Dartmouth College

Institutional Biosafety Committee

Emergency Response and Biohazard Exposure Control Plan
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I. PURPOSE
To establish emergency response and cleanup procedures for laboratory spills involving biohazards in Biosafety Level 1 and Biosafety Level 2 (BSL1, BSL2) laboratories at Dartmouth College and Geisel School of Medicine in accordance with:

- CDC/NIH “Biosafety in Microbiological and Biomedical Laboratories” (BMBL)
- NIH Guidelines for Research Involving Recombinant or Synthetic DNA Molecules (NIH Guidelines)
- OSHA Bloodborne Pathogens Standard

Additionally, this Plan includes reporting procedures for spills, incidents, and releases as well as exposure control measures for working at BSL2. Enhanced BSL2 laboratories should refer to their laboratory specific Enhanced BSL2 Manual for response and cleanup procedures.

II. DEFINITIONS
For the purposes of this Emergency Response and Exposure Control Plan, biohazards are defined as any material or agent that may contain infectious or potentially infectious substances, or any agents or substances that are an environmental release risk (i.e., recombinant DNA).

Examples:
- Microbiological cultures or stocks (including bacterial, viral, parasitic, fungal, etc.)
- Recombinant or synthetic nucleic acid molecules (including viral vectors)
- Organisms or cells that contain recombinant or synthetic nucleic acid molecules (including transgenic organisms and those transiently containing exogenous nucleic acids)
- Human or animal cell/tissue cultures
- Anatomical or pathological waste (organs and tissue from humans or animals)
- Human clinical specimens (feces, blood, urine or any other bodily fluid)

III. RESPONSIBILITIES
- Principal Investigators (PIs) and research laboratory staff who conduct biological or biomedical research or who work in biological or biomedical teaching laboratories must abide by the guidelines outlined in this Plan.

- It is the responsibility of the PI and laboratory supervisor to ensure that:
  i. an appropriate spill response plan for their lab has been developed using these generic guidelines as a basis,
  ii. a copy of this Plan and/or the lab specific plans are available to lab staff and compliance is followed,
iii. an appropriate disinfectant, personal protective equipment, and waste containers are readily available, and

iv. reporting and follow-up procedures as outlined herein are conducted for all incidents.

• The Dartmouth Environmental Health & Safety (EHS) Office provides OSHA-mandated bloodborne pathogen training and biosafety training to all laboratory staff with potential exposures. It is the responsibility of each supervisor to ensure all personnel under his/her supervision complete this required training.

• The PI will provide EHS with updated emergency contact info when applicable to ensure door EHS provided door signage is up to date.

IV. BIOHAZARDOUS SPILL EMERGENCY PREPAREDNESS

A. Risk Assessment

When assessing a spill to determine what type of response is necessary and whether the cleanup should be done by EHS, the following should be considered:

1. What was spilled or released?
   a. liquid, solid, animal, etc.
   b. what is the pathogenicity or route of transmission? Consult the BMBL and the Canadian Pathogen Safety Sheets for guidance.

2. How much was spilled?
   What is the volume and concentration of the organism?

3. Where is the spill?
   Is it in a biosafety cabinet, in the lab, outside the lab, in a centrifuge, etc.?

4. What is the potential for release outside of the lab?

B. Biohazard Spill Kit

The following items should be assembled in a single container that can be easily moved to the spill area. Spill kits should be available at all times. A large bucket is practical for the container as it can double as the secondary container for transporting waste away from the spill.

• An appropriate chemical decontaminant: In most cases a 1:10 dilution of freshly prepared household bleach is appropriate.
• Materials to absorb liquids after decontamination: This could include paper towels, absorbent lab pads, or special materials designed to absorb large volumes of liquid.
• Appropriate PPE to wear during cleanup: Nitrile or heavy duty gloves, a long-sleeve laboratory coat or gown, and goggles are always necessary. Facial protection should be considered for large spills.
• A mechanical means for handling broken glass: This could include tongs, forceps, small disposable scoops and sponges, autoclavable dust pans, or any other method that prevents direct contact with the broken glass.
• Biohazard bags, sharps containers, and/or other containers: The containers are used to hold the material for further treatment and disposal.

