pipe
- 24 Miles Of Cable Tray
- 1000s Of Electro-magnets / Power Supplies
- 10s Of Compressors For Cryogenics Systems
- 62 Electrical Substations
- 1000s Of Electrical Distribution Circuits
- 15 Cooling Towers In Service
- 52 Cooling Systems In Service
- 1.2 Million Ft<sup>2</sup> Of Office And Laboratory Space
- 1000 Acres Of Land
- 1200 Users
- 380 FTE Direct Staff
- 40 FTE Allocated Staff







## **Summary of Environmental Aspects**

- Regulated Industrial Waste
- Hazardous Waste
- Mixed Waste
- Radioactive Waste
- Atmospheric Discharges
- Liquid Discharges
- Storage / Use Of Chemicals Or Radioactive Material
- Soil Activation
- Power And Water Consumption
- Sensitive / Endangered Species And Sensitive Habitats





### Summary of Radiological Hazards

- Low-level Contamination
- Residual-radiation Levels At Collimators and Beam Dumps
- Tritium Production In Helium Gas And Cooling Water
- Radioactive Waste
- Radioactive Atmospheric Discharges
- Radioactive Liquid Effluents
- Storage / Use Of Radioactive Material
- Soil Activation
- Residual-radiation From Activated Materials
- Very High In-beam Radiation Levels
- Sky-shine





### **Summary of OSH Hazards**

- Non-ionizing Radiation (Lasers, RF, UV)
- Magnetic Fields
- Working With Hazardous Or Toxic Materials
- Exposure To Electrical Energy
- Oxygen Deficiency
- Confined Spaces
- Being Struck By An Object; Cranes; Lifting Devices
- Falls; Vacuum; Pressure
- Contact With Temperature Extremes





### **Applicable Safety Requirements**

- DOE Orders and Federal Regulations
  - DOE Order 5480.19, Conduct of Operations
  - DOE Order 420.2B, Accelerator Safety
  - DOE Order 420.1A, Facility Safety, §§ 4.2 and 4.4
  - DOE Order 414.1C, Quality Assurance
  - 10CFR835, Radiation Worker Protection
  - 10CFR851, Occupational Worker Protection
- BNL SBMS Subject Areas
  - 98 Subject Areas Contain ESH Requirements
- Voluntary Management Systems
  - OSH Management System, OHSAS 18001
  - Environmental Management System, ISO 14001
  - Human Performance Initiative, INPO







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## Safety Management Model at C-AD

Values (Integrity, Concern for Others, Concern for Environment)

- 3 Root Factors
  - Management Commitment
  - Line Responsibility For Injuries
  - Worker Involvement



#### **3 Driver Factors**

- Clear Rules
- Competent Safety Specialists
- Comprehensive Safety Systems

#### **Desired Outcomes**

- Safe Equipment And Facilities
- Safe-aware PeopleExcellent Injury Record
- ...





### ESH Rules Versus Safety Model

| Some ESH                                  | Safety Management Factors:                        |   |   |  |
|---|---|---|---|--|
| Requirement<br>Sets                       | Comprehensive<br>Safety System<br>(Driver Factor) | Worker Involvement<br>(Root Factor)   | Management Commitment<br>(Root Factor)  |  |
| Integrated Safety<br>Management<br>(ISM)* | DOE Manual  | 5 Core Functi   | Principles  |  |
| Worker Safety and<br>Health<br>10CFR851*  | National and<br>Consensus<br>Standards            | Worker Rights<br>Responsibilities   | Responsibilities  |  |
| Safety Management<br>System**             | OHSAS 18001                                       | Job Risk As   | view  |  |
| Environmental<br>Management<br>System**   | ISO 14001   | Process As: psn n   | ade ent view  |  |
| Human<br>Performance** ***                | Fisher<br>Improvement<br>Technologies             | <ul> <li>Self-Check ol</li> <li>Step-By-Step Toor</li> <li>Stop When Unsure Tool</li> </ul> | <ul> <li>SMART Model for Procedures</li> <li>Just Culture for Deviations</li> </ul> |  |

\*DOE Mandated Requirements \*\*Voluntary Requirements \*\*\*Improves Operations and ESH Performance





## Audits - Where Do They Fit?

- By their nature, observational audits suffer serious handicaps
- They are subjective, both in judgments made by observers and in input shared by those observed
- What they see is colored by their experience and what they say is largely based on opinion
- To the auditor, past performance could have just been good luck





## **Past Performance**

• What does it mean?





### Performance, Backward-Looking Indicators

|   | 2004 | 2005 | 2006 | 10-1-06<br>to<br>6-30-07 |
|---|------|------|------|--------------------------|
| Collective Dose (person-rem)              | 5.3  | 1.4  | 0.95 | 0.55                     |
| Skin and Clothing Contaminations          | 0    | 0    | 0    | 0                        |
| Internal Contaminations                   | 0    | 0    | 0    | 0                        |
| Hazardous Materials Overexposures         | 0    | 0    | 0    | 0                        |
| Annual DART Rate (# / 100 FTEs)           | 1.7  | 0.29 | 0.30 | 0.33                     |
| Number of Injury Cases                    | 7    | 1    | 1    | 1                        |
| Annual Recordable Rate (# / 100 FTEs)     | 2.9  | 1.2  | 1.5  | 1.0                      |
| Number of Injury Cases                    | 12   | 4    | 5    | 3                        |
| First Aid Cases Excluding Athletic Injury | 5    | 1    | 1    | 4                        |
| Occurrences                               | 7    | 3    | 2    | 1                        |





### **Injury Performance - Long Term**







## Injuries In FY 2007

#### Recordable Cases

- Bookshelf fell, caused laceration of forehead, DART
- Cut hand on sharp edge of waste can, antibiotics given
- Dirt from air conditioner floated into eye, antibiotics given

