

**VA NORTHEAST OHIO HEALTHCARE SYSTEM
Louis Stokes Cleveland DVAMC
Medical Research Service
Subcommittee on Research Safety Policy**

Effective Date: MAY 11, 2022

SOP Title: LABORATORY ACTIVATION POLICY FOR ONSITE RESEARCH

SOP Number: SRS—022

SOP Version: .01

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1. **PURPOSE:** To ensure that a laboratory to be occupied by a new Principal Investigator (or a current Principal Investigator) moving into new onsite lab space at the Louis Stokes Cleveland DVAMC and their staff have a safe environment in which to work.

*Offsite laboratory activation procedures are the responsibility of the affiliate, but correspondence should be submitted by the affiliate to the SRSS for review and approval.

2. **POLICY:** Principal Investigators must provide a complete list of all equipment and hazards (i.e., chemical, physical, and biological hazards, as well as cell or tissue samples, synthetic or recombinant nucleic acids, controlled substances, and ionizing and non-ionizing radiation, and animals) to be moved into a new lab or animal facility. Only approved materials will be allowed to be moved into the laboratory or animal facility. The laboratory will be inspected by the Research Safety Coordinator (RSC) / Chemical Hygiene Officer (CHO) to ensure compliance with this procedure. This policy must be followed without exception.

3. **DEFINITIONS:**

- a. ACOS/Research – Associate Chief of Staff/Research
- b. Incoming investigator - The investigator who will be moving into a laboratory after decommissioning or a new laboratory.
- c. PI – Principal Investigator
- d. Previously used materials/equipment - Laboratory materials/equipment that are not wanted by the departing investigator and are being requested by the incoming investigator.
- e. IRBNet – a web-based tool that manages protocol submissions, modifications and tracking processes.
- f. SRSS – Subcommittee on Research Safety and Security.

4. RESPONSIBILITIES:

a. ASSOCIATE CHIEF OF STAFF/RESEARCH:

- (1) Must coordinate move with the Principal Investigator and Research Administration at the Louis Stokes Cleveland DVAMC for a PI to occupy new laboratory space at the Louis Stokes Cleveland DVAMC. This includes an inventory of all hazards and equipment to be moved as outlined above in Section 2.
- (2) Reviews the decommissioning records of the RSC/CHO and, when applicable, the Radiation Safety Officer (RSO), prior to permitting work to begin in a laboratory previously occupied by another PI, e.g., painting, removal of shelves, etc.

b. RESEARCH SAFETY COORDINATOR:

- (1) Provides the ACOS/Research with a signed decommissioning report from the departing PI, which includes a Subcommittee on Research Safety and Security (SRSS) determination.
- (2) Makes available to the incoming PI the SRSS Laboratory Activation Policy.
- (3) Receives an inventory of all hazards and equipment to be moved as outlined above in Section 2 to be moved to the Louis Stokes Cleveland DVAMC from the ACOS/Research. Depending on the materials and equipment to be moved, the RSC will:
 - (a) Ensure that a flammable cabinet is located within the laboratory.
 - (b) Ensure that an acid/corrosive cabinet is located within the laboratory.
 - (c) Ensure that the Fume Hood within the laboratory is current with its certification.
 - (d) Ensure plumbing and electrical needs are in place for equipment to be moved.
 - (e) Ensures that Biosafety Cabinets are re-certified once the Plumbing Shop/Engineering Services provides and certifies vacuum and air lines.
- (4) Receives a list of materials and/or equipment requested by the incoming PI. These items may be left behind by a departing PI or are not being used by current PIs.
- (5) Provides red hard-sided sharps boxes and biohazard bins/bags once the lab has moved in (according to their needs).
- (6) Posts laboratory signage at entry into laboratory (National Fire Protection Association, Biohazard Warning, Formaldehyde in Use, etc.) as appropriate for the work to be performed.
- (7) Works with new PIs in the submission process of materials into IRBNet:
 - (a) Research Protocol
 - (b) Research Protocol Safety Survey
 - (c) SRSS Local Appendix

