

## Key Risk Area (KRA)

### KRA 1.7 Laboratory Safety

#### 1. Purpose

This document provides guidance on ensuring all reasonably foreseeable risks to health and safety in laboratory work and facilities are identified, and management strategies are put into place, in order to eliminate or minimise such risks so far as is reasonably practicable.

This document provides guideline for the management of safety and associated compliance obligations within laboratories and similar specialised facilities where higher level hazards may be encountered.

#### 2. Scope

This Guideline applies to all health, safety and wellbeing activities of staff, students, visitors (including volunteers and contractors), Council members, and other persons interacting with the University of Newcastle (workers); the operations of staff of University aligned Research Centres and controlled entities; and all activities conducted by or on behalf of the University of Newcastle on and outside of the University's campuses.

#### 3. Guidelines

##### 3.1. Risk Management and Safety Review

The general Health and Safety Risk Assessment Form should be used to assess all hazards within a laboratory in accordance with the [Guideline HSG 3.1 Health and Safety Risk Management](#).

A Laboratory Safety Manual must also be developed which documents all the known hazards and details the procedures to be followed to ensure the associated risks of the hazards are controlled.

The University has set processes in place to ensure that all research work which takes place at the University and in laboratories has safety approval and human and animal ethics approval where appropriate.

If an activity or project has any associated high risk hazards or risks to health and safety, including but not limited to radiation, chemicals or dangerous substances, genetically modified organisms or biological hazards, a review by the Health, Safety and Wellbeing Team is required. High risk safety review applications are required to be submitted in Tick@lab, the high risk protocol safety review system and may also be reviewed by the relevant technical committee or subject matter expert for approval for the project or activity to proceed.

Similarly, chemicals and dangerous goods have been identified as areas that have a higher risk profile due to the potential consequence to human health and/or the environment. The use of any chemical should be assessed prior to purchase, use for the first time and on a regular ongoing basis. Details of the considerations for the safe management of activities using hazardous chemicals or dangerous goods for teaching or research activities are found in KRA 1.1 Chemical Management.

The Safety Review Application form is to be used when:

- the activity planned does not have any high risk hazards or risk to health and safety as mentioned above, or
- there is an amendment to a previously reviewed Safety Review application that is within the 5-year expiry time frame.

### **3.2. Laboratory Safety Manual**

The Laboratory Safety Manual provides valuable information for managing laboratory risks and it is the responsibility of the Facility Manager to oversee its development and maintenance.

The Laboratory Safety Manual is to form an integral part of the induction program for Workers and students who will commence working in the laboratory. A record of this induction should be retained by the Facility Manager, as well as being kept in the Laboratory Safety Manual.

While it is expected that those working in the laboratory are best positioned to identify key sections for the Laboratory Safety Manual, the following are the minimum documentation to be included:

- SOPs undertaken within the Laboratory for equipment and processes;
- Reference to relevant University Health and Safety Policies and Procedures;

- Relevant Australian Standards and Guidelines;
- Reference to the Chemwatch inventory of all chemicals used in the Laboratory which includes all the relevant SDSs;
- A register of all radioactive materials used in the Laboratory;
- A register of microbiological materials used, including genetically modified organisms and those acquired following Australian Quarantine and Inspection Service (AQIS) approval;
- A current list of persons (indicating title, name, department, and telephone, fax and email contact details) authorised to access the Laboratory including date of authorisation, receipt and return of keys/access card on resignation;
- Records of training undertaken and induction of new persons into the practices of the Laboratory; and
- Records of in-house routine safety audits of the Laboratory.

### 3.3. Other Safety Documentation

The Laboratory Safety Manual must include the following safety documentation:

**SOPs or SWMSs:** These documents provide detailed instructions for safe use of Laboratory processes and equipment. They provide step by step instructions for carrying out the activity and can be used for training and record keeping purposes.

**Risk Assessments:** Are undertaken for activities and processes where hazards may be identified so that the likelihood and consequence of the hazard causing harm can be assessed and the appropriate risk controls determined. Risk assessments are documented using a Risk Assessment template.

