# Biosafety Level 2 and Recombinant Agents Standard Operating Procedure

**Instructions:** The Biosafety in Microbiological and Biomedical Laboratories (BMBL) published by the Centers for Disease Control and Prevention (CDC) requires that all laboratories handling Risk Group 2 agents or higher must have a laboratory-specific biosafety manual, as well as any lab working with recombinant material regardless of Risk Group agent(s). This manual must be prepared and adopted as policy and must be available and accessible to laboratory staff at all times. The Biosafety SOP should be completed, updated, and reviewed annual (at a minimum) by the Approval Holder. A copy of the most current version signed by the Approval Holder should be sent to the Research Compliance Office so it can be uploaded to the approval so that all staff can locate it for reference.

**Approval Holder Name:**_____**A.H. #**_____

**Approval Holder Phone Number(s):**_____

**Approval Holder Designee Name and Phone Number:**
**(optional)**_____

**List of Approved Rooms (including Building name) for biohazards**

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**Agents**

| Agent | Route of Exposure |
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**Risk Evaluation**:
*[Explain the hazards of working with your agent. Explain the possible risks of exposure, including signs and symptoms.]*

**Procedures for Handling Agents**

Laboratory Procedures:
*[Include techniques and safety issues.]*

Biocontainment:
*[Include techniques and safety issues.]*

Transportation:
*[Include techniques and safety issues.]*

**Personal Protective Equipment (PPE)**

Lab coat and gloves must be worn at a minimum when working with BSL-2 agents.

*[Explain what type of PPE is used while working with BSL-2 agents.]*

**First aid kit location:**_____

**Cleaning and Disinfection**

*[Explain how often you clean/disinfect workspace, discuss the type of disinfectant used and if the disinfectants are agent specific.]*

**Spill kit location:**_____

| Type of Disinfectant | Concentration | Contact Time |
|---|---|---|
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**In the table above, indicate all the approved disinfectants that will be use in the laboratory, the concentration they will be used at, and the appropriate minimum contact time for disinfection.**

**Autoclave:**

*[If autoclave is used to disinfect: explain when it is used, what information is in the logbook, when each monthly biological indicator was performed , and where the autoclave is located.*

**Waste Disposal**

*[Explain the procedure for waste disposal.  Include disposal methods for biohazardous waste as solids, liquids, and sharps.  Ensure explanation of how waste is transported from the lab to any waste disposal area.  Record room number of your Risk Management collection site if applicable.]*

**Biosecurity**

The objective of biosecurity is to prevent loss, theft or misuse of microorganisms, biological materials, and research-related information.  This is accomplished by limiting access to facilities, research materials and information.  While the objectives are different, biosafety and biosecurity measures are usually complementary.

All recombinant, biohazardous, or high consequence materials must be secured at all times when the approval holder or designees are not present.  These include restricted areas, escape-proof cages, growth chambers, cold storage equipment, and any other related areas where related organisms will be kept.  Devices used to secure these organisms must include either a locking mechanisms utilizing a controlled key with documentation of those with access, a key card reader, or a coded lock.

**Visitor Information**

All visitors to this laboratory will read and understand what the agents are and what their route of exposure is and will be asked to sign the "Signature and Acknowledgement Page for Visitors to Lab."Visitors also include support personnel such as; facilities, EHS, custodial, DSO, etc..

**Emergency Phone Numbers**

Fire and Medical Emergencies…………………………...Public Safety (312) 808-6300 or 911
Police…………………………………………………………… .Public Safety (312) 808-6300 or 911
Occupational Health……………….…………………………………………………(708) 975-4177
Designated Safety Officer.…………..…………....................................XXX-XXX-XXXX

**Signature and Acknowledgement Page for <mark>[A.H's]</mark> Lab Workers**

**Authorization**

Anyone working under this approval who has signed the list below is permitted to enter authorized rooms under this approval while work with BSL-2 agents is in progress. However, only those persons who have attended the Research Laboratory & Safety (RLSS) Basic Biosafety Protection Course may perform work with samples or cell cultures in these rooms.

**Disclaimer**

We, the undersigned, understand that the above mentioned agents may be infectious to humans. Further, we agree that we have received, read, understood and had an opportunity to ask questions about the UA Biosafety Manual and agree to attend required RLSS training prior to handling samples. Any additional questions should be directed to the Approval Holder or the RLSS. I hereby agree to inform the University of Arizona Research Laboratory & Safety (RLSS) of any possible occupational exposure or near miss while working under this Approval Holder.

Anyone who works under this approval must affirm to this SOP in their RLSS User Dashboard.

**VALIDATION FOR SOP**

**Approval Holder's Certification**

I hereby certify that I have reviewed the contents of these Standard Operating Procedures and it reflects my current operating policy for work with BSL-2 agents.

<mark>[Approval Holders*'s Name*]</mark>
<mark>[Approval Holder*'s Title*]</mark>

Signature _____

Annual Review Date _____

**Signature and Acknowledgement Page for Visitors to [A.H's] Lab**

Visitors must read, complete, and sign the below table.  A visitor is an individual that comes into the lab and does not directly work with the recombinant and/or biohazardous material, but may come in contact with contaminated objects.

**Disclaimer**

We, the undersigned, understand that the above mentioned agents may be infectious to humans. Further, we agree that we have received, read, understood and had an opportunity to ask questions about the appropriate parts of the Standard Operating Procedures.  I hereby agree to inform the University of Arizona Research Laboratory & Safety (RLSS) of any possible occupational exposure or near miss while working at the University of Arizona.

| Name/Company or Department | Signature | Date | Project Performed |
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**HISTORY**

| Effective Date | Version # | Authors | Description |
|---|---|---|---|
| 06/23/2022 | 000 | James Spencer | Conversation to new format |