#### First Aid

- Bruise from walking into stanchion
- Stood up and hit head on metal tank
- Cut finger on metal shelf
- Cut finger on tie wrap





#### **Occurrence Performance - Long Term**





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### **Occurrences In FY 2007**

#### **2007**

Coffee-Room Microwave Oven Fire Causes Building Evacuation





### **Radiological Performance - Long Term**







## **Backward-Looking Indicators**

- C-AD Injury Performance Indicators Are In The Noise
- C-AD Technical Performance Indicators Are Declining:
  - OSHA Deficiencies
  - Occurrences and Environmental Non-Compliances
  - Radiation Exposure
- Backward-Looking Indicators Do Not Measure:
  - Organizational Deficiencies
  - Failure To Maintain And Modernize Critical Equipment
  - Operations Pressures
  - Cost-cutting In Maintenance, Training, Personnel
  - Management Commitment
  - Worker Involvement
  - Line Accountability For Injuries





# Performance, Forward-Looking Indicators







# Human Performance Initiative at C-AD

- C-AD managers and supervisors trained on fundamentals
  - Some discussion of specific human performance (HU) practices
  - 8 Hour Course
- Workers trained in HU practices
  - We chose practices associated with:
    - Worker planned work
    - Design of equipment
    - Event reporting
  - 12 Hour Course
  - Well Received Supervisors want to start an HU team
- Annual re-training is planned
  - 2 to 4 Hours
- BNL likely to go forward and train whole lab in HU in September





#### **Understanding Human Performance Improvement**



You cannot engineer out the human element

Need a systems approach

Purpose: Minimize the frequency and severity of events

Benefit: Improves performance in all areas, not just safety



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# **Commercial Nuclear Experience**

- 80% fuel-damaging accidents due to human error
- Three out of four significant events due to human error
- Greatest contributor to costs
- 70% of causes due to weaknesses in organization







#### Significant Events at Commercial Nuclear Plants, US Annual Industry Averages





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Definition of human error: an action (behavior) that <u>unintentionally</u> departs from an expected behavior



#### (leading to latent weakness)



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# More About Errors (Failures)

#### Active Errors

- Tend to be variable errors (slips, lapses, mistakes)
- Consequences often immediate
- Focus mainly sharp-end of the tool
- Latent Errors
  - Tends to be a consistent error
  - Consequences lie dormant act in the future
  - Focus mainly on 3 root-factors and 3 drivers
    - Poor design, unworkable procedures, unworkable schedules, gaps in supervision, shortfalls in training, inadequate tools or equipment at work site, clumsy automation





## Human Performance as a System

#### **Guiding Principles**

- Organizational values influence individual behavior
  - Small organization values always trump big organization values
- Performance is based on reinforcement and self-motivation
  - Managers must foster a culture that values prevention of errors
  - Supervisors must promote teamwork to eliminate error-likely situations
  - Individuals must want to improve personal capabilities
- People are fallible
  - The best make mistakes
- Error-likely situations are predictable and preventable
  - Only if you recognize them
- Events can be avoided by knowing causes and applying lessons learned
  - Human error is a consequence and not a cause





- Anticipate and prevent active error at the job-site
- Identify and eliminate latent organizational weaknesses





## **Examples of Error-Reduction Practices**

Practices aimed at preventing active errors:

- •Place Keeping
- Peer Checking
- Co-Worker Coaching
- 'Am I Ready' Checklist







### **Performance Modes**

| Mode                       | Key Words   | Known Error Rate<br>When Not Using Error<br>Reduction Practices |
|----------------------------|---|---|
| Skill Based                | Habit; < 7 to 15 Steps;<br>Low or No Conscious<br>Thought | 1:1000  |
| Rule Based                 | There Is a Rule And I<br>Know There Is a Rule             | 1:100 - 1:1000<br>(Memory - Written<br>Procedure)               |
| Lack-of-Knowledge<br>Based | You Don't Know What<br>You Don't Know                     | 1:2 - 1:10  |





## **Performance Modes**







### **Management Practices for Error Reduction**

Practices aimed at preventing latent errors:

- Set standards, expectations and requirements that are tied to the mission and to values
- Communicate standards to personnel through training and procedures
- Observe work against the standards
- Failure to perform the practice in the above sequence can result in major failures





# HU's SMART Model for Procedures

- Specific level of detail is specific enough so individual can understand both the action and the reason for the action
- Measurable Desired outcome should be clearly described such that it can be seen or the physical outcome is obvious
- Action Oriented When describing actions or behaviors use active voice (shoulds and shalls are passive voice)
- Realistic Individual must be capable of completing the task
- Time Specific Actions need to have a specific time for completion





# HU and Safety Management System

#### HU addresses:

- Organizational Deficiencies
  - Failure To Maintain And Modernize Critical Equipment
  - Operations Pressures
  - Cost-cutting In Maintenance, Training, Personnel
- Management Commitment
- Worker Involvement
- Line Accountability For Injuries





# Summary

- C-AD Has Large Facilities With Complex Hazards
  - Potential For Organizational Accidents With Multiple Causes
- ESSH Performance Is Approaching Excellence
  - Safety Systems Are Comprehensive (Rules, Training, Safety Experts)
  - Users / Workers Perform Work To The Same Safety Standards
  - Workers / Managers Involved In Safety Program Development
  - Line Held Accountable For Performance
  - Managers And Supervisors Are Committed To Excellence In ESSH
  - The Number Of ESSH Practices Is Increasing
    - Organizations Rated World Class In Safety Have 25 To 40 Practices
  - Human Performance Practices Are Being Implemented Currently
  - Events/Injuries Declining Toward Zero