V. BIOHAZARDOUS SPILL EMERGENCY RESPONSE

A. Biohazardous Spill Inside a Biological Safety Cabinet (BSC)

This section provides spill cleanup procedures for biohazardous agents, including recombinant or synthetic nucleic acids, inside a BSC.

i. Spill inside a BSC that stays contained on the work surface:
1. Operate to prevent escape of contaminants from the cabinet. Spill cleanup procedures should be initiated immediately while the cabinet continues to operate.
2. Remove any sharp, contaminated objects from the spill area using mechanical means (like tongs or forceps) and never with hands. Discard contaminated sharps in a sturdy, leak-proof, biohazard labeled sharps container.
3. Cover the spill with paper towels or other absorbent material. Slowly pour a decontaminant solution appropriate for the agent involved around the spill and allow the solution to flow into the spill. Paper towels soaked with the decontaminant may also be used to cover the area. An example of an appropriate decontaminant for use in BSCs is freshly prepared 1:10 dilution of household bleach, 20min contact time, followed by a final rinse with water to avoid any corrosion caused by bleach on stainless steel work surfaces.
4. At least 20 minutes is generally considered an appropriate contact time for decontamination but this varies with the decontaminant and the microbiological agent. Manufacturer's directions should be followed.
5. Wipe up the spill, work surfaces, walls, and any equipment in the cabinet with paper towels dampened with decontaminant. Do not place your head in the cabinet to clean the spill; keep your face behind the sash.
6. Place contaminated paper towels and other spill clean-up materials in orange autoclave biohazard bags.
7. Decontaminate the spill area again. Place all used spill materials into a biohazard bag.
8. Remove any contaminated PPE in a manner to avoid cross-contamination; dispose of per standard lab practices.
9. Wash hands thoroughly after removing gloves and other PPE.
ii. Spill inside a BSC that flows past the work surface through the front or rear grills:
A large spill inside a BSC that flows past the work surface through the front or rear grilles requires more extensive decontamination. To prevent escape of contaminants from the cabinet, spill cleanup procedures should be initiated at once while the cabinet continues to operate.

1. Ensure the drain valve under the BSC is closed.
2. Remove any sharp, contaminated objects from the spill area using mechanical means (like tongs or forceps) and never with hands. Discard contaminated sharps in a sturdy, leak-proof, biohazard labeled sharps container.
3. Flood the top work surface tray and, if a Class II BSC, the drain pans and catch basins below the work surface with a decontaminating solution that is appropriate for the agent involved. An example of an appropriate decontaminant for use in BSCs is a freshly prepared 1:10 dilution of household bleach, 20 minutes contact time, followed by a final rinse with water to avoid any corrosion caused by bleach on stainless steel work surfaces.
4. At least 20 minutes is generally considered an appropriate contact time for decontamination but this varies with the disinfectant and the microbiological agent. Manufacturer’s directions should be followed.
5. Remove excess decontaminant from the work surface tray by wiping with a sponge or cloth. For Class II BSCs, drain the tray into the catch basin below the work surface, lift the tray and take out the removable front intake grille. Wipe the top and bottom (underside) surfaces of the grille with a sponge or cloth soaked in the decontaminant. Then place the tray in position, drain the decontaminant from the cabinet base into an appropriate container, and dispose of the decontaminant in the sewer.
6. Place spill clean-up materials (e.g., contaminated gloves, cloth and/or sponge) in autoclavable pans with lids for autoclaving.
7. Decontaminate the spill area again. Place all used spill materials into a biohazard bag.
8. Remove any contaminated PPE in a manner to avoid cross-contamination and dispose of per standard lab practices.
9. Wash hands thoroughly after removing gloves and other PPE.