**Authorisation and Review:** SOP and risk assessments need to be authorised by the Leader/Supervisor or Facility Manager with responsibility for the area, and signed and dated by the persons developing the SOP or conducting the risk assessment. The documents must be reviewed regularly e.g. annually or if an incident or a change to the process has occurred.

### 3.4. Induction, Training and Supervision

Training is an essential element of risk management as it provides the means of communicating hazards and risk control methods. Training can take several forms:

**Laboratory inductions for new Workers and students:** This type of training should include emergency procedures, waste management, general facility requirements and relevant procedures e.g. SWMS and SOP. PPE requirements must be identified and the

appropriate PPE issued. Records of inductions must be maintained for all Laboratory Workers and students.

**On-the-job training:** This is provided by Leaders/Supervisors, Facility Managers or equipment suppliers. This is particularly important when new procedures or equipment are introduced to the Laboratory or when Laboratory personnel commence work that they have not done before.

**Training courses on University requirements:** Laboratory-related Safety Courses are regularly scheduled by the University and Laboratory Workers and students are encouraged to attend when the subject is relevant to their work. The training calendar and further information can be found on HROnline.

**Minimum Training Requirements:** The following are the minimum requirements for granting Laboratory Workers and students access to Laboratory facilities:

- The University's Online Health and Safety induction;
- The University's Online Laboratory Safety training;
- A local induction for the facility they are to work in which includes emergency and evacuation procedures, the Laboratory Safety Manual, relevant facility procedures, waste disposal, PPE usage and other requirements specific for the laboratory; and
- Training for any procedures to be undertaken or equipment to be operated or used.

**Supervision:** Effective supervision is an essential element of risk management. It ensures that hazards and risk control methods are communicated and observed by all persons working in the laboratory and that work practices are regularly monitored.

Competency assessment and identification and explanation of requirements is to be included in relevant Standard Operating Procedures (SOP) and Facility inductions. Operator information and instruction must comply with the requirements of Guideline HSG 4.2 Health, Safety and Wellbeing Induction, Training and Competency.

### **3.5. Laboratory Safe Work Practices**

The following requirements apply to all persons who use or enter the laboratory:

- Stay alert and be conscious of potential hazards;
- Report hazards, faults, incidents and injuries to the direct supervisor and ensure that it is reported through the University's Online Incident Management System;

- Secure long hair to keep it out of moving equipment. Only wear jewellery that cannot be caught in equipment or contaminated by infectious substances or chemicals or is protected from these hazards;
- Reckless behaviour in the Laboratory is absolutely forbidden and could be subject to disciplinary action;
- Regard all substances as hazardous unless there is definite information to the contrary;
- Become familiar with the physical properties and potential dangers of materials you plan to use. The Safety Data Sheet (SDS) should be consulted, preferably before any new or unfamiliar chemical agents are purchased and especially before use;
- All liquids or powders must be clearly labelled or identified unless being in short-term and immediate use;
- Consider the limitations of the equipment involved in the work/experiment;
- If in doubt, ask your Leader/Supervisor or another competent and knowledgeable person for assistance;
- Headphones and earbuds should not be worn in the Laboratory;
- Mobile phones should not be used in the Laboratory;
- The following are forbidden in the Laboratory:
  - Smoking, eating and drinking and associated material;
  - Mouth-pipetting;
  - Open toed or no footwear;
  - Unauthorised persons e.g. family member;
  - Applying cosmetics; and
  - Handling contact lenses.

