

Guidelines for Core Facilities

To meet the special challenges posed within core facilities, the Chemical and Physical Safety Committee (CPSC) has developed the following guidelines. The intent of these guidelines is to provide clarification of the CPSC's expectations with regards to the safe operation and maintenance of these facilities. Please note that these guidelines are intended as a supplement to the Chemical Hygiene Plan, faculty committee instruction, and UCLA safety policy. The research safety standards described by the Chemical Hygiene Plan, UCLA Radiation Safety Manual, UCLA Biological Safety Manual, UCLA faculty committees, and UCLA safety policies will be applied in addition to those described herein. Facilities which support clinical operations may be subject to additional requirements by UCLA Health Systems.

Definitions

- **Core facilities:** Multiuser facilities which typically provide sample analysis/data collection services to researchers or access to equipment. Core facilities are often used by UCLA researchers, but may also provide services to researchers outside of the UCLA campus community. Core facilities may or may not have staff and may or may not allow users to use some or all of the equipment or materials in the facility.
- **Responsible Party (RP):** The Principal Investigator(s)(PI) or Departmental Staff who have been granted the ability to set policy for the core facility by their academic department or an equivalent reporting unit. RPs should be informed of their status by the academic department or an equivalent reporting unit and a change in RP should be communicated to EH&S via email to laboratorysafety@ehs.ucla.edu by department representatives.
- **Users:** Personnel who are not employed by the core facility but are granted access to these facilities.
- **User PI:** Principal investigator to whom the user reports. In some cases, the User and User PI may be the same person. The User PI is responsible for ensuring Users have completed all relevant safety training and are responsible for reporting all hazards to the RP prior to initiation of work.
- **User agreement:** Documentation which conveys the services provided by the core facility to the User and specifies the core's requirements of Users within their facility (which includes documentation of lab-specific training to users). User agreements should require User PI to attest that Users have received Lab Safety Fundamental Concepts training or an equivalent training. There may be additional training requirements for work with biohazards (including infectious agents, samples, or specimens that are

known/suspected to be infected with microorganisms, human or primate cells, fluids, tissues and/or recombinant or synthetic nucleic acids use in the facility), lasers, and radioactive materials. User agreement should also require User PI to communicate all hazardous materials (see below) associated with the proposed work.

- **Core Facility Staff (staff):** Personnel who work directly for the core facility under the supervision of the RP or a designee.
- **Standard Operating Procedures (SOPs):** Written procedures which specify how hazardous materials are to be used or processes are to be conducted.
- **Hazardous materials:** Specifically this refers to any chemicals, biological materials, radioactive sources, and/or equipment that pose a risk to personnel health and safety.
 - **Hazardous chemicals:** Chemicals which are considered to be pyrophorics, flammable, corrosive, carcinogenic, acutely toxic, potentially explosive, etc.
 - **Biohazards:** Infectious agents, samples, and specimens known/suspected to be infected with microorganisms, human or primate cells, fluids, tissues and/or recombinant or synthetic nucleic acids.
 - **Radioactive materials:** Any material that is radioactive.

Responsibilities

- Responsible Party:
 - Ensure that all hazardous materials and equipment are safe to use for the intended purpose in the facility
 - Maintain facilities in an acceptable and safe condition for the intended work. Respond to issues reported by the staff and/or users for correction. EH&S can be contacted to assist with determining corrective action.
 - Provide necessary, appropriate and suitable Personal Protective Equipment (PPE) for all staff working directly for the core facility. RPs should still enforce PPE requirements on users but are not required to supply them with PPE.
 - Ensure the safety of staff, users, and visitors that are within the core facility.
 - Ensure that all core facility staff or users (via user agreements) have up-to-date safety training.
 - See the “training requirements” section for more information
 - General safety training for users (Lab Safety Fundamental Concepts and/or Online Refresher training offered by EH&S) can be documented via user agreements
 - User agreements may also be used to document core-facility-specific training
 - Ensure that lab-specific training for the core facility is provided, and ensure that such training is documented (can be part of the user agreement)
 - Set safety rules and practices and convey these to staff members and users (usually through SOPs) prior to starting work in the facility. Responsible parties may set rules, but those rules should not conflict with the UCLA Chemical Hygiene Plan, Cal/OSHA regulation, UCLA Radiation Safety Manual, UCLA Biological Safety Manual, Faculty Committee approved research protocols and SOPs, or Departmental policies. RPs should ensure that users are competent working with equipment before allowing them to work alone.

