



**Andrew Ellis**  
Director of Research Compliance  
Office of Research Services  
*Lakeside Campuses*  
1032 W. Sheridan Road | Chicago, Illinois 60660  
p (773) 508-2689 | f (773) 508-8942  
aellis5@luc.edu

Room(s): \_\_\_\_\_

PI Name: \_\_\_\_\_

## LOYOLA LABORATORY SURVEY FORM

### Biosafety Level 2 (BL-2)

Biosafety Level 2 (BL-2) is similar to Biosafety Level 1 and is suitable for work involving agents usually belonging to Risk Group 2 that have moderate potential hazard to personnel and the environment. It differs from BL-1 in that (1) laboratory personnel have specific training in handling pathogenic agents and are directed by competent scientists; (2) access to the laboratory is limited when work is being conducted; (3) extreme precautions are taken with contaminated sharp items; and (4) certain procedures in which infectious aerosols or splashes may be created are conducted in biological safety cabinets or other physical containment equipment.

The following standard and special practices, safety equipment, and facilities apply to agents assigned to Biosafety Level 2:

#### A. Standard Microbiological Practices

1. Access to the laboratory is limited or restricted at the discretion of the laboratory director when experiments are in progress.
2. Persons wash their hands after they handle viable materials, after removing gloves, and before leaving the laboratory.
3. Eating, drinking, smoking, handling contact lenses, and applying cosmetics are not permitted in the work areas. Food is stored outside the work area in cabinets or refrigerators designated for this purpose only. Keep hands away from mouth, nose, eyes, face and hair.
4. Mouth pipetting is prohibited; mechanical pipetting devices are used.
5. Policies for the safe handling of sharps are instituted.
6. All procedures are performed carefully to minimize the creation of splashes or aerosols.
7. Work surfaces are decontaminated on completion of work or at the end of the day and after any spill or splash of viable material with disinfectants that are effective against the agents of concern.
8. All cultures, stocks, and other regulated wastes are decontaminated before disposal by an approved decontamination method such as autoclaving. Materials to be decontaminated outside of the immediate laboratory are placed in a durable, leak-proof container and closed for transport from the laboratory. Materials to be decontaminated off-site from the facility are packaged in accordance with applicable local, state, and federal regulations, before removal from the facility.
9. An insect and rodent control program is in effect.

#### B. Special Practices

1. Access to the laboratory is limited or restricted by the laboratory director when work with infectious agents is in progress. In general, persons who are at increased risk of acquiring infection, or for whom infection may have serious consequences, are advised against entering the laboratory or animal rooms. For example, persons who are immunocompromised may be at increased risk of acquiring infections.

2. The laboratory director establishes policies and procedures whereby only persons who have been advised of the potential hazards and meet specific entry requirements (e.g., immunization) may enter the laboratory.
3. A biohazard sign must be posted on the entrance to the laboratory when etiologic agents are in use. Appropriate information to be posted includes the agent(s) in use, the biosafety level, the required immunizations, the investigator's name and telephone number, any personal protective equipment that must be worn in the laboratory, and any procedures required for exiting the laboratory.
4. To maintain negative air pressure, laboratory doors are closed when work is in progress. Airflow should be verified monthly.
5. Laboratory personnel receive appropriate immunizations or tests for the agents handled or potentially present in the laboratory (e.g., hepatitis B vaccine or TB skin testing).
6. When appropriate, considering the agent(s) handled, baseline serological status for laboratory and other at-risk personnel is determined. Additional serology testing may be performed periodically, depending on the agents handled or the function of the facility.
7. Exposures are reported to Security (773) 508-2463 (non-emergency) or 44-911 (emergency).
8. Biosafety procedures are incorporated into standard operating procedures or in a biosafety manual adopted or prepared specifically for the laboratory by the laboratory director. Personnel are advised of special hazards and are required to read and follow instructions on practices and procedures.
9. The laboratory director ensures that laboratory and support personnel receive appropriate training on the potential hazards associated with the work involved, the necessary precautions to prevent exposures, and the exposure evaluation procedures. Personnel receive annual updates or additional training as necessary for procedural or policy changes.
10. A high degree of precaution must always be taken with any contaminated sharp items, including needles and syringes, slides, pipettes, capillary tubes, and scalpels.
  - a. Needles and syringes or other sharp instruments should be restricted in the laboratory for use only when there is no alternative, such as parenteral injection, phlebotomy, or aspiration of fluids from laboratory animals and diaphragm bottles. Plasticware should be substituted for glassware whenever possible.
  - b. Only needle-locking syringes or disposable syringe-needle units (i.e., needle is integral to the syringe) are used for injection or aspiration of infectious materials. Used disposable needles must not be bent, sheared, broken, recapped, removed from disposable syringes, or otherwise manipulated by hand before disposal; rather, they must be carefully placed in conveniently located puncture resistant containers used for sharps disposal. Non-disposable sharps must be placed in a hard-walled container for transport to a processing area for decontamination, preferably by autoclaving.
  - c. Syringes which re-sheath the needle, needleless systems, and other safety devices are used when appropriate.
  - d. Broken glassware must not be handled directly by hand, but must be removed by mechanical means such as a brush and dustpan, tongs, or forceps. Containers of contaminated needles, sharp equipment, and broken glass are decontaminated before disposal, according to any local, state, or federal regulations.
11. Cultures, tissues, specimens of body fluids, or potentially infectious wastes are placed in a container with a cover that prevents leakage during collection, handling, processing, storage, transport, or shipping.
12. Laboratory equipment and work surfaces should be decontaminated with an effective disinfectant on a routine basis, after work with infectious materials is finished, and especially after overt spills, splashes, or other contamination by infectious materials. Contaminated equipment must be decontaminated according to any local, state, or federal regulations before it is sent for repair or maintenance or packaged for transport in accordance with applicable local, state, or federal regulations, before removal from the facility. Please contact BSO (8-3367) with questions.