### **3.6. Housekeeping**

The following housekeeping rules will minimise risk of injury or incident, especially slip, trip and fall:

- Keep corridors and doorways clear. Exercise care when opening and closing doors and entering or leaving the Laboratory;
- Keep all emergency egress routes completely clear at all times;
- Keep only the minimum required quantities of chemicals in the Laboratory area;
- Secure gas cylinders upright to prevent tipping or falling and only those cylinders attached to apparatus to be stored in the Laboratory;
- Label all safety equipment and maintain in good operating condition;
- Clean up spills immediately and thoroughly using appropriate equipment and materials. If you are unable to rectify the situation, inform your Leader/Supervisor immediately;

- All Laboratory waste should be properly disposed of in the correct waste stream;
- Keep the Laboratory free from clutter. Clean up work surfaces after each project or at the end of each day. Ensure that any chemicals, materials or equipment not in immediate use are properly stored;
- Always wash your hands (and remove gloves and lab coats) before leaving the Laboratory. It may be necessary to wash your hands regularly while in the Laboratory, especially when handling bacteria or other contaminated matter;
- Gloves must be removed before exiting the Laboratory, opening door handles and using the telephone; and
- Hand-washing sinks must only be used to wash hands in. They must be kept clean and not be used for any other purpose.

### **3.7. Laboratory Security**

Most Laboratories are identified as restricted spaces and access must be restricted to authorised personnel. Access must never be provided to an unauthorised person without approval from the Leader/Supervisor or the Facility Manager. Due to building design, it may be impossible to physically restrict unauthorised visitors in some locations. In those circumstances, it is the responsibility of Workers to ensure facilities are locked when unattended and to be alert to strangers, and, if warranted, question them about their need to be in that location.

Authorised visitors (including Workers other than staff) and students should be supervised at all times.

### **3.8. Laboratory Signage**

Due to the nature of the work and associated hazards, Laboratory areas are generally identified as restricted areas and signage identifying this should be posted at entry points. A [template](#) along with directions is available. This signage must be complete and current and displayed at the entrance to the facility to identify entry, PPE and contact requirements.

### **3.9. Solitary and After Hours Work in Laboratory**

It is inadvisable to work alone in a Laboratory and only those deemed competent and with approval from their Leader/Supervisor may do so. Additional requirements and information around the risk management for working alone can be found in KRA 2.4 Working Alone or in Isolated Situations.

Any persons working in laboratories out of hours (between 7pm and 7am and on weekends) must contact security on arrival to inform them of their arrival, location and expected time to

finish their work and leave. Such persons should then contact security as they are leaving to confirm they are exiting the Laboratory and campus.

### 3.10. Laboratory Equipment

Laboratory equipment covers a wide range of items, many of which have specific safety considerations that need to be managed by the Leaders/Supervisors and/or the Facility Managers responsible for the area. Associated hazards may include lasers contained within the equipment, sealed radiation sources, hazardous substances used with the equipment, electrical hazards, ergonomic issues, heat/cold exposures, sharps and noise.

The following requirements apply to the safe use of Laboratory equipment:

- Documented procedures should be in place for Laboratory equipment detailing operating, cleaning and maintenance requirements in line with manufacturer or supplier instructions.
- Equipment must not be used by Workers or students until instruction and assistance has been provided by the Leader/Supervisor or other responsible person, who is able to explain the applicable procedures. The Worker or student must be deemed competent by the trainer before being allowed to use certain pieces of equipment.
- All equipment faults and problems must be reported immediately to the Leader/Supervisor or Facility Manager. If there are immediate safety concerns about a piece of equipment, it must be removed from the energy source and an “Out of Service” tag attached to prevent further use.
- IFS arranges regular inspection and testing of electrical appliances (Refer to KRA 3.7 Electrical Testing and Tagging), however, the user is still responsible for reporting any concerns about the safety of electrical equipment to the Leader/Supervisor or Facility Manager e.g. not functioning, frayed lead, exposed wiring.
- Double adapters (“piggy back plugs”) must not be used in the Laboratory. Only power-boards with a 10-amp overload protection and individually switched outlets can be used if there are not sufficient power outlets available.
- Electrical cords and power outlets must be kept clear of areas where liquids are in use. For more information refer to KRA 3.6 Electrical Safety and Energy.