- Determine whether the safety requirements associated with the particular material/operation can be met within the facility (this may require approval from other Faculty Committees such as the Institutional Biosafety Committee, the Animal Research Committee, the Radiation Safety Committee, etc.). It is strongly recommended that the facility require users to submit a hazard declaration form (which may be a part of an SOP or similar document) that reports to the facility if users are submitting samples that contain hazardous materials and identifies what those materials are. The RP is not responsible for determining whether or not a lab has pre-approval from the correct committee(s) but should request an application or approval number before accepting these materials.
- Ensure all safety equipment and facilities are in proper working order and certified as required. If, for any reason, the function of the containment/safety equipment is compromised (e.g., HVAC failure), the equipment/facility access and use must be clearly be tagged out and marked “out of order” to prevent use of equipment.
- Maintain a record of approved users of the core facility
- Staff:
 - Follow all safety rules/practices specified by the RP.
 - Wear PPE appropriate to the work being done. Guidance on when and what PPE is needed should be provided by the RP.
 - Ensure that users are following safety rules and practices.
 - Report any users who are not following safety rules and practices to the RP.
 - Report any issues (broken equipment, spills, missing chemicals, etc.) to the RP.
- Users and User PI:
 - Inform core facilities staff or RP prior to bringing biohazardous material, radioactive material, and/or hazardous chemical agents into the core facility. The RP or a designee will determine whether the safety requirements associated with the particular material can be met within the facility (this may require approval from other faculty committees such as the Institutional Biosafety Committee, the Animal Research Committee, the Radiation Safety Committee, etc.). It is strongly recommended that the facility require users to submit a hazard declaration form (which may be a part of an SOP, user agreement or similar document) that reports to the facility if users are submitting samples that contain hazardous materials and identifies what those materials are. Users are responsible for providing accurate information on the hazards and containment requirements as dictated by SOPs or safety/compliance committee approvals to the RP.
 - Follow the rules and practices set by the RP.
 - Wear PPE appropriate to the work being done. Additional PPE requirements may be set by the RP.
 - Report any other users who are not following safety rules and practices to the RP.
 - Report any issues (broken equipment, spills, missing chemicals, etc.) to the RP.

Training requirements

Due to the nature of core facilities, and that users can number in the hundreds, the responsibility to ensure compliance with UCLA training requirements is on the Users and their Principal Investigators not the core facility or its Staff. Core facilities should still provide lab-specific training on use of equipment and/or core facility requirements as necessary. Core facility staff should provide user agreements for the users to sign where they will verify that they have completed Lab Safety Fundamental Concepts training or an equivalent. Core facility staff should perform due diligence if for any reason they suspect a user does not have this training or other applicable trainings up-to-date. User agreements should indicate that the users must be prepared to show proof of their safety training to core facility staff if asked to provide it.

- Responsible Party:
 - Ensure that core facility staff and users (via user agreement or other written agreement between the RP and the user's PI) have taken all appropriate trainings listed above
 - Ensure that lab-specific training for the core facility is provided, and ensure that such training is documented (can be part of the user agreement)
 - Complete Lab Safety for PIs and Lab Supervisors and annual Online Refresher training.
 - Ensure that staff is aware of any special vaccinations/prophylactic measures and/or training required to work in the facility
 - Ensure that additional training for work with materials that require pre-approval (ex. biohazards, radioactive materials, live animals, etc.) is done. Please see the UCLA training matrix: <https://ucla.app.box.com/ehs-lab-training-matrix> Note: The RP is not responsible for ensuring that users have received this training but should ask for proof of faculty committee approvals from the users or their PIs.
 - Obtain appropriate hazardous materials waste training if waste is to be handled (for example, medical waste management training is needed to handle biohazardous waste).
- Staff:
 - Complete Lab Safety Fundamental Concepts (or Lab Safety for PIs and Lab Supervisors) training and/or have current Online Refresher training
 - Read and sign Lab-Specific Safety Orientation documentation
 - Read and sign Standard Operating Procedures (SOPs)
 - Read and sign Lab Hazard Assessment Tool (LHAT)
 - Complete any additional training for work with materials that require pre-approval (ex. biohazards, radioactive materials, live animals, etc.) Please see the UCLA training matrix: <https://ucla.app.box.com/ehs-lab-training-matrix> The RP is responsible for communicating this requirement to staff.
 - Obtain appropriate hazardous materials waste training if waste is to be handled (for example, medical waste management training is needed to handle biohazardous waste).

