



Student 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 students in faculty-mentored scholarship and dissemination of new information. Policies governing student access to university laboratories reflect these priorities and are intended to provide for prescribed training, risk assessment, and operational guidelines to faculty, staff, and students involved in laboratory research.

- A. All university faculty, staff, and students eligible to engage in research activities will adhere to policies regulating access to university laboratories.
 - a. Laboratory Personnel refers to any university faculty, staff, or student engaged in approved laboratory activities.
 - b. Pertaining to laboratory research, residents in professional programs (AEODO, etc.) will be subject to all policies regulating student laboratory activities.
 - c. Students holding a graduate degree (MS or PhD) with previous research training may be given independent access to university laboratories during general business or extended access hours pending approval from the unit head and faculty mentor.

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 approved research activities safely.
- B. General Laboratory Access
 - a. General Access will be during general business hours of the university (M - F, 8:00am - 5:00pm) excluding holidays and weekends. All students will complete the following training and documentation as instructed in the forms in order to access laboratories during general operating hours.
 - i. *General Laboratory Safety Manual*
 - ii. *Lab Access Form*
 - iii. *Informed Consent*
- C. Extended Laboratory Access
 - a. Students that have completed General Access training are eligible to apply for Extended Access to university laboratories (Daily: 5:00am - 12:00am).



- b. Students may be approved under the following conditions:
 - i. Adherence to the following guidelines:
 - 1. Risk assessment – only low risk activities may be performed during Extended Access hours.
 - 2. Buddy system – at least two students are required to engage in laboratory activities during Extended Access hours. The students must be together when performing lab activities during this period.
 - 3. Check-in/check-out – Students must communicate with the Faculty Advisor when starting lab activities during Extended Access hours and again upon completing the activities.
 - 4. “On call” research faculty – a designated member of the research faculty at each campus will be available by phone during Extended Access hours when student lab activities are planned.
 - ii. Completion of risk assessment and training outlined in the Extended Laboratory Access Forms:
 - 1. *Hazard Worksheet*
 - 2. *Hazard Assessment*
 - 3. *Protocol Approval*

D. Retention of Laboratory Access Documents

- a. Documents associated with Laboratory Access training and approval shall be retained by the Dean’s designee with copies provided to Facilities Management.

E. 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.

F. 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 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. For student researchers, the supervising faculty advisor and/or laboratory staff shall ensure before providing authorization that students understand all of the requirements of these policies, have been trained on all safety procedures, and agree to follow the relevant procedures and protocols.
- 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.



STUDENT LABORATORY ACCESS: UNIT APPROVAL

ALL FIELDS MUST BE COMPLETED

Last Name:		First Name:		Badge#: (located on back of card)				
Program:		Campus:		Faculty	Student	Staff	Resident	Other
Project Description:								
Access Request Information								
Faculty Advisor (if applicable):				Effective Date:		Expiration Date:		
Access Days			Access Hours					
Monday - Friday			General Hours (Monday - Friday 8:00am - 5:00 pm)					
Monday - Sunday			Extended Hours (Monday - Sunday 5:00am - 12:00am)					
Other: _____			Other _____					
Henderson Campus: Building 14B								
Main Lab		Bacteria Room		Instrument RM (Key Required)				
Ortho Lab (Key Required)		Dark RM (Key Required)						
Equipment Room		Chemical RM (Key Required)						
Henderson Campus: 11 Sunset								
Pharmacy Student Practice Lab								
South Jordan Campus: Building 10								
Pharmacy Student Practice Lab								
South Jordan Campus: Dental Building								
Research Lab			Oral Path Lab					
Summerlin Campus: Research Building								
Research Lab								
Acknowledgements								
Participant:								
<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:	
Faculty Advisor (Students and Residents require Advisor signature):								
<p>By signing this form, I agree to be actively involved in setting the research parameters, training, managing, monitoring and reviewing the above participant's performance. I agree to review, on a recurring basis, the participant's work product and adherence to lab, research and safety policies. As the student/resident advisor, I understand that I should be available on an "on-call basis" should the participant require assistance on this project, including after general lab hours.</p>								
Student/Resident Advisor Signature:				Print Name:			Date:	
Approved by Dean and/or Campus Dean:								
Signature:				Print Name:			Date:	

Project Scope and Training Information

Nature and Scope of Work to be Performed: (To be completed by mentor)

