

USING BIOLOGICALS AND ANIMALS AT MONASH UNIVERSITY

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1. PURPOSE

The purpose of this document is to provide guidance to staff, students, visitors and contractors who use biological materials at Monash University in accordance with the requirements of the Occupational Health and Safety Act (2004) and associated regulations and with *OHSAS 18001:2007 Occupational Health & Safety Management Systems – Requirements*

2. SCOPE

The guidance, procedures and processes outlined in this document are available on the Australian campuses of Monash University and for Monash controlled entities.

3. ABBREVIATIONS

AQIS	Australian quarantine inspection services
DNA	Deoxyribonucleic acid
GMO	Genetically modified organism
GT	Gene Technology
IBC	Institutional Biosafety Committee
MSDS	Material Safety data sheet
OGTR	Office of the Gene Technology Regulator
OHS	Occupational health and safety
OHS	Occupational Health & Safety Branch
PC2 & 3	Physical Containment Levels 2 & 3
QAP	Quarantine Approved Premises
SDU	Staff Development Unit
SWI	Safe work instructions

4. DEFINITIONS

4.1 BIOLOGICALS

For the purposes of this document, the definition of a biological will include, but not be limited to blood, blood products, tissue, body fluids (eg urine, faeces, semen, vaginal secretions, pericardial fluid, cerebrospinal fluid, synovial fluid, pleural fluid, amniotic fluid, saliva, mucus, any fluid with visible blood) and any derivatives produced by chemical or physical means (e.g. protein, enzyme or blood fractions). In addition, it is intended to cover micro-organisms (bacteria, viruses, parasites, fungi, prions) wildtype or mutant and plants and plant material. It is not intended to include live animals in this definition.

4.2 BIOLOGICAL WASTES

These are legally known as “clinical and related” wastes and include the following waste types:

- discarded sharps
- laboratory and associated wastes directly involved in specimen processing
- human and animal tissue, including materials or solutions containing or contaminated with blood or body fluids
- cytotoxic wastes
- pharmaceutical wastes and chemical wastes

4.3 GENE TECHNOLOGY

For the purpose of this document gene technology is defined as any technique for the modification of genes or other genetic material, but does not include sexual reproduction, homologous recombination or any other techniques specified in the Office of the Gene Technology Regulator (OGTR) regulations.

4.4 GENETICALLY MODIFIED ORGANISM

For the purpose of this document a genetically modified organism (GMO) is defined as:

- an organism that has been modified by gene technology; or
- an organism that has inherited traits from an organism (the initial organism), being traits that occurred in the initial organism because of gene technology; or
- anything declared by the regulations to be a genetically modified organism, or that belongs to a class of things declared by the Regulations to be genetically modified organisms ;

but does not include:

- a human being, if the human being is covered by paragraph (a) only because the human being has undergone somatic cell gene therapy; or
- an organism declared by the Regulations not to be a genetically modified organism, or that belongs to a class of organism declared by the Regulations not to be genetically modified organisms.

4.5 HEAD OF ACADEMIC/ADMINISTRATIVE UNIT

Head of academic/administrative unit is used to denote the head of the area that is undertaking the activity. For academic areas, this term includes head of faculty, school, department, institute or centre. For administrative areas, the term includes head of division, branch, centre or unit.

4.6 HIERARCHY OF CONTROL

The hierarchy of control ranks OHS risk control measures in decreasing order of desirability and effectiveness. These are:

- *Elimination*
Regulations supporting the OHS Act require the elimination of risks as the first step in risk control.
- *Substitution*
- *Isolation*
- *Engineering controls*
- If a risk to workplace health and safety remains after the above control measures have been used, *administrative controls* (information, training and procedures) should be applied or, if these are still not adequate, *personal protective clothing and equipment* worn. These methods of risk control are not preferred because the source of the risk is not eliminated or reduced.

4.7 MATERIAL SAFETY DATA SHEET

A material safety data sheet is a document prepared by the manufacturer or importer of a biological which describes uses, chemical and physical properties, health hazard information, precautions for use, safe handling and emergency information.

4.8 MONASH CONTROLLED ENTITY

Monash controlled entities (eg companies) include entities where Monash can control decision making, directly or indirectly, in relation to the financial and operating policies so as to enable the entity to operate with it in pursuing the objectives of Monash University.

For the remainder of this policy, a Monash controlled entity will be referred to as a controlled entity.

4.9 OHS HAZARD

An OHS hazard is a situation with the potential to cause injury or illness to people or damage to property and the environment.

4.10 OHS RISK

An OHS risk is the likelihood that exposure to a hazard will result in injury or illness to people or damage to property and the environment.

4.11 OHS RISK CONTROL

OHS risk control is action taken to eliminate or reduce the likelihood that exposure to a hazard will result in injury or illness to people or damage to property and the environment.

4.12 OHS RISK MANAGEMENT

OHS Risk management is the process of hazard identification, Risk assessment, and risk control with the aim of providing healthy and safe conditions for staff, students, visitors and contractors at Monash University.

4.13 ORGANISM

For the purpose of this document an organism is defined as a biological entity that is viable, capable of reproduction or capable of transferring genetic material.

4.14 SAFE WORK INSTRUCTIONS

Safe work instructions are written instructions for tasks that outline the preferred method of undertaking a task whilst emphasising ways to minimise any risk(s) of harm.