- Users and User PI:
 - Users must complete any lab-specific training for the core facility. This applies only if the facility allows user access to equipment or hazardous materials. Core facilities should document this training and may do so in their user agreements.
 - User PI must sign user agreements notifying the core facility of their compliance with institutional training requirements which at a minimum will include completion of the Lab Safety Fundamental Concepts training and annual Online Refresher training. This applies only if the facility allows user access to equipment or hazardous materials.
 - For users who are not affiliated with UCLA and will not be working in a UCLA facility for more than 30 days, the Online Refresher is sufficient and the LSFC pre-requisite will be waived
 - For users who are not affiliated with UCLA and will be working in a UCLA facility for a period longer than 30 days or will be planning to return to campus over the course of several visits, the LSFC training will be required
 - Complete additional training for work with materials that require pre-approval (ex. biohazards, radioactive materials, live animals, etc.) Please see the UCLA training matrix: <https://ucla.app.box.com/ehs-lab-training-matrix>
 - Inform the core facility of hazards associated with their work and/or their samples. Users should communicate any special vaccinations/prophylactic measures, additional risks to personnel, precautions or special handling requirements, and/or training required to work with their materials to the RP.

Hazardous materials storage

The core facilities will often store hazardous materials (“facility hazardous materials”) needed for their normal operations. Users are allowed, in some locations, to also store hazardous materials in the core facility (“user hazardous materials”).

- Responsible Party:
 - Ensure proper storage of hazardous materials and equipment storage within the core labs in accordance with the Chemical Hygiene Plan, UCLA Radiation Safety Manual, UCLA Biological Safety Manual, UCLA faculty committee requirements, and UCLA safety policies
 - Maintain an up-to-date inventory of hazardous materials which belong to the facility (facility hazardous materials only)
 - Set rules/restrictions for hazardous materials storage and inventory of these agents within the core facility in addition to, but not in conflict with, those set by the Chemical Hygiene Plan, UCLA Biosafety Manual, UCLA Radiation Safety Manual, and UCLA policy.
 - Set policy for the core facility regarding whether or not users will be allowed to store their hazardous materials there and if so in which locations. Storage must adhere to restrictions set forth by the Chemical Hygiene Plan, UCLA Radiation Safety Manual, UCLA Biological Safety Manual, UCLA policies, and UCLA Faculty Committees

- Ensure that users are storing their hazardous materials properly within the core facility, including having access to an inventory of these agents
 - User hazardous materials that are unclaimed may be disposed of at the discretion of the RP, but should be disposed of in accordance with proper practices set forth by the Chemical Hygiene Plan, UCLA Radiation Safety Manual, UCLA Biological Safety Manual, UCLA policies, and UCLA Faculty Committees
 - The RP may establish standards for determining whether or not a material is “unclaimed”
- Staff:
 - Ensure proper hazardous materials storage within the facility (both facility and user hazardous materials)
 - Inform users of improper storage of user hazardous materials and notify the RP
 - Report any issues with hazardous materials storage (both facility and user hazardous materials) to the RP (ex., broken cabinet doors, leaks, appearance of unknown chemicals in the workplace, etc.)
- User:
 - Ensure that hazardous materials are transported to and from the core facility in accordance with proper transport practices set forth by the Chemical Hygiene Plan, UCLA Radiation Safety Manual, UCLA Biological Safety Manual, UCLA policies, and UCLA Faculty Committees.
 - Inform the core facility if they are storing any hazardous materials within the core facility and must get prior permission. Users must inform their PIs of all materials being stored in a core facility.
 - Provide an inventory of hazardous materials to the core facility if the storage of user hazardous materials is allowed. Users must inform their PIs of all materials being stored in a core facility.
 - Ensure that all hazardous materials they store in the core facility are properly labeled with the name of the hazardous material/sample, the user’s name, the name of the user’s PI, and the date in addition to the manufacturer’s label

Waste Handling

All hazardous material waste must be disposed of per pertinent Federal and State regulations, through coordination with EH&S. Waste must be segregated and stored appropriately, as indicated in the UCLA Chemical Hygiene Plan, UCLA Biological Safety Manual, and UCLA Radiation Safety Manual, UCLA policies, and by UCLA Faculty Committees. The RP may specify additional requirements within their core facilities.