B. Biohazardous Spill Outside a Biological Safety Cabinet (BSC)
This section provides spill cleanup procedures for biohazardous agents, including recombinant or synthetic nucleic acids, inside a BSC.

i. Small spills that can be easily absorbed by one paper towel
   a. Agents transmitted by inhalation (e.g., adenovirus, influenza)
      1. Leave the room immediately. Ask other lab occupants to also leave the room and close the door.
      2. Warn others not to enter the contaminated area and post a sign on the door.
3. Remove contaminated garments and put into a container for autoclaving. Thoroughly wash any exposed areas of the body.
4. Wait 30 minutes to allow dissipation of aerosols created by the spill.
5. Follow the decontamination steps below.

b. **Agents NOT transmitted by inhalation**
1. Assemble spill clean-up materials.
2. Put on appropriate PPE (e.g., long-sleeve lab coat, goggles, and nitrile gloves).
3. Remove any sharp, contaminated objects from the spill area using mechanical means (e.g., tongs or forceps). Discard contaminated sharps in a sturdy, leak-proof, biohazard labeled sharps container.
4. Pour a decontaminant solution (e.g., freshly prepared 1:10 dilution of household bleach) around the spill and allow it to flow into the spill. Paper towels soaked with the decontaminant may also be used to cover the area. To avoid aerosolization, never pour decontaminant solution directly onto the spill.
5. Let stand for 30 minutes to allow an adequate contact time and place all used spill materials in a biohazard bag.
6. Decontaminate the spill area again. Place all used spill materials into a biohazard bag.
7. Remove any contaminated PPE in a manner to avoid cross contamination and dispose of per standard lab practices.
8. Wash hands thoroughly after removing gloves and other PPE.

ii. **Large spills that require more than one paper towel to absorb**
1. Leave the room immediately. Also ask other lab occupants to leave the room and close the door.
2. Warn others not to enter the contaminated area and post a sign on the door.
3. Remove contaminated garments and put into a container for autoclaving. Thoroughly wash any exposed areas of the body.
4. Wait 30 minutes to allow dissipation of aerosols created by the spill.
5. Assemble spill clean-up materials.
6. Put on appropriate PPE (e.g., long-sleeve gown, goggles, and nitrile or heavy duty gloves) before re-entering the room.
7. Remove any sharp, contaminated objects from the spill area using mechanical means (e.g., tongs or forceps). Discard contaminated sharps in a sturdy, leak-proof, biohazard labeled sharps container.
8. Pour a decontaminant solution (i.e., a freshly prepared 1:10 dilution of household bleach) around the spill and allow it to flow into the spill. Paper towels soaked with the decontaminant may be used to cover the area. To avoid aerosolization, never pour decontaminant solution directly onto the spill.
9. At least 30 minutes is generally considered an appropriate contact time for decontamination, but this varies with the disinfectant and the microbiological agent. Manufacturer’s directions should be followed.
10. Using an autoclavable dust pan and squeegee, transfer all contaminated materials (paper towels, glass, liquid, gloves, etc.) into an autoclave pan.
11. Decontaminate the spill area again. Place all used spill materials into autoclave pan.
12. Separate reusable items from non-autoclavable plastic as the plastic will melt, becoming impossible to remove from other items in contact with it. Cover the pan with a lid and autoclave according to standard directions.
13. Remove any contaminated PPE in a manner to avoid cross-contamination and dispose of per standard lab practices.
14. Wash hands thoroughly after removing gloves and other PPE.

iii. Spills inside of a centrifuge
Spills or breakage inside of an operating centrifuge pose a serious potential for exposure due to the creation of aerosols. If a primary container has broken in a centrifuge without a closed rotor or bucket, immediately suspend use, notify lab staff and PI and request assistance from the Biosafety Officer.

For suspected or confirmed spills/breakage in any centrifuge, wait at least 30 minutes after the centrifuge has stopped operating to initiate clean up.