4.15 SUPERVISOR

4.15.1 Supervisors are those who are responsible for overseeing:

- the work program of other staff;
- the study program of honours and postgraduate students; and
- undergraduate students in lectures, tutorial and practical classes and on field trips.

4.15.2 The supervisor of staff or students has a particular responsibility for safeguarding the occupational health and safety of those in their charge. The supervisor can delegate the supervision or training of a staff member or student to a suitably qualified and/or experienced person, as appropriate for the task. The supervisor is, however, responsible for ensuring that the staff member or student has received appropriate training and has gained sufficient competence to undertake the task.

5. SPECIFIC RESPONSIBILITIES

5.1 OH&S

The responsibilities of OH&S include:

- development, maintenance, review and audit of the university's policies, procedures and systems related to biological safety management;
- advising on appropriate immunisation;
- providing information, instruction and training on biological safety management.

5.2 RESEARCH OFFICE

It is the responsibility of the Research Office to administer all matters relating to the Gene Technology Act and Quarantine Act and their discharge.

5.3 HEADS OF ACADEMIC/ADMINISTRATIVE UNITS OR CONTROLLED ENTITIES

It is the responsibility of the head of academic/administrative unit or controlled entity to ensure that procedures and systems are in place in their unit or entity to manage biologicals effectively to ensure:

- a healthy and safe environment for staff, students, visitors and contractors;
- that local standards and practices comply with legislative requirements and university policy;
- that staff and students undertake recommended OHS training in the use of biologicals.

5.4 SUPERVISORS

It is the responsibility of supervisors to ensure that procedures and systems are in place in the areas of their responsibility to manage biologicals effectively to ensure:

- a healthy and safe environment for staff, students, visitors and contractors;
- that local standards and practices comply with legislative requirements and university policy;
- that staff and students undertake recommended OHS training in biological safety.

5.5 BIOSAFETY OFFICERS

It is the responsibility of the Biosafety Officer to

- serve as principal source of expertise to the unit/entity regarding appropriate equipment, facilities, and work practices for protecting laboratories, staff, and the environment from contamination and infectious organisms;
- serve as principal source of expertise to the unit/entity regarding OGTR matters, including requirements for licensing, certification of facilities and classification of activities under the Gene Technology Act 2000;
- act as primary contact for OHS and the university OGTR Compliance Officer in matters relating to biosafety and OGTR matters;
- assist in new staff (local) induction with regards to biosafety matters;
- monitor unit/entity teaching and research activities involving the use and disposal of hazardous biological materials and recombinant DNA molecules for compliance with appropriate regulations, policies, procedures, and best practices;
- monitor the attendance of staff and students at biosafety education and training for those who work with or have potential for exposure to biological pathogenic agents;

- monitor the need and advise staff of availability and procedures for immunisation against potential biohazards;
- ensuring the biosafety information in the unit/entity safety manual is accurate and up to date;
- participate in workplace inspections of research and teaching facilities for compliance with regulations and guidelines pertaining to the use, handling, and disposal of potential biohazards and recombinant DNA;
- assist in the review and investigation of all biosafety accidents occurring within the department, and develop corrective action plans;
- develop and implement emergency response procedures for incidents involving biohazardous agents and materials;
- respond to biohazardous materials incidents as appropriate;
- report any breach of compliance to Institutional Biosafety Committee (IBC) and OHS;
- provide researchers advice/assistance on document preparation, classification of work for OGTR applications.

5.6 STAFF AND STUDENTS

Staff using biologicals must comply with OHS instructions, policies and procedures using control measures and/or personal protective equipment to ensure their own health and safety as well as the health and safety of others.

6. INFORMATION REGARDING THE USE OF BIOLOGICALS & ANIMALS

6.1 BIOLOGICAL SAFETY DOCUMENTS

OH&S has developed a range of biological safety documents that also need to be consulted and understood by users of biologicals and animals, which are available at the OH&S website (<http://www.monash.edu.au/ohs/topics/index.html>).

7. COMMENCING NEW WORK/STUDY OR MODIFYING EXISTING PRACTICES

Before commencing work with biologicals, staff and students should address the following points.

7.1 Complete biosafety and animal welfare training courses

See 18. Training

7.2 Complete a risk assessment or review and update an existing risk assessment

See 16. OHS risk management

7.3 Complete immunisation, if appropriate

See 12. Immunisation

7.4 Ensure suitability of facilities for handling and storage

See 8. Facilities & safe work practices suitable for work with biologicals

7.5 Consult your biosafety officer

Contact your biosafety officer to ensure all university and regulatory requirements are met.

7.6 Develop safe work instructions and safe handling practices, if necessary

See 8. Facilities & safe work practices suitable for work with biologicals

See 17. Safe work instructions

8. FACILITIES & SAFE WORK PRACTICES SUITABLE FOR WORK WITH BIOLOGICALS

8.1 GENERAL FACILITIES

8.1.1 Facilities for the use of biologicals is defined by three different pieces of legislation, Gene Technology Act, Australian Quarantine Act and Australian standards for laboratory design and construction series (AS/NZS 2982) and Safety in the laboratory (AS/NZS 2243).

8.1.2 Facilities certified by the OGTR for research involving recombinant DNA technology are signed with OGTR stickers denoting the containment level. Facilities certified by AQIS for research with imported materials are signed with Quarantine Approved Premises sticker. PC1 – PC4 facilities as defined by AS/NZS 2243.3 are not signed.

