Audit, Risk and Compliance Committee Meeting
August 31, 2022
Agenda

I. University Compliance
   A. NSU Compliance Ecosystem Update
   B. Compliance Assessment Plan Update 2022-2023
   C. EHSRM Compliance Assessment Overview
   D. EHSRM Gap Closure Plan
   E. EHSRM Training Plan
   F. Data Security and Privacy Assessment Topics

II. Internal Audit
   A. Closed Session
1. **Call to Order/Establish Quorum**

   Bishop Kim Brown, Chair, called the Audit, Risk, and Compliance Committee meeting to order at approximately 12:41 p.m. and a quorum was established with a 4-0 roll call.

   **Committee Members**  
   Bishop Kim W. Brown, Chair  
   Ms. Heidi W. Abbott  
   Dr. Terri L. Best  
   Dr. Deborah M. DiCroce (Virtual participation)  
   Mr. Delbert Parks  
   Dr. Harold Watkins

   **Committee Members Absent**  
   Ms. Joan G. Wilmer

   **NSU Administrators and Staff**  
   Dr. Javaune Adams-Gaston, President  
   Ms. Tanya S. White, Chief of Staff  
   Mrs. Derika L. Burgess, Chief Audit Executive  
   Dr. Dawn Hess, Chief Compliance Officer  
   Ms. Inda Walker, Clerk to the University President and Liaison to the Board of Visitors  
   Mr. Christopher Gregory, Office of Information Technology  
   Mr. Obie Smith, Operations Manager, Office of Information Technology

   **Participant – Student Representative to the Board**  
   Mr. Jaylin Drewry, SGA President*

   **Counsel Present**  
   Ms. Pamela F. Boston, University Counsel and Senior Assistant Attorney General  
   Mr. James Wright (virtual)

2. **Recommend Approval of Electronic Participation**

   The Committee unanimously approved the electronic participation for Dr. DiCroce.
3. Approval of the Minutes
   The Committee unanimously approved the Audit, Risk and Compliance Committee minutes for February 17, 2022.

4. Discussion Items
   University Compliance
   **Summary:** Dr. Hess presented a year-end 2021 Compliance Matters summary and recommended an annual year-end summary review. For calendar year 2021, there was a total of twenty compliance items reviewed. It is likely that the number and scope of compliance matters for year-end 2021 may not be a solid baseline for next year’s comparison as 2021 was a year of Compliance Program development.

   **Maturity:** Dr. Hess suggested that we measure the maturity of our Compliance System annually or at least every two years. To do so, NSU has adopted the Compliance Capability Maturity Model developed by Clemson and Northeastern Universities which allows organizations to self-assess their Compliance Program against recognized standards. By adopting this model and measuring progress in our overall Compliance Program, focusing on integration of the Compliance Program into organization processes, NSU we will be able to measure system maturity and readily identify next steps to advance our Compliance Program.

   **Areas assessed:**
   - Governance and Structure
   - Policies
   - Training and Communication
   - Compliance Assessments
   - Monitoring

   **Compliance Assessments for 2022-2023** were identified based on the area’s potential impact to the institution, likelihood of a compliance concern, and current management capability in the area:
   - Environmental Health and Safety & Risk Management, and Buildings Services and Grounds
   - Researcher Compensation and Misconduct
   - Privacy & Data Security (Cyber)

   **Assessment focus areas are:**
   - Oversight and Accountability
   - Regulatory Reports
   - Compliance Management
   - Key Concerns

5. Closed Meeting – Pursuant to §2.2-3711A.1, 4, 7 and 8, Code of Virginia
   The following Closed Meeting Motion was read by Mr. Delbert Parks and seconded by Mrs. Heidi Abbot, with a majority 5-0 roll call vote.
(1) and (4): To discuss personnel matters, including more specifically, appointment, promotion, performance, salaries, of specific employees, and evaluation of performance of departments or schools where such evaluation will necessarily involve discussion of the performance of specific individuals and certain university employees; and

(7) and (8): Consultation with legal counsel regarding specific matters requiring the provision of legal advice pertaining to actual or probable litigation, where such consultation or briefing in open meeting would adversely affect the negotiating or litigating posture of the university, including more specifically for legal counsel to give a status update on pending and potential litigation of which the Board should be made aware; along with any necessary consultation with legal counsel regarding matters noted in this motion; and further that the following remain for or attend, when called, the Closed Meeting: President, University Counsel, and Chief Audit Executive.

6. Open Meeting

The Committee having reconvened in open session took a 5-0 Roll Call vote on certification that having reconvened in Open Meeting, we will now take a roll call vote on certification that (1) only public business matters lawfully exempted from open meeting requirements, and (2) only such public business matters as were identified in the motion by which the closed meeting was convened were heard, discussed, or considered in the meeting by the Board. Any member of the Board who believes that there was a departure from the requirements as stated above, shall so state prior to the vote, indicating the substance of the departure that in his, or her judgment, has taken place.