- Responsible Party:
 - Ensure proper hazardous material segregation, disinfection (as appropriate), storage, and disposal within the facility and transport to designated pick-up sites in accordance with the UCLA Chemical Hygiene Plan, UCLA Radiation Safety Manual, UCLA Biological Safety Manual, and UCLA policies.
 - Ensure that staff and users are handling waste appropriately within their facility

- Determine whether or not their core facility will support the disposal of hazardous materials within the facility. This may require users to bring their own containers for hazardous materials waste collection. Users are encouraged to discuss their options with the RP.
- Staff:
 - Transportation of hazardous materials to designated waste pick-up sites must be performed in secondary containment.
 - Obtain appropriate hazardous materials waste training prior to handling waste (for example, medical waste management)
 - Report any issues with hazardous materials waste to the responsible party
 - Label waste containers appropriately prior to accumulation of waste materials
- User:
 - Follow all pertinent waste handling procedures for the material being used in accordance with the UCLA Chemical Hygiene Plan, UCLA Radiation Safety Manual, UCLA Biological Safety Manual, and UCLA policies.
 - Follow all core facility requirements/practices related to hazardous materials waste disposal
 - Dispose of hazardous materials waste appropriately
 - Do not dispose of hazardous materials within a core facility before receiving authorization from the core facility to do so. Do not assume that the facility can support this practice.
 - Transportation of hazardous materials must be performed in secondary containment.

Incident reporting

Spills, injuries, or other significant incidents can occur at any time. Immediate abatement of the hazardous condition, evacuation of the work area, and first aid treatment are of primary concern. After such immediate steps are taken, personnel are required to report these incidents to supervisors and EH&S. Please do not hesitate to contact EH&S if you suspect that an incident requires their attention as there is no penalty for over reporting. Also if you have doubts as to whether or not another party has reported incident, please feel free to also report to EH&S. Never assume that someone else has reported an incident.

Users should report all incidents that occur within the facility to the RP or core facility staff who in turn should report these incidents to EH&S. Users should also inform their principal investigators and their academic department as needed. Examples of reportable instances include but are not limited to the following:

- Chemical, biohazardous, and/or radioactive material spills
- Loss of biocontainment (includes loss of negative pressure)
- Exposures to any hazardous materials
- All serious injuries (amputation, burn, concussion, fracture, laceration requiring stitches, hospitalization, etc.)
- Fires
- Missing or stolen hazardous materials

Additional notes on pre-approvals

Core facilities are NOT exempt from the requirements to have pre-approval for some types of work. Work which requires pre-approval from a UCLA committee (such as the Institutional Biosafety Committee, the Animal Research Committee, the Radiation Safety Committee, etc.) must be approved by the appropriate committee(s) before the core facility allows such work to be conducted within their areas.

- Responsible Party:
 - Maintain the status of applications for the core facility.
 - Users are required to include core facilities as a work locations on many of their UCLA faculty committee applications, the core facility will **not** need to amend their applications based on these applications, renewals, and/or amendments provided that the proposed work includes only materials or procedures for which the core facility already has pre-approval. Users are expected to communicate with the RP or a designee when this occurs.
 - If the core facility accepts samples or performs work (on behalf of users) for which they are not already pre-approved they should amend their applications prior to acceptance of the material or performance of the work.
 - The core facility should amend their applications as needed to reflect changes in personnel or locations.
 - Maintain copies of their committee approvals as a reference to inform users what type of agents and what types of procedures have been pre-approved
 - Consult with EH&S if there are questions related to these processes once they have been notified by the user of the intent to perform the requested work
- Users:
 - Consult with the core facility to ensure that it can support the any proposed work that will be done as part of an ARC, IBC, RSC, etc. application
 - Identify any core facilities as a work location when submitting proposals or amendments if they plan to use materials which require pre-approval in these locations
 - Report to the RP or an appropriate designee when materials requiring pre-approval will enter a core facility prior to initiation of work

Questions can be sent to: cpssc@research.ucla.edu

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