8.1.3 AS/NZS 2243.3 defines levels of physical containment for working with biologicals. At Monash University we have facilities that are classified into three such physical containment levels; PC1, PC2 and PC3. PC1 is the minimal level and describes most general laboratory areas including most teaching laboratories whereas PC3 is the highest level at Monash as is required for work involving infectious pathogens.

8.2 PC1

8.2.1 Laboratory facilities

- Emergency drench showers and eyewash stations shall be available at a distance of no more than 10 metres from any position in the

laboratory. Where these facilities are not available alternate arrangements should be made in consultation with the [OH&S consultant/advisor](#) for the area.

- Bench tops shall be able to withstand heat generated by general laboratory procedures.
- Chairs/stools shall be ergonomically suitable for the tasks and adjustable to work with the heights of benches and other equipment. The material shall be smooth and impervious to water to facilitate cleaning.
- Wash basins with hot and cold water shall be provided inside each laboratory near the exit.
- Open spaces between and under benches, cabinets and equipment shall be accessible for cleaning.
- Write up areas must be separated from work/study areas to minimise the chance of reading and writing materials being contaminated or damaged.

8.2.2 Personal protective clothing and equipment

- Laboratory staff shall wear protective clothing when performing procedures in the laboratory. The use of long sleeved cotton or polyester wrap around gowns or laboratory coats is recommended.
- Protective eyewear shall be worn by staff when working in the laboratory. Some procedures may require full face protection which will be assessed when performing Risk assessments of the procedure.
- Closed footwear shall be worn by staff when entering the laboratory.
- The above three items are the minimum personal protective equipment requirements for a laboratory unless lesser requirements can be justified by a Risk assessment. Contact your OH&S consultant/advisor for assistance in assessing such risk. **Work practices**
- Eating, drinking, shaving and the application of cosmetics is prohibited in laboratories.
- Food and drink for consumption must not be stored in laboratories or laboratory refrigerators or freezers.
- Long hair shall be tied back.
- All hazardous work must be identified, assessed for their risk and controls implemented where necessary.

8.3 PC2

The conditions for PC2 laboratories listed below are in conjunction with those for PC1 laboratories.

8.3.1 Laboratory facilities

- The ceilings, walls and floors shall be smooth, easy to clean and impermeable to liquids, and resistant to commonly used reagents and disinfectants.
- Hand wash basins shall be fitted with hands-free operation type mixers.
- A pressure steam sterilizer shall be provided where steam sterilizing of infectious waste is required.
- Suitable coat hooks shall be provided near the entry/exit of the laboratory.

- A supply of clearly labelled disinfectants for decontamination purpose shall be available.

8.3.2 Containment equipment

- Biological safety cabinets shall be used when working with specimens containing micro-organisms transmissible by the respiratory route or when work produces a significant risk from aerosol production.
- Centrifuges that are used for human samples or infectious micro-organisms shall be fitted with either a sealed rotor or safety buckets. Samples should also be placed in sealable tubes.

8.3.3 Personal protective equipment

- Suitable gloves shall be worn when handling human blood, body fluids or tissue, or micro-organisms or when working in biological safety cabinets.

8.3.4 Work practices

- Access to PC2 laboratories should be restricted to the appropriately trained staff.
- Staff shall receive instruction and training appropriate to the specimens handled.
- Staff should attend general biosafety training (<http://www.adm.monash.edu.au/staff-development/ws/ohs/>).
- Particular care should be taken when handling and disposing of any sharps to avoid accidental self inoculation.
- All clinical samples shall be treated as infectious.
- All visitors to the laboratory including Facilities & Services staff should be made aware of any special hazards and the area.
- Any procedure which may produce aerosols of potentially infectious material should be performed in a biological safety cabinet.
- A container of viable micro-organisms shall be transported between facilities or to steam sterilizers in a secondary unbreakable container which can be readily decontaminated.
- All potentially contaminated equipment shall be either steam sterilized or chemically disinfected after use.
- Separate report writing and long-term write up areas should be provided outside the laboratory.

8.4 PC3

The conditions for PC3 laboratories listed below are in conjunction with those for PC1 and PC2 laboratories.

8.4.1 Laboratory facilities

- The laboratory must be separated from all other areas and should not be accessible by the general public.
- Entry to the laboratory shall only be through a double door airlock system. Doors shall be self closing, open outwards with the outer door being lockable. Both doors shall be fitted with seals to limit air leakage. Doors shall contain glass viewing panels so that observation of the laboratory occupants may be possible.
- All equipment used in a PC3 laboratory shall be decontaminated prior to maintenance, service or removal.

- An emergency two-way communication system, or an alarm system, shall be provided in addition to the telephone.
- A pressure steam sterilizer for decontamination of laboratory wastes shall be available and located within the laboratory.
- Liquid effluents shall be discharged in a manner appropriate to the type of waste and as determined by the Risk assessment and in compliance with trade waste agreements.
- Laboratory ventilation shall be set up to ensure a graduated negative pressure with the directional airflow moving inwards to the laboratory working area. The air handling shall be set up by specialist air handling engineers.

8.4.2 Containment equipment

- Where a central reticulated vacuum system or portable pumps are used, a 0.2 µm hydrophobic membrane-type filter, and liquid disinfectant trap shall be installed at the point of use.
- Where required, a class III biological safety cabinet shall be made available.