7. Adjournment

There being no further business, Chairman Bishop Brown adjourned the meeting at 2:07 p.m. with a 5-0 Roll Call Vote and the Committee unanimously agreed.

Respectfully submitted,

Inda Walker, Board Liaison

Bishop Kim W. Brown, Chair
Audit, Risk and Compliance Committee
University Compliance Office Program Development

= Integrated & On-Going

= Currently Implementing

= Developing

Details on additional slides

NSU Compliance Ecosystem
Compliance Assessment Plan 2022-2023

- Environmental, Health & Safety – began April, gap closure plan developed July 2022
- Privacy and Data Security (Cyber Security) – began July 2022
- Researcher Compensation and Misconduct – to be scheduled

OUTCOMES

- Compliance status by title
- Overall compliance status of area/department
- NSU compliance ecosystem status
- Title compliance gaps and related concerns
- Overall department compliance gaps and related concerns
- Title compliance-related risk assessment
- Overall department compliance-related risk assessment
- Gap closure plans

CONTROLS ASSESSED

- Oversight and Accountability
- Regulatory Reports
- Compliance Management
- Other Key Concerns
### EHSRM Compliance Assessment (49 Titles)

#### NO GAPS (24)
- General Duty Clause OSHA
- Personal Protective Equipment (PPE) in General Industry
- Control of Hazardous Energy Lockout/Tagout
- Electrical Safety
- Hazardous Materials Transportation Act
- Pesticide Federal Insecticide, Fungicide and Rodenticide Act
- Fall Protection
- Pesticide: Virginia Pesticide Control Act
- Asbestos in Construction Standard
- Toxic and Hazardous Substances
- Confined Space
- Silica
- Welding, Cutting, and Brazing (Hot Work)
- Motor Carrier Act of 1980 (for transport of hazardous materials)
- Elevators
- OSHA 300 Federal Report (Workplace Injuries) Recording and Reporting Occupational Injuries and Illnesses
- Guarding and Use of Hand & Portable Powered Tools
- Resource Conservation and Recovery Act
- Compressed Gases
- Powered Industrial Truck (Forklift)
- Lead in Construction Standard
- Lead in General Industry Standard
- Golf Carts

#### GAPS (18)
- Methylene Chloride
- Formaldehyde Standard
- Bloodborne Pathogens Standard
- Noise Hearing Protection
- Oil Pollution Act
- Chemical Hygiene and Laboratory Safety Plan – Occupational exposure to hazardous chemicals in laboratories
- Stormwater Discharge MS4 General Permit
- Clean Air Act
- Asbestos in General Industry Standard
- Respiratory Protection
- Hazardous Waste Operations and Emergency Response
- Hazard Communication Standard
- Medical Waste Tracking Act
- Storage of Flammable and Combustible Liquids
- Ladder Safety
- Universal Waste (solely operational gaps)
- Hazardous and Solid Waste Amendments of 1984 (solely operational gaps)
- Standards For the Management of Used Oil (solely operational gaps)

#### MORE DATA NEEDED (3)
- Public Health Security and Bioterrorism Preparedness and Response Act
- Radiation Safety
- Laser Safety

#### NOT APPLICABLE TO EHSRM (4)
- OSHA 300 Federal Report (Workplace Injuries) Recording and Reporting Occupational Injuries and Illnesses
- Guarding and Use of Hand & Portable Powered Tools
- Resource Conservation and Recovery Act
- Compressed Gases
EHSRM: EHSRM Gap Closure Plan

Gap Closure Plan

- Current Condition
- Target Condition
- Action Plan
- Responsible Individual
- Recommended Improvements & Best Practices
- Due Date (final action 2/23)
EHSRM: University Wide EHSRM Training Plan

- Bloodborne Pathogen
- Lab Safety & Chemical Hygiene
- Respiratory Protection
- Hearing Protection
- Confined Space
- Lab Safety & Chemical Hygiene
- Hazardous Waste
- Arc Flash
- Electrical Safety
- Hot Work
- Lockout/Tagout
- Stormwater Pollution Prevention
- PPE

Required Frequency
Target Audience

NOTE: Trainings listed are examples, not exhaustive listing.
Privacy and Data Security (Cyber Security) – Compliance Assessment began July 2022

- Gramm Leach Bliley Act (GLBA)
  - Privacy Rule
  - Safeguards Rule
- General Data Protection Regulation (GDPR)
- Payment Card Industry Data Security Standard (PCI DSS)
- Information Security Standard (All subparts)
- Federal Information Security Management Act (FISMA)
Thank You