Participant Training	Date Completed	Trainer Name	Trainer Initials
For General Laboratory Access (Mon - Fri: 8:00am - 5:00pm)			
<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			
For student Extended Laboratory Access (Daily: 5:00am - 12:00am)			
<i>Hazard Worksheet Form</i> has been completed and signed			
<i>Hazard Assessment Form</i> has been completed and signed			
<i>Protocol Approval Form</i> has been completed and signed			

Distribution List: Participant, Faculty Advisor, Dean, Campus Safety Officer, Facilities



Laboratory Access: Student Informed Consent

Student Name & Badge#: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Unit: _____ Laboratory: _____

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

I desire to participate in research at Roseman University of Health Sciences as an unpaid student researcher from the date of final signature on this document through termination of my services by myself or by Roseman University of Health Sciences. As a result, I am not entitled to any employee benefits.

I am not receiving remuneration or compensation for these research activities. I am providing my services as a volunteer in order to gain research experience.

I will receive training by the Faculty Advisor and Laboratory Personnel prior to working on the project. As part of this training I will be educated about all components of the project and their associated risks. 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 | - reactive substances | - corrosives |
| - allergens | - mechanical hazards | - gases under pressure |
| - reproductive toxins | - electrical hazards | - irritants |
| - carcinogens | - flammable materials | - oxidizers |
| - mutagens | - volatile compounds | - acids |
| - teratogens | - toxins | - bases |
| - respiratory tract sensitizers | - dermal sensitizers | |

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 Laboratory Personnel or the Faculty Advisor.

Prior to beginning my project, I will be trained in general laboratory safety procedure. I will only work on the project to which I have been assigned to and received training for from the supervising Faculty Advisor. I will not handle any other chemical, cell, organism, or equipment that I have not been explicitly authorized to use.



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

- I have reviewed the relevant Roseman University of Health Sciences laboratory safety 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, including research data, from Roseman University of Health Sciences.
- I shall not disclose or publish any information related to my research activities at Roseman University of Health Sciences without advance consent, in writing, by the Faculty Advisor.
- 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.
- I agree to provide a copy of such coverage to the Faculty Advisor prior to commencing any research activities.

I, on behalf of myself and my personal representatives and heirs at law, hereby agree to indemnify, defend and hold harmless Roseman University of Health Sciences, its officers, agents, employees and volunteers from all claims, suits, or actions of any nature arising out of any injuries or loss arising related to my participation in research activities while using Roseman University of Health Sciences facilities.

Assumption of general risk: I acknowledge that I am participating in research activities on Roseman University of Health Sciences property at my own risk. I understand the inherent risks of injury related to my participation in laboratory research activities. By signing below, I acknowledge that I have read and understand the assumption of general risk and agree to the conditions listed above.



Signatures:

_____ Date: _____
Student Researcher

_____ Date: _____
Faculty Advisor, Title

_____ Date: _____
Dean



Extended Laboratory Access: Hazard Worksheet

The policies of Roseman University of Health Sciences provide for extended laboratory access for students upon completion of appropriate risk assessment, prescribed training, and adherence to extended laboratory access guidelines. Policy requires that the Faculty Mentor and laboratory personnel take preventative measures to eliminate or minimize risks to students working in the laboratory during extended access hours.

Use this document along with the *Hazardous Assessment Form* to help determine whether extended laboratory access for students is appropriate.

	Yes	No	N/A
Preparation & Environment			
1. General Laboratory Access training and forms have been received and completed: - <i>General Laboratory Safety Manual</i> - <i>Unit Approval Form</i> - <i>Student Informed Consent Form</i>			
2. Extended Laboratory Access training and forms have been completed - <i>Protocol Approval</i> - <i>Hazard Assessment Form</i>			
3. Appropriate emergency measures are readily accessible in the laboratory (access to phone, fire alarm, etc.)			
4. Other students/personnel will be present (within sight and/or hearing distance)			
Activities - During extended hours, will the student perform the following activities? (Consult with the Campus Laboratory Safety Representative for any "Yes" answer below)		Has the potential hazard been addressed?	
5. Work with compressed gas, pressurized or vacuum systems under high vacuum?			
6. Work with chemicals that are corrosive, reactive, or toxic?			
7. Work with flammable materials or potential ignition sources?			
8. Work on or near thermal hazards (hot or cold)?			
9. Potential exposure to electrical hazards (>50 volts)?			
10. Presence in areas with possible oxygen deficiency hazards?			
11. Exposure to operational hazards?			
12. Required to wear Personal Protective Equipment (PPE)? If yes, please describe. _____			
13. Work with or near running hazardous machinery (saws, lathes, mechanical equipment)?			
14. Exposure to potentially hazardous stored energy sources (e.g., high capacity batteries)?			
15. Exposure to adverse working environments (e.g., heights, noise, confined spaces, ventilation, low lighting, clutter, etc.)?			
16. Exposure to any other workplace hazards?			
Faculty Mentor completing worksheet	Date	Safety Monitor Required?	Reason