8.4.3 Work practices

- Staff must be trained in handling the specific pathogens used in the laboratory.
- Laboratory door must be locked when unoccupied.
- All work with risk group 3 organisms shall be conducted in a biological safety cabinet.
- No one shall enter the laboratory for cleaning, servicing of equipment, repairs or other activities before relevant potentially contaminated laboratory surfaces have been disinfected and authorization have been obtained from the safety or biosafety officer.
- Protective clothing shall not be worn outside of the laboratory and sterilized before laundering.
- Outer clothing and personal effects shall not be taken into the laboratory.
- An emergency evacuation plan shall be devised and made available to all staff working in the facility, OH&S and Monash Security staff.

9. HUMAN CLINICAL SAMPLES

9.1 Human clinical samples are to be treated as potentially infectious unless categorically known to be otherwise. For that reason all clinical samples are to be used in facilities that meet PC2 facility and procedural requirements as described in section 6. However, if organisms from a higher risk group are isolated or suspected to be found in a clinical sample then the sample should be treated as per that risk group and used in a higher containment facility.

9.2 Procedures that will create significant aerosols must be performed in biological safety cabinets.

10. MICRO-ORGANISMS

10.1 RISK GROUPS

- Micro-organisms are divided into risk groups based on their risk to health and safety.

- A list of risk group 2 and 3 organisms can be found in appendix I and II (Sections 24 & 25).
- The risk group classification has been established to match the physical containment level of the facility where the work is to be conducted, eg risk group 2 organisms must be handled in a PC2 facility.

10.2 FACILITIES

Facilities where work with micro-organisms is to be performed must meet the building requirements and procedural requirements for the physical containment level (section 6) corresponding to the appropriate physical containment level of that micro-organism.

11. ANIMALS

The use of animals at Monash University must comply with the relevant Victorian and federal government legislation.

11.1 ANIMAL ETHICS

All ethical matters relating to the use of animals for research are managed by the Research Office (<http://www.monash.edu.au/researchoffice/ethics.php>).

11.2 TRANSGENIC OR KNOCK OUT ANIMALS

The use of transgenic or knock out animals must meet the requirements of the OGTR as must the facilities where they are housed. General information regarding the use of GMOs and appropriate approval can be obtained from the OGTR website (<http://www.ogtr.gov.au>)

11.3 ALLERGY

- Researchers working with animals are exposed to animal allergens (proteins) and some may go on to develop allergies.
- The importance of minimising exposure through safe work practices, appropriate animal husbandry and use of appropriate PPE (including respiratory protection such as a disposable P2 dust mask) should be encouraged.
- Anyone who is concerned about allergies to animals should contact their Biosafety Officer or OH&S on 9905 1014.

11.4 ZONOSIS

- Researchers working with animals may be exposed to micro organisms carried by the animals which may also be able to infect humans under the right conditions.
- The passage of the micro organisms to researchers may occur via scratches, bites, urine or through aerosols generated by further manipulation of tissue harvested from animals.
- The appropriate animal husbandry skills in conjunction with using appropriate PPE will reduce the risk of cross infection. In addition, adopting standard PC2 precautions and restricting processes likely to create aerosols to biosafety cabinets will also reduce the risk of zoonotic infection.
- The Monash University Animal Welfare Committee course, Training Course in Animal Care and Use is a prerequisite for animal ethics approval for honours and graduate students and inexperienced staff. Information about the course

is available at the research office web site (<http://www.monash.edu.au/researchoffice/animal/moreinfo/training.html>).

12. IMMUNISATION

As part of their work or study, Monash University staff and students may be at risk of exposure to infectious diseases including those which are vaccine preventable. Staff and students should be offered such vaccines, if available, where the Risk assessments demonstrate a need. [Immunisation Procedures](#) are available at the OH&S website.

13. IMPORTATION OF BIOLOGICALS

13.1 QUARANTINE REQUIREMENTS

All biological material brought into Australia directly by Monash staff is subject to quarantine requirements as set out in the quarantine act and regulations. General information regarding the importation of biologicals is provided on the Department of Agriculture, Fisheries and Forestry website by following the Quarantine and Export service link (<http://www.daff.gov.au/>).

13.2 PURCHASE OF BIOLOGICALS

Before purchasing new biologicals, check with your biosafety officer regarding:

- requirements for licenses, permits or notification to use the biologicals;
- the physical containment requirements (PC or Quarantine Approved Premise (QAP) classification) for use and storage of the biological;
- the availability of appropriate handling conditions for the biological, eg biological safety cabinets;
- the availability of appropriate emergency facilities and procedures required for the biological;
- the appropriate waste disposal procedures required for the biological.

13.3 PERMITS

Before importing biologicals from overseas Monash staff must obtain the appropriate importation permit through AQIS.

13.4 FACILITIES

13.4.1 In certain circumstances AQIS may require that all work to be conducted with specific imported biologicals must be performed within a QAP premise. Such premises must be of a physical containment level specified by AQIS and inspected and certified prior to the importation of biologicals.

14. GENETICALLY MODIFIED ORGANISMS

14.1 WORK/STUDY WITH GMO

14.1.1 All work/study utilising recombinant DNA technology is controlled through the Office of the Gene Technology Regulator. All Monash matters concerning gene technology are handled by the Research Office. More information can be obtained at <http://www.monash.edu.au/researchoffice/biosafety/>.