1. Put on lab coat, gloves and a face shield prior to opening centrifuge. Open carefully to assess the damage.
2. If the spill is contained within a closed cup, bucket or rotor, spray the exterior with disinfectant and allow at least 20 minutes of contact time. Remove the carrier to the nearest biosafety cabinet (BSC). If a biosafety cabinet is not available, close the centrifuge; post a sign to indicate it cannot be used. Notify the PI and Biosafety Office for assistance.
3. If a BSC is available, gather supplies needed, such as a sharps container for broken glass and bins filled with disinfectant and place into the BSC. Use forceps to remove broken glass and place directly into sharps container. Carefully remove any unbroken tubes and place into a bin filled with disinfectant for 20 minutes. Wipe carrier/bucket with disinfectant.
4. After disinfection, the carrier, bucket or rotor should be washed with a mild soap and water.
5. Spray the interior of the centrifuge chamber with a disinfectant, let sit for 20 minutes and then wipe down.
6. Dispose of all clean-up materials (except sharps) in orange autoclave bags. Dispose of sharps in biohazard sharps containers.
7. Remove protective clothing and thoroughly wash hands.
8. For large centrifuge spills or failures, contact EHS (603) 646-1762.

C. Spills Outside the Laboratory in Public Spaces
Samples must be transported in secondary, leak-proof containers to minimize the potential for spills. However, if a spill does occur in a common hallway or public space and cannot be immediately decontaminated, cordon off the area, restrict access, and contact EHS immediately at (603) 646-1762 for consultation.
VI. EXPOSURE RESPONSE AND REPORTING PROCEDURES

A. Personnel Exposure Procedures
   i. Exposures:
      - Needlesticks or other percutaneous injuries from a contaminated sharp item
      - Splashes to mucous membranes (eyes, nose, mouth)
      - Bites/scratches from animals that have been exposed to any recombinant or synthetic nucleic acid material, whether or not the exposure leads to illness
   
   ii. Immediate Response:
      - **SKIN exposure:** Immediately remove contaminated personal protective equipment or clothing and wash the contaminated area with an iodine solution or antibacterial soap and copious water for 10 minutes.
      - **EYE exposure:** Flush the eye with water for at least 15 minutes at an eyewash station.
   
   iii. **Notify PI or supervisor.** If PI/supervisor is not available, immediately proceed to next step.

B. Medical Treatment
   - During work hours, report to Occupational Medicine at DHMC between 7:30am-4:30pm (DHMC Faulkner Building, Level 4, near parking garage).
     Phone: (603) 653-3850.
   - After hours and weekends: report to DHMC Emergency Room.
   - If transport assistance is needed or injury requires emergency treatment, contact Safety and Security at 6-3333 or (603) 646-4000 from cell phone.
   - If an emergency, call 911.

C. Reporting Exposures, Incidents, Accidental Releases
   iv. **Notify the Biological Safety Officer (BSO) immediately.**
   v. The BSO will investigate the incident and notify the IBC Chair and EHS Director.
   vi. The PI will complete an internal Incident Report form and submit it to the BSO and Risk Management within 24hrs.
   vii. If the IBC Chair and BSO determine that the incident involves (non-exempt) r/sNA molecules, the BSO will submit an NIH incident report to the NIH Office of Biotechnology Activities within 30 days. Incidents occurring in BSL2 laboratories resulting in an overt exposure will be immediately reported to NIH OBA.
   viii. Office of Risk Management and the Vice Provost for Research will also receive a copy of the incident report.
VII. EXPOSURE CONTROL PROCEDURES FOR BSL2 RESEARCH

A. Overview

• Improved engineering and regulation of work practices are the primary means of elimination or minimization of exposure for personnel. Where occupational exposure remains after institution of these controls, personal protective equipment is to be used.

• Universal Precautions are used to prevent exposure to bodily fluids/tissues or other materials containing biological pathogens. These precautions are to be taken at all times when working with all BSL2 agents or when the risk of exposure/contamination is present.

• All clinical specimens of blood, human tissue and body fluids are to be handled utilizing BSL2 work practices and procedures. These practices, procedures and facility requirements are described in detail in the CDC/NIH Biosafety in Microbiological and Biomedical Laboratories (BMBL, 5th edition) and are to be followed by all Dartmouth College laboratories working with biological materials.

B. Engineering Hazard Controls

Engineering controls are to be utilized where there is a likelihood of occupational exposure.