### 3.11. Laboratory Safety Equipment

**Safety showers and eyewash stations:** This equipment is provided in all Laboratories where hazardous substances are handled. Their use will be included in Laboratory inductions along with instructions to keep access to the shower and eye wash station clear at all times. Some safety showers including those in the Life Sciences Building are not connected to the drain, so when either the safety shower or the eyewash is used, water will

accumulate on the floor. IFS should be notified if required to mop up the excess build-up of water on the floor. Signage should be placed to identify any slip hazard.

**First Aid kits:** All Laboratories will be provided with first aid kits with appropriate contents for the hazards present in the facility. The location of the kits and introduction to the First Aid Officers in the facility will be included in the Laboratory induction.

**Fire hoses, Fire extinguishers and Exit Signs:** This equipment is provided in every Laboratory and its location will be included in the Laboratory induction, along with the emergency evacuation instructions. The equipment is maintained by IFS.

### 3.12. Ergonomic Considerations

Information on Ergonomics can be found in [KRA 2.1 Manual Handling and Ergonomics](#).

**Pipetting:** Excessive and incorrect use of pipettes can result in finger, arm and shoulder injuries. Workers and students must consult the relevant Instruction Manual or procedure for instruction on correct use and risk reduction. They must be advised to report symptoms of pain and discomfort during use if this occurs, so that work methods can be checked and alternative equipment can be sourced if necessary. Reports are to be made to the Facility Manager or Leader/Supervisor and an incident report will be lodged.

**Microscopes:** Microscopes should be used when seated on a chair then can be adjusted to provide the correct support for backs, thighs and feet with ample legroom. Microscope tasks should be broken up at regular intervals so the user can stretch their neck, back, shoulders, arms and hands and to rest the eyes. Try to avoid prolonged use and take frequent breaks to stretch.

**Lighting:** If there is concern over the level of lighting in the Laboratory, IFS should be contacted to discuss solutions. In the case of a broken bulb or a flickering or buzzing light, a Maximo report should be submitted so that the problem is logged with IFS who can then arrange for maintenance or repair.

**Noise:** Hearing protection, such as earmuffs, should be used if Laboratory noise levels exceed the relevant exposure standard for noise e.g. when using a sonicator. Concerns about Laboratory noise levels should be reported to the Facility Manager or Leader/Supervisor. Further information can be found in KRA 1.6 Noise Management.

### 3.13. PPE and Protective Clothing



The minimum requirements for PPE in a University Laboratory are Laboratory clothing (Laboratory gown), protective eyewear (safety glasses), and closed shoes unless lesser requirements can be justified by a risk assessment as outlined in AS 2243.1:2021: Safety in Laboratories – Planning and operational aspects.

Dependent on the hazard/s and activity, further PPE may be required for work undertaken in the Laboratory and this will be identified by risk assessment and managed for all Workers and students working on the activity or with the hazard.

Laboratory PPE should be removed upon leaving the Laboratory and must not be worn in corridors, offices, toilets or where food is consumed.

Further information on PPE can be found in KRA 1.5 Personal Protective Equipment (PPE) and Protective Clothing.

### 3.14. Laboratory Inspections

Laboratory inspections are an important part of the risk management process, serving to both identify hazards and review the adequacy of risk control measures. Inspections must be conducted regularly and can involve people from the local area and people from outside the immediate work area so that there is an opportunity to share and build-on common experiences.

Inspections can vary in their purpose and degree of formality, and whilst there is no consistent nomenclature, they are often categorised as follows:

**Walk-throughs:** As the name suggests, these consist of a simple walk around the Laboratory to check for things that might be out of the ordinary, either in equipment operation or people's behaviour. Generally, these are conducted by Facility Managers or Leaders/Supervisors and are done on a frequent basis e.g. daily or weekly depending on the activities.

**Safety Inspections:** These are intended to identify situations in the Laboratory that do not comply with a set of risk control standards. These standards are often used to generate a checklist that acts as a prompt during the inspection. There is a Laboratory Safety Checklist template provided. This checklist addresses the principal aspects of Laboratory safety across the breadth of Laboratories at the University. Only the sections of the checklist that are relevant should be used for a given Laboratory and any relevant additional specific safety issues should be appended to it. Inspections are typically conducted by Faculty Safety staff, Health and Safety Committees, Technical Committees (Institutional Biosafety Committee, Chemical and Radiation Technical Committee) or the Health and Safety Team.