14.1.2 General information regarding the use of GMOs and appropriate approval can be obtained from the OGTR website (<http://www.ogtr.gov.au>)

14.2 FACILITIES

14.2.1 Facilities to be used for GMO work must comply with the requirements set out by the OGTR.

- Facilities must be of the appropriate physical containment level matching the type of GMO dealing being conducted.
- PC2 and PC3 facilities must meet the OGTR's guidelines for such facilities and be certified.
- PC2 facilities must be inspected annually by a person deemed competent by the Institutional Biosafety Committee (IBC) while PC3 facilities must be inspected annually by the OGTR.

14.2.2 No GMO work can commence until the appropriate approval has been sought and the facility where the work is to be conducted has been certified by OGTR.

15. MSDS

15.1 When purchasing biologicals, verify that the MSDS for the biological is already present in the university [ChemWatch](#) MSDS database or as a hardcopy in the work area. If the MSDS is not already held, it must be requested from the supplier, manufacturer or importer.

15.2 For purchases completed via SAP, a statement is already included in the order terms and conditions, which states:

*19. HAZARDOUS MATERIAL
Additional terms and conditions and material safety data sheets will be supplied for hazardous materials where this order specifies such hazardous materials.*

15.3 A copy of all MSDS not currently held in the university ChemWatch MSDS database must be forwarded to ChemWatch to be included.

16. RISK MANAGEMENT

Risk management must be completed on all processes/procedures/activities that involve biologicals (See [OHS Risk Management at Monash University](#))

16.1 RISK MANAGEMENT MUST BE COMPLETED

- before activities using biologicals commence;
- before the introduction of new procedures, processes or equipment that use biologicals;
- when procedures or processes or equipment that use biologicals are modified.

16.2 RISK MANAGEMENT TOOLS

A range of tools has been developed for staff and students to undertake risk management at the university. At Monash, the emphasis of these processes is to ensure that identified hazards are controlled effectively.

16.2.1 **Risk control program** ([/http://www.monash.edu/ohs/forms/risk-management-program.pdf](http://www.monash.edu/ohs/forms/risk-management-program.pdf))

- 16.2.1.1 The risk control program has been designed to allow assessment teams in each unit to quickly and comprehensively:
- identify and assess the hazards in the workplace;
 - rank them in terms of priority; and
 - provide guidance for the development of appropriate control measures.

16.2.1.2 Biological risk management

- Hazards associated with exposure to micro organisms are covered in *Reference sheet 4.1. Biological Hazards – Microbiological exposure hazards*
- Hazards associated with exposure to animals/insects/plants are covered in *Reference sheet 4.2 Biological Hazards – animals/inspects/plants*

16.2.2 **Job safety analysis** (<http://www.monash.edu/ohs/forms/job-safety-analysis.pdf>)

16.2.2.1 The job safety analysis (JSA) tool has been developed to assist Facilities & Services staff to assess and control the risks of their activities that may impact the health and safety of staff, students, visitors and contractors.

16.2.2.2 When entering a laboratory area which uses biological materials, discussion with the local biosafety officer regarding any biological hazards should take place. The JSA should include controls necessary to remove or at least reduce any risk to Facilities & Services staff.

16.3 UPDATE AND REVIEW OF RISK ASSESSMENTS

16.3.1 Risk assessments must be reviewed:

- when changes are made to the task, procedure; or equipment; or
- at least every 3 years.

16.3.2 Units/entities that undertake research using biologicals may need to update their Risk assessments frequently, even daily, to ensure that their biological risk assessments are up to date.

17. SAFE WORK INSTRUCTIONS

17.1 Following risk management of biological procedures, processes or equipment that uses biologicals, safe work instructions must be developed by supervisors of laboratories/studios/workshops or incorporated into laboratory procedures or safety manuals. Safe work instructions should include training, appropriate personal protective equipment, the need for immunisation and first aid and emergency procedures.

17.2 OH&S has developed [Guidelines for the development of safe work instructions](#), to provide guidance and a template for use by areas which are available at the OH&S website

18. TRAINING

(See [OHS Induction & training at Monash University](#))

18.1 RISK MANAGEMENT

18.1.1 Training in the use of the risk control program and the job safety analysis is provided both centrally and in work areas.

18.1.2 Information regarding the content and scheduling of OH&S courses offered at Monash University is:

- provided at the [Staff Development Unit](#) web site; and
- in the [Guide to OHS training at Monash University](#);

18.2 BIOLOGICAL SAFETY

Training in the use of biologicals must be provided at a range of levels, including by laboratory/studio/workshop supervisors, safety personnel and the Staff Development Unit.

18.2.1 Supervisors at a local laboratory/studio/workshop level

Supervisors must provide induction and training in the use of biologicals in the laboratory/studio/workshop that they supervise. This training must include:

- Identification of biological hazards in the area and the nature of the hazard including exposure routes.
- the location of risk assessments and safe work instructions for the biologicals held and used in the area;
- the use and location of personal protective and emergency equipment for the use with biologicals;
- local procedures, processes or equipment that use biologicals especially those resulting in the generation of aerosols.
- Immunisation requirements for working with local biologicals.
- Biologicals waste handling, storage and disposal procedures

18.2.2 Safety personnel and experts at a unit/entity level

18.2.2.1 In faculties/divisions/entities with a range of similar hazards, training in biological use can be provided at faculty/divisional level by local safety personnel, experts and/or via the Staff Development Unit.

