



## Faculty/Staff Laboratory Access Policies

### **Applicability**

*Research and Scholarly Activities* is a core institutional theme of Roseman University of Health Sciences (RUHS). Specific objectives of this theme include the active participation of faculty and staff in scholarship and dissemination of new information. Policies governing access to university laboratories reflect these priorities and are intended to provide for prescribed training and operational guidelines to faculty and staff involved in laboratory research.

- A. All university faculty and staff eligible to engage in research activities will adhere to policies regulating access to university laboratories.
  - a. Laboratory Personnel refers to any university faculty or staff engaged in laboratory activities.
  - b. Pertaining to laboratory research, residents in professional programs (AEODO, etc.) will be subject to all policies regulating student laboratory activities.

### **Key Elements**

- A. Use of the prescribed forms and resources (listed below) will ensure that Laboratory Personnel who engage in laboratory research activities are aware of and know how to mitigate identified hazards or risks and to perform research activities safely.
- B. Retention of Laboratory Access Documents
  - a. Documents associated with Laboratory Access training and approval shall be retained by the Dean's designee for a period of three years with copies provided to Facilities Management.
- C. Renewal of Laboratory Access
  - a. All training shall be renewed on an annual basis, including risk assessment for approved Extended Access protocols, or as needed when changes in project activities/protocols occur.
- D. Termination of Laboratory Access
  - a. Laboratory Personnel understand that the use of university laboratories for research activities is a privilege. Adherence to laboratory policies, procedures and guidelines is required. Violation of these policies may result in laboratory access being revoked.



- b. Violations of laboratory policy or any accident/incident (injury or property damage) that occur in a university laboratory shall be immediately reported to the Dean or Dean's designee. Upon receiving such report, an investigation of the reported incident will be conducted by a designee assigned by Dean as soon as possible. Findings of the investigation shall be reported to the Dean with copies provided to the Facilities Management for incident review.
- c. Determination of continued laboratory access is at the discretion of the Unit Dean or Dean's designee.

### **Roles in the Process**

- A. Responsibility for administration of these policies lies with the Dean, who will ensure that sufficient resources are available to support its application in the laboratories within the respective unit.
- B. Implementation of these policies is the responsibility of the Laboratory Personnel that work in the laboratory.
- C. Documentation and retention of training records is the responsibility of university staff who oversee laboratory operations or to a unit administrative entity designated by the Dean.



## FACULTY/STAFF LABORATORY ACCESS: UNIT APPROVAL

ALL FIELDS MUST BE COMPLETED

Last Name:		First Name:		Badge#: (located on back of card)		
Program:		Campus:		Faculty	Staff	Other
<b>Access Request Information</b>						
			Effective Date:		Expiration Date:	
<b>Access Days</b>			<b>Access Hours</b>			
Unrestricted			Unrestricted			
Other: _____			Other _____			
<b>Henderson Campus: Building 14B</b>						
Main Lab		Bacteria Room		Instrument RM (Key Required)		
Ortho Lab (Key Required)		Dark RM (Key Required)				
Equipment Room		Chemical RM (Key Required)				
<b>Henderson Campus: 11 Sunset</b>						
Pharmacy Student Practice Lab						
<b>South Jordan Campus: Building 10</b>						
Pharmacy Student Practice Lab						
<b>South Jordan Campus: Dental Building</b>						
Research Lab		Oral Path Lab				
<b>Summerlin Campus: Research Building</b>						
Research Lab						
<b>Acknowledgements</b>						
<b>Participant:</b>						
<p>I have reviewed the processes and hazards of the project descriptions and have completed the required lab training. I understand, and agree to abide by all of the instructions and safety guidelines as presented in my training. I understand that I may be required to work in the lab independently and after business hours when no campus security is present. Further, I understand that if I am found at any time to be out of compliance with the policies and procedures that my access may be revoked.</p>						
Participant Signature:			Print Name:		Date:	
<b>Approved by Dean and/or Campus Dean:</b>						
Signature:			Print Name:		Date:	

<b>Participant Training</b>	<b>Date Completed</b>	<b>Trainer Name</b>	<b>Trainer Initials</b>
<i>General Laboratory Safety Manual</i> has been reviewed			
Participant has received training on laboratory safety measures from the Campus Safety Officer			
<i>Laboratory Chemical Safety Quiz</i> has been successfully completed			
<i>Unit Approval Form</i> has been completed and signed			
<i>Informed Consent Form</i> has been completed and signed			

Distribution List: Faculty/Staff, Dean, Campus Safety Officer, Facilities



## Laboratory Access: Faculty/Staff Informed Consent

Participant & Badge #: \_\_\_\_\_ Date: \_\_\_\_\_

Unit: \_\_\_\_\_ Laboratory: \_\_\_\_\_

Roseman University of Health Sciences and Research Participant (hereinafter referred to as “I”) agree as follows:

I desire to participate in research at Roseman University of Health Sciences as a University Employee.

I will receive training by the Campus Safety Officer prior to initiating laboratory research activities at Roseman University of Health Sciences. I am aware that by working in a research laboratory I am at risk of exposing myself to compounds, including, but not limited to:

- infectious materials
- allergens
- reproductive toxins
- carcinogens
- mutagens
- teratogens
- respiratory tract sensitizers
- reactive substances
- mechanical hazards
- electrical hazards
- flammable materials
- volatile compounds
- toxins
- dermal sensitizers
- corrosives
- gases under pressure
- irritants
- oxidizers
- acids
- bases

I understand that if I am unsure of any potential hazards of a chemical, cell, organism or piece of equipment, it is my responsibility to seek guidance from the Campus Safety Officer.

As consideration for permission to use Roseman University of Health Sciences equipment, supplies and facilities in order to engage in research and related activities, I will abide by the following rules:

- I have reviewed the relevant Roseman University of Health Sciences laboratory safety policies, rules and regulations and agree to strictly adhere to them.
- I agree to assume responsibility for my own safety and not endanger others.
- I agree to use utmost care in handling and preserving University equipment, supplies and research data.



- I agree to protect the confidentiality of all research data and materials recognizing the rights of the University to intellectual property that may be result from my research activities.
- I shall not remove University property from Roseman University of Health Sciences.
- I certify that I have medical and accident coverage that will cover any personal injury that I may sustain while using Roseman University of Health Sciences facilities and equipment, regardless of cause, and shall maintain such insurance coverage at all times during my participation in research activities on Roseman University of Health Sciences property.

**Signatures:**

\_\_\_\_\_ Date: \_\_\_\_\_  
Participant, Title

\_\_\_\_\_ Date: \_\_\_\_\_  
Dean