• Primary Barriers. Class II Type A Biological Safety Cabinets (BSC) or other physical containment devices must be used when procedures are performed with a potential for creating splashes or aerosols. Such procedures may include centrifuging, grinding, vortexing, blending, sonication and opening containers of infectious materials. Intranasal inoculations or other animal procedures that have the potential for producing splashes and aerosols must be performed in a biological safety cabinet. In special cases, procedures (such as an animal necropsy) may be performed on an open bench if it is determined by the Biological Safety Officer that the employee is at a significant increased risk of percutaneous exposure, to an infectious agent transmissible by the bloodborne route, when working in a biological safety cabinet. In these cases, strict adherence to mucous membrane protective practices is required.

• Annual Inspections of Biological Safety Cabinets. Annual inspection and certification of biological safety cabinets is the responsibility of the primary investigator. EHS maintains a database of biological safety cabinets and will aid in the scheduling of inspections and certifications. If a new cabinet is acquired or there are problems with old ones or if the lab is planning on moving a cabinet, please contact EHS for assistance (603) 646-1762.

• Mechanical Pipetting Devices. Mechanical pipetting devices are to be used for all pipetting activities. Mouth pipetting is strictly prohibited.

Aerosol-resistant pipette tips are recommended to control carry-over contamination caused by aerosol formation. The tips are ideal for a wide variety of
applications including PCR, tissue culture, forensic studies, gel loading, and serological assays as well as pipetting radioactive samples

- **Sharps Containers.** Puncture resistant sharps containers are to be used at all work sites where needles and syringes, Pasteur pipettes, scalpel blades and other sharps are used. Sharps containers should be closed and prepared for disposal when sharps are at ¾ of the full indicator line on the sharps container. Please refer to the Hazardous Waste Disposal Guide for the correct disposal option for your building. Puncture resistant sharps containers are available through the Scientific Stockrooms.

- **Safer Needle Devices.** On April 18, 2001, the Occupational Safety and Health Administration (OSHA) issued the Needlestick Safety and Prevention Act. Congress directed OSHA to make changes to its Bloodborne Pathogens Standard (CFR 1910.1030) to require the use of safer needle devices when drawing blood. EHS will provide training on the use of these devices. For further information, please contact EHS. You must be approved by EHS in order to conduct blood drawing in your laboratory.

- **Safety Devices for Centrifuges.** For low speed centrifugation of infectious materials, safety centrifuge cups must be used. If used, the cups are to be loaded and unloaded only within a biological safety cabinet. High-speed centrifugation of infectious material must be performed using a suitable gasketed rotor that is loaded and unloaded within a biological safety cabinet. Inside a biological safety cabinet, wipe off the exterior of the rotor with a suitable disinfectant before loading and unloading.

- **Vacuum Line Protection.** All vacuum lines must be protected by using in-line vacuum HEPA filters and vacuum traps. These disposable filters are available through the Scientific Stockrooms (Stock #5860). In labs where the vacuum lines are used routinely, it is recommended that the filters be changed every six months. In other areas, it is recommended that filters be changed on an annual basis. Immediately change the filter if the system no longer works effectively or becomes overtly contaminated.

- **Vacuum trap decontamination.** Vacuum traps used for liquid biohazardous waste collection must contain appropriate disinfectants prior to use. Wescodyne® is recommended since it is a stable disinfectant. The waste must be removed and the flask cleaned whenever ½ volume of flask volume is reached, or every 3 months (which ever comes first). Vacuum trap decontamination schedule stickers must be placed on all vacuum trap flasks to serve as a record of proper disinfection and disposal. These stickers are readily available from EHS as seen here.
C. Work Practice Controls

- **Hand Washing.** Hand washing is the single most important means of preventing exposure to, or spread of, infectious agents. Hand washing must be performed after removing gloves, upon completion of a task within a biological safety cabinet, before leaving the lab for any reason, when hands are known or expected to be contaminated and before contact with face or mouth. Hands should be lathered thoroughly with an antimicrobial soap, vigorously washed for approximately 15-30 seconds then rinsed with copious amounts of water. Use paper towels to turn off the water faucet to avoid immediate recontamination.