18.2.2.2 Unit/entity OHS training in biological use can be provided by local safety personnel or experts with specific knowledge of the biological uses in the area.

18.2.3 Staff Development Unit (SDU) at a university level

18.2.3.1 SDU coordinates training courses on biological safety for staff, for postgraduate and honours students across all campuses and centres.

18.2.3.2 Information regarding the content and scheduling of OHS courses offered at Monash University is:

- provided at the Staff Development Unit web site; and
- in the Guide to OHS training at Monash University;

18.3 ANIMAL CARE AND USE

The Monash University Animal Welfare Committee course, Training Course in Animal Care and Use is a prerequisite for animal ethics approval for honours and graduate students and inexperienced staff. Information about the course is

available at the research office web site
(<http://www.monash.edu.au/researchoffice/animal/moreinfo/training.html>).

18.4 TRAINING RECORDS

18.4.1 In order for units/centres and supervisors to demonstrate effectively that they have provided comprehensive OHS training for the staff and students that they supervise, the training in biological use that they undertake must be recorded.

18.4.2 OH&S has developed a proforma to use to record attendance at OHS training in each unit/entity, which is available at the OH&S web site (<http://www.monash.edu/ohs/training/training-records.html>).

18.4.3 A short description of the points covered in the training should also be documented for all biological training provided in the unit/entity. The description will act as both a reminder regarding the areas that should be covered in the training and as a record of the areas covered in the training.

18.4.4 OHS training by supervisors

- When a supervisor provides training in procedures using biologicals, the completion of the training should be recorded.
- Records of training should be maintained in a folder in each area, eg laboratory/workshop/studio where training is provided.
- The student or staff member being trained should be able to demonstrate competence in the task(s) before the supervisor completes the record of training.

19. HEALTH SURVEILLANCE AT MONASH UNIVERSITY

Details of the Monash University health surveillance program are outlined in the document [Health surveillance at Monash University](#), which is available at the OH&S web site

20. WASTE DISPOSAL

20.1 Correct biological waste management involves a structured program to ensure that any wastes generated are correctly identified in terms of their potential hazard to the environment and to any staff handling them.

20.2 Any material that is designated as a waste and which could be harmful to health and/or the environment due to its properties either currently or in the future (eg. biohazardous waste, infectious, cytotoxic) must be:

20.2.1 handled by staff with knowledge and access to appropriate personal protective equipment;

20.2.2 segregated according to the particular hazards, treatment methods and recycling or re-use opportunities associated with the waste type;

20.2.3 packaged to ensure that:

- the waste materials cannot escape the container at any time;
- containers used conform to the colour coding and marking system specified by Australian standards (Biohazardous waste collection and storage - <http://www.monash.edu.au/researchoffice/biosafety/sop.html>)
- are fit for transport; and

- will not pose risks to personnel handling the wastes such as cleaning staff and waste disposal contractors
- 20.2.4 clearly labelled identifying:
- the type of waste material;
 - the major contaminant or risk associated with the waste;
 - the unit/entity who generated the waste and their contact details, eg phone number;
 - date of generation;
- 20.2.5 stored in a secure site/area specifically designated for the waste type and for the unit/entity generating the waste, refrigerated , if required. The waste store must be in compliance with Environment Protection Agency (EPA) bunding guidelines to ensure spills will not cause pollution or pose an environmental hazard.
- 20.2.6 disposed of by a licensed Environment Protection Agency-prescribed waste contractor, however where appropriate waste may be autoclaved and disposed of to landfill in accordance with the *Guidelines for the Transport, Storage and Disposal of GMOs version 1.1(2011)*, Sections 3.1.6 - 3.1.9 and AS/NZS 2243.3:2010, Section 10.6
- 20.2.7 transported in such a manner to ensure that the health of staff, students, visitors to the university, and/or the environment is not compromised and in accordance with Victorian Environment Protection Authority requirements and the Australian Code for the Transport of Dangerous Goods by Road and Rail.
- 20.2.8 There are specific procedures for the disposal of syringes, needles and syringe barrels. These are available in the document [Syringes, Needles and Syringe Barrels – use & disposal](#), which is available at the OH&S web site

In any instance where the waste type is unclear or biological waste is contaminated with radiation, OH&S must be contacted for advice

21. EMERGENCIES INVOLVING BIOLOGICALS AND ANIMALS

21.1 INCIDENT AND EMERGENCY RESPONSE

- 21.1.1 Emergency procedures for a biohazard spill are contained in the emergency procedures booklet located near every telephone on all campuses.
- 21.1.2 Contact OH&S by phone on 9905 1016 or by email on ohsehelpline@adm.monash.edu.au to obtain further copies of the emergency booklet for your campus.
- 21.1.3 The [Procedures for hazard and incident reporting, investigation and recording](#) outline the procedures for reporting incidents involving biologicals and animals.

21.2 CRISIS MANAGEMENT

- 21.2.1 Monash University has invested considerable resources on planning crisis management and recovery. This planning includes consideration regarding crises involving chemicals.