- (8) Coordinates safety-related training for new PIs and their employees. This training must include a course in Research Safety. The PI is responsible for conducting laboratory specific safety training, which will be audited by the RSC annually. Additional training will or may also include the following based on work to be performed:
 - (a) Formaldehyde Safety Training
 - (b) Department of Transportation Training
 - (c) Enhanced BSL-2+ Safety Training
 - (d) Powered Air-Purifying Respirator (PAPR) Training
 - (e) Emergency Management Planning Training
 - (f) VAMC Fire Protection and Prevention Training
 - (g) Infection Prevention Training
 - (h) MAXCOM Global Harmonization Training
 - (i) Practicing Safety at Work Training
 - (j) Active Shooter Training

c. MEDICAL RESEARCH SERVICE SAFETY SUBCOMMITTEE:

- (1) Develops a process to activate laboratories as needed, which includes the transfer of assignment of laboratories from one PI to another.
- (2) Develops a process to ensure that each VA research project conducted in a VA research laboratory (including off-site locations) is evaluated prior to initiation/activation for the involvement of hazards. Appropriate safety and security measures must be implemented prior to activation. VA research involving hazards in a research laboratory may not be initiated in advance of approval by the SRSS and, when appropriate, the IBC.
- (3) Performs or delegates the duties of the RSC/CHO if he/she is unable.
- (4) For new PIs: Reviews research project(s) and the associated SRSS required documents:
 - (a) Research Protocol Safety Survey
 - (b) SRSS Local Appendix
 - (c) Approval notices and related materials from the Radiation Safety Committee and/or the Institutional Biosafety Committee (if applicable).
- (5) For new PIs (if applicable), the RSC will coordinate applications to the Radiation Safety Committee and/or the Institutional Biosafety Committee.

- (6) Approves/disapproves all laboratory activations, as presented by the RSC/CHO at a convened meeting of the SRSS, prior to the commencement of work. SRSS approval must include, but may not be limited to:
 - (a) The satisfying of all applicable safety-related needs noted in Section 5, Responsibilities, part b, Research Safety Coordinator/Chemical Hygiene Officer, sub-parts 3, 4, and 5 of this policy.
 - (b) Approval from the Radiation Safety Committee and/or Institutional Biosafety Committee.
 - (c) SRSS and Research & Development Committee Study approvals.
 - (d) Completion of all required training by PI and laboratory personnel.

5. REFERENCES: VHA Handbook 1200.08.

6. RESCISSIONS: The rescission date of SRSS Policy 022 is May 12, 2027.

7. FOLLOW UP: RSC/CHO

VA NORTHEAST OHIO HEALTHCARE SYSTEM
Louis Stokes Cleveland VAMC
Medical Research Service

LABORATORY ACTIVATION REPORT

Investigator _____ Date _____

Room(s) to be activated _____

(please initial where applicable)

_____ All applicable safety-related needs noted in Section 5, Responsibilities, part b, Research Safety Coordinator/Chemical Hygiene Officer, sub-parts 3, 4, and 5 of this policy have been satisfied.

_____ All RAM is secured in this laboratory in accordance with Radiation Safety Committee requirements; PI is an approved Authorized User.

_____ All chemicals and biological materials are properly stored/secured.

_____ The Administrative Officer has been made aware of the location of all equipment that has been moved into the new laboratory space.

_____ All required training has been completed (or is current) for the PI and all laboratory personnel.

_____ Final Research & Development Committee approval has been obtained, which is granted when an SRSS approval has been documented in IRBNet.

Comments:

Investigator's Signature _____ Date _____

Comments:

Research Safety Coordinator's Signature _____ Date _____

Subcommittee on Research Safety Chairperson's Signature _____ Date _____

SRS Approval Date: _____