****

**UniSQ AEC SOP ID: [INSERT ID]**

UniSQ AEC Standard Operating Procedure

[ENTER SOP TITLE HERE]

This Standard Operating Procedure (SOP) is applicable to all UniSQ Research Workers who care for and use Animals for Scientific Purposes. The procedure must only be performed by those persons who have been deemed competent, and who believe they remain competent to do so. Access to supervision by suitably qualified staff whilst undertaking this procedure is encouraged, where required.

|  |
| --- |
| **SpeciesTitle** |

* *Indicate what animal species or groups of animals species are covered by this SOP*

|  |
| --- |
| **Purpose Title** |

*Describe the purpose of the SOP…i.e. why you are doing this procedure and what outcomes this SOP intends to achieve.*

|  |  |
| --- | --- |
| **Definitions** | |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Linked SOPs** | |
| **SOP ID number** | **SOP title** |
| *List any other SOPs here that are linked to this SOP* |  |
|  |  |

|  |
| --- |
| **Potential hazard to Research Workers** |

|  |  |
| --- | --- |
| **Potential Hazard** | **Management Strategy** |
| *List the potential hazard in this column* | *List the management strategy to minimise or manage the potential hazard in this column* |
|  |  |

|  |  |
| --- | --- |
| **UniSQ Risk Management Plan ID number** | **UniSQ Management Plan title** |
|  |  |
|  |  |

|  |
| --- |
| **Personal Protective equipment required** |

* *List the PPE required to undertake this SOP…*

|  |  |
| --- | --- |
| **Animal wellbeing considerations** | |
| **Perceived stressors** | **Management strategy** |
| *List the perceived stressors in this column* | *List the management strategy to minimise or manage the perceived stressors in this column* |
| *e.g. Hypothermia* | *The chances of this will be minimised by provision or warmth in the form of heat pads and insulation in the form of bubble wrap, towels, and cloths. The temperature will also be monitored where practically possible by the use of a rectal thermometer. This will apply to both maintenance of anaesthesia and recovery.* |
|  |  |

|  |
| --- |
| **The overall perceived level of risk to an animal undergoing this procedure is:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | High |  | Medium |  | Low |

|  |  |  |  |
| --- | --- | --- | --- |
| **Substances to be administered** | | | |
| **Substance** | **Dose** | **Route** | **Purpose** |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Equipment/ materials required** |

* *List the equipment or materials required to undertake this SOP.*

|  |
| --- |
| **Site specification or location requirements** |

*Outline if there are any requirements that the SOP is conducted at particular sites, facilities or locations.*

*Describe the requirements in detail.*

|  |
| --- |
| **Waste disposal** |

*If there are any waste disposal requirements – outline how and where the waste will be disposed…*

|  |  |
| --- | --- |
| **Duration of the procedure** | |
| **Pre-procedure and prepartion** | *Outline the duration details in this column* |
| **Procedure** |  |
| **Post procedure and monitoring** |  |

|  |
| --- |
| **Procedure** |

*Provide a step-by-step procedure. Consider the following:*

* *Write in a clear and logical manner, using subheadings and numbering where required*
* *How is the animal being viewed, caught and/or handled?*
* *If the animal is being restrained, how is it being restrained?*
* *Animal monitoring (including type and frequency)?*
* *Time commitments, i.e. how long is the animal to be restrained, the time required to undertake the procedure?*

*Example*

1. *Assemble sufficient supplies of Personal Protection Equipment and equipment required to perform the procedure.*
2. *…*

|  |
| --- |
| **Training, qualifications or competencies required** |

*If required, list any training, qualifications or competencies researchers must have obtained in order to be deemed competent to undertake this SOP. If training is required, who will undertake the training, and what are their qualifications and experience?*

|  |
| --- |
| **References** |

*Include references for the information you have included within this SOP.*

|  |
| --- |
| **Licences and permits** |

*Any required licences and/or permits to undertake the procedure(s) under this SOP must be obtained before undertaking this SOP. List types and approval numbers of any licences and/or permits that are required to undertake this SOP.*

|  |  |  |  |
| --- | --- | --- | --- |
| **SOP approval and review history** | | | |
| **Date** | **Version** | **Review Pathway** | **Notes** |
| *Executive Officer to complete this section* |  |  |  |
|  |  |  |  |
|  |  |  |  |