21.2.2 Further details and the crisis management plan are located at the Crisis Management and Recovery web site <http://www.adm.monash.edu.au/cmr/>

22. RECORDS

<u>Record to be kept by</u>	<u>Records</u>	<u>To be kept for:</u>
Academic/administrative unit/ controlled entity	Risk assessments	3 years
	OHS training records of training provided by unit/entity, including: <ul style="list-style-type: none"> • Attendees; • Short description of training content 	7 years, or for as long as the staff member is employed
	OGTR dealings	3 years from when they become inactive
Research Office	EPA waste disposal transport certificates	7 years
	OGTR dealings	3 years from when they become inactive
	PC2/PC3 lab inspection reports	For the duration of validity of certificates
	IBC minutes	Indefinitely
SDU	PC2 training records	7 years or for as long as the staff member is employed
	OHS training records, including: <ul style="list-style-type: none"> • Attendees • Short description of training content 	7 years
	Course evaluation sheets	2 years
OHS health team (confidential files)	Health surveillance results	50 years
	Immunisation histories	50 years

23. REFERENCES

23.1 LEGISLATION

Australian Dangerous Goods Code 7th edition
 Environment Protection Act 1970
 Quarantine Act 1908
 Quarantine Regulations 2000
 Occupational Health and Safety Act 2004 (Vic)
 Occupational Health and Safety Regulations 2007 (Vic)
 Gene Technology Act 2000

23.2 MONASH UNIVERSITY OHS DOCUMENTS

(<http://www.monash.edu.au/ohs/topics/index.html>)

Guidelines for the development of safe work instructions
Health surveillance at Monash University
Procedures for Immunisation
Information Sheet 17 – Syringes, needles & syringe barrels – use & disposal at Monash University
Information Sheet 37 – Biological Waste Disposal
Job Safety Analysis
OHS risk management at Monash University
Risk Control Program
OHS induction and training at Monash University
OH&S training course guide
OH&S training calendar and enrolment forms
Training records

23.3 AUSTRALIAN & INTERNATIONAL STANDARDS

OHSAS 18001:2007 Occupational Health & Safety Management Systems – Requirements
AS/NZS 2982: 1997 Laboratory design and construction
AS/NZS 2243. 3:2010 Safety in laboratories Part 3: Microbiological aspects and containment facilities.

23.4 OTHER DOCUMENTS

Guidance notes for the transport of Class 6.2 (infectious substances) dangerous goods 1997
Guidelines for the Transport, Storage and Disposal of GMOs, Version 1.1 (2011)

24. APPENDIX I – RISK GROUP 2 ORGANISMS

Examples of bacteria in Risk Group 2

Abiotrophia spp.
Acidovorax spp.
Acinetobacter spp.
Actinobacillus spp.
Actinomyces pyogenes
Aeromonas hydrophila
Afipia spp.
Arcanobacterium haemolyticum
Bacillus cereus
Bartonella henselae, *B. quintana*, *B. vinsonii*, *B. elizabethiae*, *B. weisii*
Bordetella pertussis
Brucella ovis
Burkholderia spp. (except *B. mallei* and *B. pseudomallei*)†
Campylobacter coli, *C. fetus*, *C. jejuni*
Capnocytophaga canimorsus
Chlamydia spp. (except avian strains of *C. psittaci*)
Clostridium spp. (except those known to be nonpathogenic)†
Corynebacterium diphtheriae†, *C. renale*, *C. pseudotuberculosis*
Dermatophilus congolensis
Edwardsiella tarda
Eikenella corrodens
Enterococcus spp. (Vancomycin-resistant strains)
Erysipelothrix rhusiopathiae
Pathogenic *Escherichia coli* (except Verocytotoxin-producing (VTEC) strains† and genetically crippled strains‡)
Fusobacterium spp.
Gardnerella vaginalis
Gordona spp.
Haemophilus influenzae, *H. ducreyi*
Helicobacter pylori
Kingella kingae
Klebsiella spp.
Legionella spp.
Listeria spp.†
Moraxella spp.
Mycobacterium spp.†
Mycoplasma pneumoniae, *M. fermentans*
Neisseria gonorrhoeae, *N. meningitidis*†
Nocardia spp.
Oligella spp.
Pasteurella spp.
Rhodococcus equi
Salmonella serovar†
Shigella spp.†
Sphaerophorus necrophorus
Staphylococcus aureus
Stenotrophomonas maltophilia
Streptobacillus moniliformis
Streptococcus pyogenes, *S. pneumoniae*
Ureaplasma ureolyticum
Vibrio cholerae, *V. parahaemolyticus*, *V. vulnificus*
Yersinia spp. (except *Y. pestis*)

Bacteria of Risk Group 2 requiring special precautions

Borrelia (mammalian) spp.
Burkholderia pseudomallei
Clostridium botulinum
Clostridium tetani
Corynebacterium diphtheriae
Coxiella burnetii (smears and serology from samples)
Escherichia coli Vero cytotoxin-producing strains, e.g. 0157, 0111
Leptospira interrogans (all serovars)
Listeria monocytogenes
Mycobacterium spp. other than *M. tuberculosis* complex
Mycobacterium tuberculosis complex (except multi-drug resistant strains)

Neisseria meningitidis (except for Serogroup B)
Neisseria meningitidis (Serogroup B)
Salmonella Typhi
Shigella dysenteriae Type 1
Treponema pallidum
Treponema pertenue

Examples of parasites of Risk Group 2 (infective stages only)

