West Virginia University

Institutional Biosafety Committee

Incident Response and Reporting for Biohazardous Materials Including Recombinant or Synthetic Nucleic Acids (r/sNA)

Purpose: The purpose of this Institutional Biosafety Committee (IBC) policy is to provide information regarding how to respond to spills, accidents, and potential exposures with recombinant or synthetic nucleic acids (r/sNA) and other biohazardous materials. Additional information on how to report these incidents is included.

Spill Involving BSL1/ABSL1 Material/Agent

1. Use gloves.
2. Remove contaminated sharps from site using forceps or tongs.
3. Cover the spill with absorbent material (paper towels).
4. Pour 10% bleach on the absorbent material working from the edges towards the center.
5. Place absorbent material in biohazard bag for disposal.
6. Wipe area with water to remove residual bleach.
7. Remove PPE and wash hands thoroughly.
8. Inform your supervisor.

Spill Involving BSL2/ABSL2 Material/Agent Inside a Biosafety Cabinet

1. KEEP THE BIOSAFETY CABINET RUNNING.
2. Put on gloves, eye protection, lab coat.
3. Remove contaminated sharps from site using forceps or tongs.
4. Cover the spill with absorbent material (paper towels).
5. Pour appropriate disinfectant (10% bleach) on the absorbent material working from the edges towards the center.
6. Allow 20 minutes of contact time with bleach.
7. Place absorbent material in biohazard bag for disposal.
8. Wipe surface with water to remove residual bleach.
9. Remove PPE and wash hands thoroughly.
10. Inform your supervisor.

If it is a large spill which flows into the front or rear grills, pour 10% bleach into the drain pans and catch basins and allow 20 minutes of contact time. Remove the disinfectant and rinse with water to prevent corrosion. For assistance with this, contact the biosafety officer (293-7157).
Spill Involving BSL2/ABSL2 Material/Agent Outside of a Biosafety Cabinet

1. If spill involves highly concentrated or highly pathogenic agents, leave the room for 30 minutes to allow aerosols to settle.
2. Alert people in the area that a spill has occurred and keep them out of the area.
3. Put on gloves, eye protection, lab coat, more PPE may be necessary for high risk agents (N-95 respirator).
4. Remove contaminated sharps from site using forceps or tongs.
5. Cover the spill with absorbent material (paper towels).
6. Pour 10% bleach on the absorbent material working from the edges towards the center.
7. Allow 20 minutes of contact time with bleach.
8. Place absorbent material in biohazard bag for disposal.
9. Wipe surface with water to remove residual bleach.
10. Remove PPE and wash hands thoroughly.
11. Inform your supervisor and biosafety officer (293-7157).

Personnel Exposure

Potential Modes of Transmission:
- Skin puncture or injection
- Ingestion
- Contact with mucous membranes (eyes, nose, mouth)
- Contact with non-intact skin
- Bite from a recently infected animal
- Percutaneous contact with body fluids from a recently infected animal
- Aerosols/Inhalation
- Other

First Aid:
- *Skin Exposure*: immediately go to the sink and thoroughly wash the skin with soap and water.
- *Skin Wound*: immediately go to the sink and run wound under water while squeezing to express blood. Then thoroughly wash the wound with soap and water.
- *Splash to Eye(s), Nose or Mouth*: immediately flush the area with running water for at least 15 minutes.

After First Aid is applied:

- The person involved must immediately report the incident to their supervisor or Principal Investigator (PI).
- Exposed personnel or supervisor should call Occupational Medicine (304-293-3693) during business hours (Monday – Friday 8am-430pm). Follow the instructions given by Occupational Medicine on whether to go to the Occupational Medicine clinic or the Emergency Department. If it is after hours or on a holiday or weekend, please go to the WVUH Emergency Department.
- If the person has a severe injury (deep cut, broken bone, etc) go directly to WVUH Emergency Department. Call WVU police if you need assistance with a severe injury 304-293-3136.
- Please bring the Infectious Agent Fact Sheet to Occupational Medicine or the Emergency Department.
The Supervisor/PI should fill out an incident report (attached), or found on the EHS website within 24 hours of the incident: https://www.ehs.wvu.edu/general-safety/injury-illness

Once the incident report has been sent in, the individual can contact medical management 304-293-hurt (4878) for return to work questions or workers compensation questions.

The supervisor/PI is responsible for reporting the incident to the biosafety officer (BSO) 304-293-7157, aaelliott@mail.wvu.edu

WVU Occupational Medicine Address:
390 Birch Street
Health and Education Building
Morgantown, WV 26506

Reporting Requirements

All incidents (spills, exposures) involving biohazardous materials must be reported using a biohazard incident report form found on the EHS biosafety website.

If the incident involves r/sNA material which falls under NIH Guidelines, the biosafety officer will work with the PI to collectively complete the NIH OBA Template for Reporting Incidents Involving Recombinant DNA at http://www.osp.od.nih.gov/office-biotechnology-activities/biosafety/institutional-biosafety-committees/incident-reporting

If the incident involved the following, then the report must be sent to the NIH/OBA immediately:
- Personnel exposure at Biosafety Level 2 (BSL-2) and/or Animal Biosafety Level 2 (ABSL-2).