Extended Laboratory Access: Hazard Assessment

Use this form to identify the Personal Protective Equipment (PPE) required within each laboratory for approved extended access laboratory activities.

Faculty Advisor:	Unit:
Building:	Lab Room Number:
Approved Laboratory Activities:	

Type of Hazard: Check all that apply	Description	Required PPE: Check all that apply and describe (e.g., gloves, eye protection, etc.)	N/A
<input type="checkbox"/> Cuts/ Penetration (cuts, punctures, lacerations, etc.)	Do hazards prohibit extended access? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/Face/Head <input type="checkbox"/> Hands/Feet <input type="checkbox"/> Clothing <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Chemical (pouring, mixing, splash, etc.) <input type="checkbox"/> Flammable <input type="checkbox"/> Reactive <input type="checkbox"/> Toxic <input type="checkbox"/> Asphyxiant <input type="checkbox"/> Corrosive <input type="checkbox"/> Other	Do hazards prohibit extended access? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/Face/Head <input type="checkbox"/> Hands/Feet <input type="checkbox"/> Clothing <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Biological (infectious material, human or animal tissue, biological fluid or toxins, etc.)	Do hazards prohibit extended access? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/Face/Head <input type="checkbox"/> Hands/Feet <input type="checkbox"/> Clothing <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Thermal (Hot/Cold) (torching, hot sparks, working with cryogenic gases, etc.)	Do hazards prohibit extended access? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/Face/Head <input type="checkbox"/> Hands/Feet <input type="checkbox"/> Clothing <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Electrical (exposed electrical conductors, energized parts, electrical switch gear, etc.)	Do hazards prohibit extended access? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/Face/Head <input type="checkbox"/> Hands/Feet <input type="checkbox"/> Clothing <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Dust/Mites/Fumes/Vapors (silica dust, animal bedding, allergens, nanomaterials, etc.)	Do hazards prohibit extended access? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/Face/Head <input type="checkbox"/> Hands/Feet <input type="checkbox"/> Clothing <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<input type="checkbox"/> Light (Optical) Radiation (laser, UV light, welding, etc.)	Do hazards prohibit extended access? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/Face	<input type="checkbox"/>
<input type="checkbox"/> Ionizing Radiation (radioisotopes, X-rays, etc.)	Do hazards prohibit extended access? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Eye/Face/Head <input type="checkbox"/> Hands/Feet <input type="checkbox"/> Clothing <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Noise (continuous or impact noise, etc.)	Do hazards prohibit extended access? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Hearing	<input type="checkbox"/>

Completed By:	Title:	Unit:	Phone:
Signature:	Date:	Email:	



Extended Laboratory Access: Protocol Approval

Student & Badge #: _____ Lab Location: _____ Date: _____

Laboratory Protocol/Procedure: _____

The purpose of the *Protocol Form* is to confirm that the proposed laboratory protocol may be safely conducted by appropriately trained students during Extended Laboratory Access hours. Check the category of any of hazards that are a component of the proposed protocol:

Chemical Hazards:

<ul style="list-style-type: none">○ Pyrophoric Chemicals<ul style="list-style-type: none">- Lithium Reagents: RLi (R=alkyls, aryls, vinyls)- Metal carbonyls: Lithium carbonyl, Nickel tetracarbonyl- Metal hydrides: Potassium hydride, Sodium hydride, Lithium Aluminum hydride- Nonmetal hydrides: Arsine, Boranes, Diethylarsine, Diethylphosphine, Germane, Phosphine, Phenylphosphine, Silane- Elements: Phosphorus, Cesium, Lithium, Potassium, Sodium, Sodium Potassium Alloy (NaK)- Any compound listed as OSHA hazard Class Pyrophoric
<ul style="list-style-type: none">○ Water Reactive Chemicals<ul style="list-style-type: none">- Aluminum Carbide, Calcium, Calcium carbide, Lithium aluminum hydride, Potassium, Sodium- Any compound listed as OSHA Hazard Class “substances which in contact with water, emit flammable gases”
<ul style="list-style-type: none">○ Potentially Explosive Chemicals or Salts<ul style="list-style-type: none">- Azide metal (M-N₃), Nitrate (-ONO₂), Nitro (-NO₂), Nitrite (-ONO), Peroxide (-O-O-), Ammonium nitrate, Ammonium perchlorate, Benzoyl peroxide, Dinitrophenol, Nitrocellulose, Picric acid (trinitrophenol), Urea nitrate- Perchlorate salts (ClO₄⁻)- Any compound listed as OSHA Hazard Class Explosive or Self-reactive
<ul style="list-style-type: none">○ Acutely Toxic Chemicals<ul style="list-style-type: none">- Carbon Monoxide, Cyanide Salts, Digoxin, 2,4-Dinitrophenol, Methyl mercaptan, Nitric oxide, Phosgene, Potassium cyanide, Sodium azide, Sodium cyanide- Any chemical with an LD₅₀ (oral) < 50 mg/kg)- Any chemical listed as OSHA Hazard Class Acutely Toxic Category 1 or 2
<ul style="list-style-type: none">○ Peroxide Forming Chemicals<ul style="list-style-type: none">- Isopropyl Ether, Methyl Isobutyl Ketone, Tetrahydrofuran, Acrylonitrile, Methyl Methacrylate, Styrene- Any compound listed as OSHA Hazard Class Peroxide
<ul style="list-style-type: none">○ Strong Corrosives<ul style="list-style-type: none">- Hydrochloric acid, Hydrofluoric acid, Nitric acid, Perchloric acid, Phenol, Sulfuric acid, Potassium hydroxide, Sodium hydroxide), or listed as OSHA Hazard Class Corrosive
<ul style="list-style-type: none">○ Strong Oxidizing Agents<ul style="list-style-type: none">- Ammonium perchlorate, Ammonium permanganate, Bromine, Calcium chlorate, Calcium hypochlorite, Chromic acid, Hydrogen peroxide, Oxygen- Any compound listed as OSHA Hazard Class Oxidizer
<ul style="list-style-type: none">○ Strong Reducing Agents<ul style="list-style-type: none">- Lithium, Lithium Aluminum hydride, Magnesium, Potassium, Sodium, Sodium borohydride
<ul style="list-style-type: none">○ Regulated Carcinogens<ul style="list-style-type: none">- Acrylonitrile, Benzene, Formaldehyde, Gallium Arsenide, Inorganic Arsenic, Paraformaldehyde



- Any compound listed as OSHA Hazard Class Carcinogen
o Other:

Process Hazards:

Can the student rescue themselves in case of an emergency? Yes <input type="checkbox"/> No <input type="checkbox"/>
The <i>Laboratory Emergency Plan</i> is posted near the lab phone with current emergency contact information. Yes <input type="checkbox"/> No <input type="checkbox"/>

Health and Safety Requirements:

o Procedures involve high-pressure equipment? Yes <input type="checkbox"/> No <input type="checkbox"/> - If yes, identify specific equipment:
o Procedures involve transferring large quantities [e.g., 10 liters or more] of hazardous materials? Yes <input type="checkbox"/> No <input type="checkbox"/> - If yes, identify specific material:
o Procedures involve handling animals that could cause serious injury? Yes <input type="checkbox"/> No <input type="checkbox"/>
o Procedures involve high voltage, high current? Yes <input type="checkbox"/> No <input type="checkbox"/>
o Other (Please specify):

Faculty Advisor Approval:

I have reviewed the <i>Hazard Assessment Form</i> for this procedure, including tasks and hazards involved in the work, consequences resulting for a worst-case scenario, the possibility of accident or incident that would prevent the laboratory personnel from calling for help, the laboratory personnel's training and experience and the time the work is to be conducted. This lab worker has permission to work during Extended Access hours on this procedure.	
Faculty Advisor Signature:	Date:
Print Name:	