Ancylostoma duodenale
Ascaris lumbricoides
Babesia divergens
Babesia microti
Brugia spp.
Cryptosporidium spp.
Echinococcus spp.
Entamoeba histolytica
Giardia duodenalis (also known as *Giardia lamblia* and *Giardia intestinalis*)
Hymenolepis diminuta
Hymenolepis nana (human origin)
Leishmania (mammalian) spp.
Loa loa
Naegleria fowleri
Necator americanus
Opisthorchis spp. (including *Clonorchis sinensis*)
Plasmodium (human and simian)
Strongyloides stercoralis
Taenia saginata
Taenia solium
Toxocara canis
Toxoplasma gondii
Trichinella spiralis
Trypanosoma brucei subsp.
Trypanosoma cruzi
Wuchereria bancrofti

Examples of fungi of Risk Group 2

Aspergillus fumigatus and *A. flavus*
Candida albicans
Cryptococcus neoformans
Epidermophyton floccosum
Microsporum spp.
Sporothrix schenckii

Examples of viruses and prions of Risk Group 2

Adenoviridae
Adenovirus
Arenaviridae
Arenavirus
Lymphocytic choriomeningitis (LCM) non-neurotropic strains
Tacaribe virus complex
Caliciviridae
Feline calicivirus
Norwalk-like
Sapporo-like
Largovirus
Rabbit haemorrhagic disease
Coronaviridae
Coronavirus
Flaviviridae
Flavivirus
Dengue 1, 2, 3 and 4
Japanese encephalitis (Nakayama strain)
Kokobera
Kunjin
Murray Valley encephalitis
Sarafend
Saumarez Reef
Yellow fever (strain 17D)

- Hepacivirus
 - Hepatitis C
- Hepadnaviridae*
 - Duck hepatitis B
 - Hepatitis B
- Herpesviridae*
 - Alphaherpesvirinae
 - Simplex
 - Varicella
 - Betaherpesvirinae
 - Cytomegalovirus
 - Gammaherpesvirinae
 - Herpes 6 and 7
 - Lymphocryptovirus (EB-like viruses)
- Orthomyxoviridae*
 - Influenza (except those in Table 3.10)
- Paramyxoviridae*
 - Paramyxovirinae
 - Morbillivirus
 - Measles
 - Rubulavirus
 - Menangle
 - Mumps
 - Newcastle disease virus (non-virulent endemic strains)
 - Pneumovirus
 - Respiratory syncytial virus
 - Respirovirus
 - Parainfluenza 1, 2, 3 and 4
- Parvoviridae*
 - Human parvovirus
- Picornaviridae*
 - Encephalomyocarditis
 - Encephalomyocarditis virus
 - Enterovirus
 - Coxsackie
 - Echo
 - Entero
 - Parecho
 - Polio 1, 2 and 3 (see Clause 3.4.5)
 - Rhinovirus
 - Hepatovirus
 - Hepatitis A
- Poxviridae*
 - Orthopoxvirus
 - Vaccinia
 - Parapoxvirus
 - Orf
- Prions
 - Gerstmann-Sträussler syndrome,
Kuru and Creutzfeldt-Jakob agents (See Note 1 and Clause 3.5)
- Reoviridae*
 - Orbivirus
 - Bluetongue viruses (endemic strains)
 - Epizootic haemorrhagic disease viruses of deer (endemic strains)
 - Rotavirus
 - Rotavirus
- Retroviridae (serology, other tests on samples)
 - Oncovirinae
 - Human lymphotropic virus 1
 - Human lymphotropic virus 2
 - Lentivirinae
 - Human immunodeficiency virus
- Togaviridae*
 - Alphavirus
 - Barmah Forest
 - Ross River

Semliki Forest
Arterivirus
Equine viral arteritis
Rubivirus
Rubella
Hepatitis D
Hepatitis E

25. APPENDIX II – RISK GROUP 3 ORGANISMS.

Bacteria of Risk Group 3

Bacillus anthracis
Bartonella bacilliformis
Burkholderia mallei
Brucella spp. (except *B. ovis*)
Chlamydia psittaci (avian strains)
Coxiella burnetii (cultures, animal work and concentrates)
Francisella tularensis (type A)
Multi-drug resistant Mycobacterium tuberculosis complex
Rickettsia spp.
Yersinia pestis

Fungi of Risk Group 3

Aphanomyces astaci
Blastomyces dermatitidis
Ceratocystis ulmi
Coccidioides immitis
Histoplasma spp.
Paracoccidioides brasiliensis
Phytophthora cinnamomi

Viruses of Risk Group 3

Arenaviridae
Arenavirus
Lymphochoriomeningitis (LCM) neurotropic strains

Bunyaviridae
Group C
Oropouche
Phlebovirus
Hantavirus
Hantaan and related viruses

Flaviviridae
Flavivirus
Japanese encephalitis
St Louis encephalitis
Tick-borne viruses
West Nile
Yellow fever

Paramyxoviridae
Rubulavirus
Mapuera
Newcastle disease (exotic strains)

Retroviridae (from cultures and concentrates)
Oncovirinae
Human lymphotropic virus 1
Human lymphotropic virus 2
Lentivirinae
Human immunodeficiency virus

Rhabdoviridae
Lyssavirus
Australian bat lyssavirus
Rabies fixed strain (CVS II)

Togaviridae
Alphavirus
Eastern equine encephalitis
Western equine encephalitis
Venezuelan equine encephalitis