**Safety Audits:** These are the most formal type of inspection and typically focus on risk management systems – e.g. their implementation, performance, adequacy, and application. Verification of compliance, through inspection of documentation and records, is often a key outcome of an audit. Audits may look at specific activities or compliance with certain legislation across the University, or they may cover the spectrum of risk management programs in a particular work area.

Laboratories will therefore be subject to number of these different ‘inspections’ during a year. An important outcome of each type of inspection is the documentation of the identified hazards, and the actions required to control their risks. In the case of the Laboratory Safety Checklist, these form part of the record of inspection. Refer to Guideline HSG 8.3 Health and Safety Audits for further details.

### 3.15. Laboratory Waste Disposal

**General Waste:** Waste such as packing, paper and paper towels is placed into the grey/black waste bags provided. Large boxes should be placed next to the general waste bin and labelled as general waste. Non-contaminated glass (broken glass, washed bottles) should be packed in a clearly labelled “Caution: clean glass” box and placed next to general waste bins for removal. The cleaners remove all general waste daily.

**Laboratory General Waste:** This waste (excluding categories mentioned below) is placed into yellow contaminated waste bags. When  $\frac{3}{4}$  full they must be sealed with tape and placed in the yellow whiz bin in the area.

**Sharps:** (e.g. broken contaminated glass, contaminated glass, glass pipettes, needles, scalpels, slides). This waste is placed in sharps bins after use but should only be filled up to the line shown on the bin. The full bin must be sealed and placed in the yellow contaminated waste whiz bin in the area. All full yellow whiz bins are to be locked and they are removed weekly by the waste contractor.

**Cell Culture and Liquid Microbial Waste (Including Genetically Modified Waste):** This waste must be autoclaved or diluted in bleach at a final concentration of 0.5% for a minimum of 30 minutes before being washed down the sink with water. Refer to KRA 1.8 Gene Technology.

**Solid Microbiological Waste (Including Genetically Modified Material):** Solid waste containing microorganisms, infectious material or genetically modified material must be placed into autoclavable contaminated waste bags or sealed in autoclavable vessels and

autoclaved. The bags are then placed in a yellow contaminated waste wheelie bin located in the autoclave room for disposal through the waste contractor.

**Animal Carcasses/Tissue:** This waste is placed into black plastic body bags, (provided by the animal house) and transported to a freezer in the animal facility area for storage prior to disposal.

**Radioactive Waste:** Refer to KRA 1.9 Radiation Management.

**Chemical Waste:** The University's waste disposal contractor conducts chemical waste collections for the University on a monthly basis. The waste disposal collection schedule can be referred to for collection dates. Waste collection can be arranged as follows:

- The waste must be stored in the appropriate packaging and clearly and correctly labelled;
- Waste is to be stored in a safe location (e.g. flammable waste in flammable cupboard) where it does not impede walkways and spill trays should be used to minimise the risk of spills;
- Material must be segregated if required;
- The Request for Disposal of Hazardous Waste order sheet must be completed and emailed to [wastecollection@newcastle.edu.au](mailto:wastecollection@newcastle.edu.au);
- The order sheet must be submitted at least two weeks before the pickup, late orders will be held over to the following month;
- A responsible person must be available on the day of collection to liaise with the waste disposal contractor; and
- Hazardous material must never be poured down the sink.

**Cytotoxic Waste:** Materials which have been contaminated with cytotoxic chemicals e.g. Tubes containing cytotoxic residue or ethidium bromide gels, must be disposed of into purple cytotoxic waste containers. The containers can be disposed of during chemical waste collections.

### 3.16. Laboratory Decommissioning

When a Laboratory Worker or student leaves the University or relocates to a new facility they must ensure all their equipment, materials and samples are disposed of or relocated before they leave.

When a piece of Laboratory equipment or a Laboratory or associated facility is vacated a decommissioning process is required to be completed and this is covered in the Decommissioning Laboratory and Associated Facilities Procedure.

