

## STUDIO AND LABORATORY HAZARDOUS SUBSTANCES USED IN TEACHING AND RESEARCH GUIDELINES

<b>Section</b>	Health and Safety
<b>Contact</b>	University Health and Safety Manager
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<b>Approval</b>	AVC Operations, International and University Registrar for non-teaching use, AVC Research Academic and Enterprise for teaching and research

### Purpose:

The purpose of this guideline is to detail steps to ensure compliance with the Code of Practice (CoP) for CRI and University Exempt Laboratories to ensure compliance with section 33 of the Hazardous Substances and New Organisms (HSNO) Act (1996). This guideline is to be read in conjunction with the CoP.

### Step 1: Determine best management structure for laboratories (see CoP Section 2)

A core concept in HSNO is that laboratories containing hazardous substances must be supervised or secured against unauthorised entry. Supervision requires appointment of laboratory managers which should reflect existing management control structures within each Institute. Entry security can be either by room, or by laboratory building complex.

A single laboratory room can be managed by a dedicated laboratory manager and locked when the manager is absent. That structure may not work where an Institute has many laboratories in a building and designates the building (or part thereof) as the laboratory. For a building designated as laboratory, a two tier structure with laboratory facility director providing supervision to the laboratory manager's facilities is more appropriate.

An Institute may use a mixture of structures depending on laboratory layout. Campus Health and Safety Advisor's can assist in ensuring the management structure provides for the appointment and delegations as detailed next. The laboratories and their management structure must be published to staff and the Campus Health and Safety Advisor.

### Step 2: Appoint laboratory managers, laboratory facility directors (if required), and back up personnel. (CoP section 2.2 and 2.3)

The CoP details the personnel requirements in terms of expertise and management control for these roles. Hol's should satisfy themselves their appointees are capable of performing the functions detailed in the CoP. The appointments are to remain current and notified to Campus Health and Safety Advisors and others as required in section 2.3.4 of the CoP.

It is advisable to ensure competency and qualification records of laboratory managers held by People and Organisational Development are up to date. Training on the CoP (a required competency) is available through [Staff Development Calendar](#).

### Step 3: Document the delegations (CoP section 2.2 and 2.3)

To demonstrate compliance the delegations must in writing and appended to position descriptions or similar. The delegation must either refer to the duties in the CoP or restate them.

### Step 4: Develop Safe Methods of Use (COP section 3)

The laboratory manager is to assemble the required Safe Method of Use (SMOU) for the hazardous substance under his/her control. SMOU's are available from the Health and Safety web site

A SMOU must be developed for tracked substances if one does not already exist. The new SMOU should be supplied to the Health and Safety Office to be included in the SMOU index for University wide use.

SMOU's are the property of Massey University and are not for distribution outside the University. Each SMOU is to have a review date.

#### **Step 5: Ensure security is adequate**

Some hazardous substances have a security requirement which is indicated in the SMOU. Such substances must be secured in a locked cupboard when not in use. The key is either to be kept on a person(s) or in a secure key safe and a key register maintained by the laboratory manager.

#### **Step 6: Correct any substandard matters (CoP section 4 and 5)**

In implementing the CoP, laboratory managers may identify matters required for safe use of hazardous substances which require attention. These should be raised with the Institute and prioritized using existing University systems. The HSNO compliance requirements should be cited in justification for expenditure.

Where there is a shortfall of required equipment to ensure compliance with a Safe Method of Use (SMOU) the substance is not to be used in that laboratory. Arrangements should be made to use a laboratory which has the required equipment or to obtain the required equipment. Workarounds to provide interim controls should be added to SMOU's.

#### **Step 7: Develop local emergency response plans (CoP Section 6)**

The HSNO legislation requires tested emergency response plans. The local emergency plan content can be compiled from the relevant SMOU's. The emergency plan needs to also show the current record of delegated laboratory managers. The emergency plan should include any Institute specific emergency processes involving specialised equipment which uses hazardous substances. Campus Health and Safety Advisor's can assist in developing these plans. Any genuine activation of the emergency response plan is to be recorded on the accident register.

#### **Step 8: Compile delegation structure, SMOU's and emergency plan into a day to day operational laboratory manual.**

It is intended that the above steps will produce a hazardous substances operational laboratory manual that can be used as a reference volume for training new staff, providing hazard control and in dealing with emergency events. Any matters in existing manuals that are not covered by the above steps should be added to the manual, rather than creating a separate HSNO compliance document.

A copy of the manual is to be provided to the appropriate Campus Health and Safety Advisor. A periodic audit of the hazardous substance control processes may be undertaken.

#### **Audience:**

Head of Institutes and managers of University units that use hazardous substances for small scale teaching and research.

#### **Relevant Legislation:**

Hazardous Substances and New Organisms Act (1996)  
Hazardous Substances and New Organisms Regulations

#### **Related Procedures/Documents:**

[Code of Practice for CRI and University Exempt Laboratories. HSNO COP 1- 06-04 June 2004](#)  
[Hazardous Substance Use, Synthesis, Purchase and Importation Procedures](#)

**Document Management and Control:**

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