- **Food and Consumables.** Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in all laboratory settings and other work areas where there is a possibility of occupational exposure. Food and drink shall not be kept in laboratories or refrigerators, freezers, shelves, cabinets or on countertops or bench tops.

- **Sharps Safety.** Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except when the lab supervisor determines that no alternative is feasible or that such action is required by a specific procedure. Recapping should only be performed using a mechanical recapping device. Shearing or breaking of contaminated needles is prohibited.

- **Aerosols.** All procedures involving potentially infectious material shall be performed in such a manner as to minimize splashing, spraying, spattering, and the generation of droplets of these substances. Work shall be conducted in a biosafety cabinet whenever possible to minimize exposures to aerosols.

- **Transport.** Transport of biohazardous material outside of the laboratory must be done in secondary containment. If the specimen could puncture the primary container, the primary container shall be placed within a secondary container that is puncture-resistant in addition to the above characteristics. For transport of the material outside of the facility additional requirements apply, contact the EHS office for more information (603) 646-1762.

D. Personal Protective Equipment

- **Laboratory Coats.** Lab coats are to be worn at all times while working on, or adjacent to, all bench top procedures utilizing hazardous chemicals, biological or unsealed radiological materials. Laboratory coats must be appropriately sized for the individual and be fully buttoned when worn. Sleeves must be of appropriate length as to not expose skin while wearing gloves. Lab coats are not be taken from the laboratory and brought to any non-laboratory areas, especially where food and drink is being prepared and served. It is the responsibility of the PI to ensure all laboratory personnel adhere to Dartmouth’s standard of wearing laboratory coats.
• **Gloves.** Gloves are to be worn by all employees directly handling biological material or contaminated surfaces. Vinyl examination gloves, surgical synthetic, or N-DEX® nitrile gloves may be chosen by the employee based on individual need and preference. Gloves are to be inspected before use and changed routinely. Gloves must be replaced when visibly soiled, torn, or punctured. All gloves must be discarded into an autoclave bag for proper disposal. Information on glove selection and chemical resistance is found on a poster displayed in each laboratory and from EHS. **Gloves are never a substitute for thorough hand washing. Hands should be thoroughly washed when entering the lab, after removing gloves and before leaving the lab.**

• **Mucous Membrane Protection.** Mucous membranes **must** be protected by wearing a surgical-type mask with safety glasses or a surgical-type mask with attached acetate eye shield when working with (viable) infectious materials outside of a biological safety cabinet. (FaceMask: Scientific Stockroom # 14342.)

• **Safety Glasses/Shields.** Safety glasses are recommended at all times in the laboratory.

• **Personal Clothes.** Any unprotected skin is forbidden. Sandals and other open toe footwear as well as shorts or skirts that leave the skin unprotected are prohibited in all Dartmouth laboratories.

• **Respirators.** Respirators must **not** be used in the laboratory without prior approval from EHS. Contact EHS if you feel respiratory protection is required. **Surgical facemasks used for mucous membrane protection are not considered respirators and are not to be used in situations where respiratory protection is required.** All respirator users must be enrolled in the Dartmouth College Respiratory Protection Program. EHS supplies and maintains the recommended respiratory protective devices.

**E. Posting Hazard Requirements**

• All labs working with BSL2 agents must post the EHS provided BIOHAZARD sign on the laboratory door. This sign indicates the specific hazards, PI, and emergency contact information. The information on the sign should be updated as necessary. The sign is readily available from EHS.

• All labs working with human blood or bodily fluids/bloodborne pathogens must post the “Essential Information on Laboratory Safety at Dartmouth College” flip chart. In this chart describes first aid needed in the event of an exposure to human blood and bodily fluids, PPE, and waste decontamination and removal procedures.

• Any piece of equipment in common room areas (such as cold room, incubator room, equipment room, etc.) that contains or is used with BSL2 agents must have a biohazard warning label attached. The label must state the biological hazard, date and person of contact. These labels can be obtained from the Scientific Stockroom (Stock # 6934) or from EHS.