## 4. Definitions

In the context of the Health and Safety Management System Framework:

Employer	Means the University of Newcastle (the University).
Executive Committee	Consisting of the Vice-Chancellor, the Deputy Vice-Chancellors, the Pro Vice-Chancellors, the Chief Operating Officer, Chief People and Culture Officer and the Chief Financial Officer, the University Secretary and the President of Academic Senate.
Facility Manager	A particular person appointed in each Laboratory area to oversee the implementation of all safety requirements. In addition, the Health and Safety Committee or any other party can address any queries to this person during Laboratory inspections. A Leader/Supervisor may be a Facility Manager, or they may appoint a person to manage this area for them, although they remain ultimately responsible.
Induction	Refers to the structured provision of information, instruction and requirements for people who are accessing the Laboratory, in order to ensure they can undertake any activity without risk to their or others' safety or health, so far as is reasonably practicable.
Laboratory	A facility where scientific or technological research, teaching activities, experiments and measurement can be performed within a controlled environment. The facility may be designated as a research, teaching or technical Laboratory.
Leader / Supervisor	Any member of the University who is responsible for supervising staff and/or undergraduate or postgraduate students and/or for leading research projects.
Personal Protective Equipment (PPE)	Anything used or worn by a person to minimise risk to their health and safety, such as safety clothing, footwear, or equipment for specified circumstances or areas.
Worker	Includes an employee, conjoint, student on work experience, contractor, sub-contractor, and volunteer. A person is a worker if the person carries out work in any capacity for the University or another person conducting a business or undertaking, including work as: (a) an employee, or (b) a contractor or subcontractor, or (c) an employee of a contractor or subcontractor, or (d) an employee of a labour hire company who has been assigned to work in the person's business or undertaking, or (e) an outworker, or (f) an apprentice or trainee, or (g) a student gaining work experience, or (h) a volunteer, or (i) a person of a prescribed class.

## 5. Responsibilities

A comprehensive list of health, safety and wellbeing responsibilities is provided in [HSG 1.2 Roles and Responsibilities Guideline](#).

Specific responsibilities under this Guideline include:

### **Leaders and Supervisors**

- Provide and make financial allocation for appropriate safety resources and risk control measures for staff and, where required, other Workers, students, visitors and others;
- Ensure appropriate risk management procedures are implemented which are relevant for Laboratory work by Hazard identification, through facility inspections and audits and safety review of research project and teaching activities; Risk assessment of the hazards using the University's Risk Assessment Template; and Risk control through providing appropriate facilities, equipment, Standard Operating Procedures (SOPs), induction and training;
- Ensure adequate training and supervision is available, and provided as appropriate, for staff and other Workers, students and visitors working in Laboratories and specialised facilities;
- Ensure procedures are adopted for the maintenance of Laboratory and specialised facilities;
- Communicate the requirements for staff and other Workers, students and visitors to prepare and follow Safe Work Method Statements (SWMS) and SOPs when required;
- Ensure that clear and appropriate signage and access restrictions are in place and enforced where necessary;
- Provide instruction and training so that students, staff, and other Workers and visitors know and understand the requirements of any SWMSs and/or SOPs, and monitor compliance;
- Leaders/Supervisors of research projects or teaching activities which include higher level hazards are expected to submit an application for the Safety Review of the activity to ensure all compliance and safety obligations have been identified and managed;
- Ensure facilities used are appropriate for the work being undertaken;
- Ensure Workers who undertake teaching provide information on identifying hazards, assessing risks and following risk controls relating to Laboratory work for students under their supervision;
- Ensure that Workers who undertake research provide information on identifying hazards, assessing risks and following risk controls relating to Laboratory work for other Workers and students under their supervision; and

- Ensure that effective supervision is provided in Laboratories through the appointment of a Facility Manager for each Laboratory or other specialised facility under their control.

