**BIOLOGICAL AGENTS PROJECT SCHEME OF WORK: Section 2**

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| **MATERIAL OF HUMAN OR ANIMAL ORIGIN** |
| * 1. Will any culturing of the material described in Section 1 Q1.1 take place?
 |  *If yes, describe which cell(s) will be cultured and under what conditions.* |
| * 1. If culturing, what is the maximum volume of culture grown?
 | Per flask: Number of flasks:  |
| * 1. Will the tissues, cells, body fluids or excreta be manipulated in any way that could result in the concentration of any adventitious biological agent present?
 |  *If yes, explain.* |
| * 1. Will any of the fluids, tissues or cells be donated by you or your colleagues?
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| **BIOLOGICAL AGENTS (not genetically modified)** |
| * 1. Describe ALL the route(s) of infection (**relevant to the lab setting**) and the minimum infectious dose(s), if known
 | Name of agent(s) | Route(s) of infection | Min. infectious dose |
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| * 1. What is the highest concentration and volume of agent(s) to be worked with?
 | Per experiment: Number of flasks: |
| * 1. Are there any known drug resistances amongst the strains to be used? If yes, explain what these are and the consequences
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| * 1. What forms of the agent will be used e.g. spores, vegetative forms and are there any issues over the robustness of these particular forms e.g. resistance to disinfectants or increased stability on dry surfaces
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| 1. **RISK FACTORS AND CONTROL MEASURES**

*This section considers the nature of the work to identify factors that affect risk of exposure and selection of appropriate measures to adequately control the risk. All questions must be answered and further details supplied when indicated.* |
| **Risk** | **If yes, how will it be controlled?****Reference any SOP, CoP or other written protocol providing details on usage, training, decontamination, etc.** |
| Will infectious droplets or aerosols be created, either deliberately or by accident? | Y/N | *A microbiological safety cabinet must be used for activities likely to generate potentially infectious aerosols or splashes. If needed, state the type(s) and when it will be applied*  |
| Will material be transported within the laboratory? | Y/N | *For example, cultures being transported between the safety cabinet and the incubator must be double contained so as to prevent spillage if dropped* |
| Will the material be transported locally on campus but outside of the laboratory? | Y/N | *For example, material transported between laboratories must be double contained so as to prevent spillage if dropped, adequately labelled and no gloves must be worn outside of the laboratory* |
| Will this material be received from elsewhere? | Y/N | *Provide details of material to be received, how this will be arranged & what steps will be taken to ensure that the material is correctly packaged. Further guidance is available on the Safety website* |
| How and where will this material be stored? | Y/N | *Provide details of how, where and in what this material will be stored. If stored in Liquid Nitrogen describe the additional precautions in place* |
| Will infectious material be centrifuged? | Y/N | **If yes:**1. Will sealed rotors & buckets always be used?
2. Where will rotors / buckets be opened?
3. Describe procedure to deal with leaks / spillages:
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| Are biological samples to be cultured in an incubator? | Y/N | *What type of incubator (e.g. shaking or static shelf) is this and describe the measures to be used to prevent and contain any spillages* |
| Are sharps to be used at any stage during this activity? | Y/N | *Describe the sharps, justify their use and describe the precautions in place to protect the user and others from injury*  |
| For organisms whose multiplication involves a complex life-cycle will the work involve the propagation of organisms that are in that life cycle that is particularly hazardous?  | Y/N |  |
| Will lone working take place for this work activity? | Y/N | If yes, how will the safety of those individuals engaged in higher risk activities be monitored? |

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| 1. **WASTE**

*All questions must be answered and further details supplied when indicated.* |
| How will waste be treated prior to disposal? |
|  | **Treatment prior to disposal** |
| Liquid waste |  |
| Solid waste |  |
| Other waste (specify):  |  |
| If waste is to be autoclaved please detail any special handling or treatment conditions required |
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| How will liquid waste be disposed of? |
| To drain? |  |
| Other (specify)?  |  |
| How will solid waste be disposed of? |
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| 1. **TRAINING**

Describe the training that will be given to all those involved (directly or indirectly) in the work activity. |
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| 1. **EMERGENCY PROCEDURES**

*All questions must be answered and further details supplied when indicated.* |
| Briefly describe the procedures in place for dealing with spillage of infectious or potentially infectious material.  |
| Within the safety cabinet |  |
| Within the centrifuge |  |
| Within the laboratory but outside of any primary control measure e.g. safety cabinet |  |
| Outside of the laboratory e.g. during transportation of material between labs |  |
| Describe the procedures in place for an accidental exposure e.g. inoculation/needlestick injury or eye splash |
| Immediate action |  |
| When & to whom to report the accident  |  |

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| 1. **CONTAINMENT LEVEL**  To be completed for all activities
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| Confirm the relevant Containment Level requirements for each aspect or component of this project. If different aspects of this work require different Containment Levels, then all must be listed.  |
| Project aspect | Where will work be carried out? | Containment Level required under COSHH or GMO (Contained Use) Regs |
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| **Additional Control Measures:**Identify any other specific control measure(s), not already mentioned or required for relevant Containment Level , necessary to reduce risk to human health and the environment to ‘low’ or ‘effectively zero’ : |

PI signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Containment Level 2 project approval:**

Departmental Biological Safety Officer:

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of School/Department/Section

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approval by University Biological Safety Adviser
on behalf of Biological Hazards and Genetic Modification Safety Committee

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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