For all other incidents, reports must be sent to NIH/OBA within 30 days. A few examples include:
- Needlestick or splash to mucous membranes with r/sNA
- Large spill (>10ml) of a potentially infectious material outside the biosafety cabinet.
- Escape or improper disposal of a transgenic animal or plant.
- Animal bite from an infected animal (including animals with recently introduced r/sNA molecules).

In conjunction with the IBC Chair, the BSO will submit the final incident report to the respective federal agency on behalf of the university. The final incident report will be reviewed by the IBC and corrective actions recommended and instituted as necessary.
Call 9-911 for: loss of consciousness, stroke, seizures, heart attack, electric shock, allergic reaction or bleeding and Call EHS @ 304-293-3792 to report.

SECTION ONE:
1. Name of Injured: ___________________________________________ 2. WVU ID No. (700 xx xxxx): ____________
   (Last, Suffix) (First) (Middle) 700# REQUIRED for incident to be processed

3. Gender: ___ Female ___ Male 4. Date of Birth: _____/_____/____ or Age ____ 5. Date of Incident: _____/_____/

6. Time of Incident: _____ AM _____ PM during work _____ entering work _____ leaving work _____ lunch/break


10. Employment Category: (Check one) ___ Faculty ___ Staff ___ Student Employee ___ Research Corp ___ Health Sciences

11. Status: ___ Fulltime ___ Part-time ___ Temporary

12. Length of Employment: _____ years 13. Time in occupation when incident occurred: _____ years

14. Describe Exactly what happened, Include timeline of event and OBJECT or SUBSTANCE that caused harm: *An example would be: slipped on wet floor, exposure to cleaning chemicals, cut with carpet knife. (For informational purposes, please submit detailed information on the attached "Incident Description Statement Form").

15. Location of Incident include building and room number, state if outdoors: i.e. Engineering Sciences Bldg., Room G3B

16. Describe the INJURY or ILLNESS and Specific BODY PART(S) affected: *(An example would be: cut on palm of left hand or sprained lower back)*

Exposure - EHS must receive a completed copy of the "Employee Injury/Incident Report" within 24 hours of the exposure.

SECTION TWO:
17. Was the victim wearing Personal Protective Equipment? (please specify)

18. Was the employee seen by a physician? ___Yes ___No 19. Name of Physician: _______________________

20. Location of Treatment: ________________________

21. Was employee in Emergency room? ___Yes ___No 22. Was employee hospitalized overnight as a patient? ___Yes ___No

23. Type of Treatment received: (check type)
   ___Set Fracture/broken bone ___Treat Infection ___Stitches/Sutures ___Tetanus Shot ___Surgery
   ___Prescription ___Physical Therapy (more than once) ___Remove foreign Object from eye
   ___Hearing Loss ___Does this issue need reviewed for ADA Concerns ___Other-explain on back of form

___ Needlestick or Body Fluids – please report to local emergency room immediately (Ruby hospital after 4:30 p.m.

and call Occupational Medicine at 304.293.3593 for follow up) See link to CDC guidelines for Sharps injury treatment at http://www.cdc.gov/niosh/topics/sharps/sharps.html

SECTION THREE:
24. Total lost work days after the day of incident ______ 25. Total days of restricted activity ______

26. If employee has not returned to work check here ______

27. Does employee wish to file a Worker Compensation Claim? ___Yes ___No

Employee’s Signature __________________________ Print ______________________ Ph. Number ________ Date ________
Supervisor/Reviewer Signature __________________________ Print ______________________ Ph. Number ________ Date ________

Complete form and immediately email to: WVUInjuryIncidentReport@mail.wvu.edu (preferred) or fax to EHS (304) 293-7257, or mail Environmental Health and Safety Injury/Incident, PO Box 6551, Morgantown, WV 26506.

WVU EHS Employee Injury/Incident Form Rev 4.4.2018
INCIDENT DESCRIPTION STATEMENT FORM

Supervisor, Injured Employee, and Witness complete a separate Statement Form

Please check appropriate box

☐ Supervisor  ☐ Employee  ☐ Observer

Name of Injured Employee: ____________________________________________

Date of Injury: _________________________________________________

Description of Incident: Describe in detail exactly what happened, include: task(s) and procedure(s) being performed, timeline of events, and OBJECT and/or SUBSTANCE that may have been involved.

_________________________________________________________________
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_________________________________________________________________

Name (Printed): _________________________________________________

Signature: ____________________________ Date: _________________________

Complete form and immediately email to: WVIUInjuryIncidentReport@mail.wvu.edu (preferred) or fax to EHS (304) 293-7257, or mail Environmental Health and Safety Injury/Incident, PO Box 6551, Morgantown, WV 26506. WVU EHS Employee Injury/Incident Form Rev 4. 4. 2018