### **Facility Managers**

The Facility Manager has the following responsibilities; however, they are not necessarily the Leader/Supervisor of the Workers and students using the Laboratory. As such, it is essential that Leaders/Supervisors work with the Facility Manager to ensure that all people using the Laboratory are aware of and utilise the required risk control measures.

- Ensure that SWMSs and/or SOPs are provided, maintained and disseminated in their respective Laboratories;
- Ensure all Workers and students receive an induction and have adequate training before being granted access rights and commencing work in the facility;
- Ensure any identified hazards which have not been found/seen to be effectively managed are identified to their Leader/Supervisor;
- Work with Laboratory users to ensure that for each assigned Laboratory area a Laboratory Safety Manual is developed;
- Ensure that the Laboratory Safety Manual is maintained and is up to date and complete;
- Develop and maintain a (general) Laboratory induction package using the Laboratory Safety Manual as a basis;
- Maintain a record of induction of new Laboratory personnel;
- Undertake regular safety walk-throughs and inspections of the Laboratory;
- Participate in safety inspections of the Laboratory by other groups such as Health and Safety Committee members;
- Ensure that, when corrective actions are recommended following inspections, they are implemented and their effectiveness is reviewed;
- Provide technical guidance and support and appropriate training to Laboratory personnel, including hazard identification and risk control; and
- Ensure non-Laboratory Workers such as contractors servicing equipment are suitably inducted and supervised whilst accessing and undertaking work in the facility.

### **Health, Safety and Wellbeing Team**

- Provide advice to the University in regard to the implementation of this document; and
- Support the University community in the referral of issues to the Institutional Biosafety Committee (IBC) and Chemical and Radiation Technical Committee

(CRTC) to provide advice and assistance in problem resolution relating to technical issues.

### **Infrastructure and Facility Services (IFS)**

- Ensure services including air handling/extraction, autoclaves, fume hoods, piped gas, emergency equipment (e.g. emergency lighting, extinguishers, hose reels) are provided, serviced and maintained; and
- Ensure that Workers (other than staff) who are required to undertake work in a restricted area such as a Laboratory seek approval from the Facility Manager or a Leader/Supervisor prior to the work commencing.

### **Workers**

- Follow the requirements of SWMSs and SOPs that have been implemented and report circumstances where Laboratory work poses hazards that need to be addressed;
- Report injuries, incidents and near-misses to the Leader/Supervisor or Facility Manager;
- Follow any reasonable direction issued by the appropriate persons, with regard to safety; and
- Seek the review of a direction relating to safety and the direction may, on request, be reviewed by the Head of School or the administrative unit in consultation with the Health and Safety Team. The direction is presumed to be reasonable and is to be followed unless it is reviewed and an alternative direction is confirmed.

## **6. References & Related Documents**

The following documentation is referenced in, or applicable to this Guideline:

[HSG 1.2 Roles and Responsibilities](#)

[HSG 3.1 Health and Safety Risk Management](#)

[HSG 4.2 Health, Safety and Wellbeing Induction, Training and Competency](#)

[KRA 1.1 Chemical Management](#)

[KRA 1.2 Biological Management](#)

[KRA 1.4 Plant and Equipment](#)

[KRA 1.5 PPE and Protective Clothing](#)

[KRA 1.6 Noise Management](#)

[KRA 1.8 Gene Technology](#)

[KRA 1.9 Radiation Management](#)

[KRA 2.1 Manual Handling and Ergonomics](#)

[KRA 2.4 Working Alone or in Isolated Environments](#)

[KRA 3.6 Electrical Safety and Energy Isolation](#)

[KRA 3.7 Electrical Testing and Tagging](#)

University of Newcastle Decommissioning Laboratory and Associated Facilities Procedure

## 7. Amendment History

Version	Date of Issue	Approval	Section(s) Modified	Details of Amendment
1	June 2015	Director, People and Workforce Strategy	-	Original version.
2	October 2023	CPCO	All	1. All sections reviewed for legal compliance 2. Updated content in all sections 3. Added new/renamed Related Documents 4. Added Amendment History 5. Amended document control header and footer

## 8. Appendices

Nil