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|  | **University of Otago****Risk Management Plan Template****For School Visits/Activities in Laboratories** |

The University of Otago has a legal duty under the Health and Safety at Work Act 2015 to ensure the safety of visitors to our workplace, including laboratories. Laboratories are potentially hazardous areas where chemical, biological, radiation and equipment hazards may be present.

A University of Otago staff member who is an experienced laboratory user for the area to be visited must be designated to supervise (referred to here as the **Laboratory Supervisor**). The Laboratory Supervisor may also be supported by other authorised laboratory users (referred to here as **Laboratory Tutors/Demonstrators**). In addition, the Laboratory Supervisor must complete a Risk Management Plan for the visit/activity (using this template) and obtain approval from the Departmental Laboratory Manager and Sector Manager (where applicable).

Once completed, the form must also be signed by the designated **School Contact** (e.g. the teacher organising the school visit), to confirm they have read, understood, and accept the requirements. A copy of this form signed by the teacher must be returned to the Department Laboratory Manager/Sector Manager.

Please note that any school or other educational visits to laboratory areas must be discussed with and approved by the Head of Department for the area concerned.

1. **General lab health and safety requirements:**

Please note that the following requirements apply to all persons entering a laboratory;

* Food and drink (including drinking water) are not permitted to be brought into or consumed in laboratories.
* Footwear worn in laboratories must cover the toes, forefoot and heel. Bare feet, jandals, sandals are not permitted.
* Long hair must be tied back.
* Do not touch any materials or equipment in a laboratory unless instructed to do so by the laboratory supervisor.
* Follow the instructions of the Laboratory Supervisor or Tutors at all times.
1. **Responsibilities**

The **Laboratory Supervisor** is responsible for the following;

* Providing a briefing to the visitors at the start of the visit detailing:
	+ The emergency evacuation procedures.
	+ Any safety procedures that must be followed during the activity (e.g. use of PPE).
	+ Instructions for the storage of bags and other personal items to ensure that these do not block egress routes/doors, create a trip hazard or become contaminated.
* Inspecting the laboratory just prior to the visit to ensure that hazardous items or materials have not been left where they could pose a risk to visitors (e.g. no sharps, no chemical spills/residue on benches, no chemical containers left where they could be knocked over).
* Ensuring that any PPE required (where applicable) is provided and worn.
* Ensuring that a first-aid kit is readily available and that at least one certified First Aider is available.
* Ensuring the activity does not involve the use of any substance known to be a mutagen, carcinogen or reproductive/developmental toxin.

**The school contact** is responsible for:

* Providing a list of attendees to the Laboratory Supervisor, including of any teachers and care-givers who will be attending
* Ensuring that any teachers and care-givers who attend are aware of their responsibilities (as below)

**Teachers and care-givers** are responsible for:

* Supervising school students, ensuring they behave appropriately, and that they comply with the instructions of the laboratory supervisor.
* Ensuring that they and the school students comply with the requirements of this plan, including in relation to appropriate footwear and long hair being tied back.
* Reporting any incidents or accidents to the Laboratory Supervisor as soon as practical.
1. **Activity/Visit Details:**

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| **Laboratory Supervisor Name:***(University of Otago staff member)* | **Department:** |
| **Phone Number:** | **Email:** |
| **School contact name:** (person) | **Name of School:** |
| **Phone Number:** | **Email:** |
| **Number of school students:** | **Age range of school students:**  |
| **Number of teachers/care-givers attending:**(to be provided by the school) | **Number of Lab Tutors/Demonstrators:**(to be provided by the University) |
| **Building to be visited:** | **Room Number(s) to be visited:** | **Date(s) of visit:** |
| **Brief description of purpose of visit and activities to be carried out:** |
| **Explain how school students will be supervised during the visit: (*e.g. school students will be divided into four groups of 6, with one adult teacher/care-giver and one lab tutor per group)*** |
| **List any specific clothing or equipment that school students require for this activity:** |

1. **Visit/Activity-Specific Hazards**

In addition to the general lab health and safety requirements (Section 2), the laboratory supervisor must identify any specific hazards associated with the activity, the risks that could arise from these and the controls that will be implemented to eliminate or minimise these risks. (Note: Add additional rows as required).

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| **Hazard****(what could cause harm?)** | **Risk****(what could go wrong?)** | **Controls****(what will be done to eliminate or minimise the risk)** |
| *e.g. 0.5% methylene blue solution* | *A splash to the eye could cause eye irritation/pain* | * *Solution provided in small dropper bottles (50mL)*
* *Safety glasses to be worn*
* *Eye-wash available*
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**Approval:**

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| **Laboratory Supervisor**: I confirm that I will fulfil my specified responsibilities in this plan and that this document identifies any significant hazards and risks associated with proposed activity, together with appropriate controls for these. |
| **Name:** | **Signature:** | **Date:** |
| **Departmental Laboratory Manager (DLM):** I give approval for the activity described in this document to go ahead. |
| **Name:** | **Signature:** | **Date:** |
| **Sector Manager:** I give approval for the activity described in this document to go ahead.(Note: Enter ‘NA’ if not applicable or ‘as above’ if the Sector Manager is also the DLM) |
| **Name:** | **Signature:** | **Date** |
| **Head of Department:** I give approval for the activity described in this document to go ahead. |
| **Name:** | **Signature:** | **Date** |
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| **School Approval:**On behalf of the school, I confirm that I have read and understood this document and agree to ensure that school students, teachers and care-givers taking part in this activity comply with the requirements of this document and any verbal safety instructions provided by the laboratory supervisor. |
| **Name:** | **Signature:** | **Date** |
| **On behalf of (School Name):** |