13. An emergency spill plan is formulated, reviewed by all personnel and posted in the laboratory. Spills and accidents that result in overt exposures to infectious materials are immediately reported to the laboratory director, BSO (8-3367), and Public Safety (44-911). Medical evaluation, surveillance, and treatment are provided as appropriate and written records are maintained.
14. Animals not involved in the work being performed are not permitted in the lab.
15. Gas cylinders are securely fastened.

### C. Safety Equipment (Primary Barriers)

1. Properly maintained biological safety cabinets, preferably Class II, or other appropriate personal protective equipment or physical containment devices are used whenever:
  - a. Procedures with a potential for creating infectious aerosols or splashes are conducted. These may include centrifuging, grinding, blending, vigorous shaking or mixing, sonic disruption, opening containers of infectious materials whose internal pressures may be different from ambient pressures, inoculating animals intranasally, and harvesting infected tissues from animals or embryonate eggs.
  - b. High concentrations or large volumes of infectious agents are used. Such materials may be centrifuged in the open laboratory if sealed rotor heads or centrifuge safety cups are used, and if these rotors or safety cups are opened only in a biological safety cabinet.
2. Biosafety cabinet gauges are read daily and airflow is checked. Personnel are instructed in proper use of the BSC, and appropriate start-up and shutdown procedures are followed.
3. Protective eyewear should be worn in the laboratory when chemicals are present. Additional face protection (goggles, mask, face shield or other splatter guard) is used for anticipated splashes or sprays of infectious or other hazardous materials to the face when the microorganisms must be manipulated outside the BSC. Persons who wear contact lenses in laboratories should also wear goggles or a face shield.
4. Protective laboratory coats, gowns, smocks, or uniforms designated for lab use are worn while in the laboratory. This protective clothing is removed and left in the laboratory before leaving for non-laboratory areas (e.g., cafeteria, library, administrative offices). All protective clothing is either discarded in the laboratory or laundered by the institution; it should never be taken home by personnel.
5. Gloves are worn when hands may contact potentially infectious materials, contaminated surfaces or equipment. Wearing two pairs of gloves may be appropriate. Gloves are disposed of when overtly contaminated, and removed when work with infectious materials is completed or when the integrity of the glove is compromised. Disposable gloves are not washed, reused, or used for touching "clean" surfaces (keyboards, telephones, etc.), and they should not be worn outside the lab. Alternatives to powdered latex gloves should be available. Hands are washed following removal of gloves.
6. Fume hood airflow is checked before use. Sash is lowered when work is in progress. Traffic in front of hood is restricted when work is in progress.

### D. Laboratory Facilities (Secondary Barriers)

1. Provide lockable doors for facilities that house restricted "select agents" (as defined in 42 CFR 72.6). Contact IBC/BSO (8-3367) for registration required to receive or send select agents.
2. Consider locating new laboratories away from public areas.
3. Each laboratory contains a sink for hand washing.
4. The laboratory is designed so that it can be easily cleaned. Carpets and rugs in laboratories are inappropriate.
5. Bench tops are impervious to water and are resistant to moderate heat and the organic solvents, acids, alkalis, and chemicals used to decontaminate the work surfaces and equipment.
6. Laboratory furniture is capable of supporting anticipated loading and uses. Spaces between benches, cabinets, and equipment are accessible for cleaning. Chairs and other furniture used

in laboratory work should be covered with a non-fabric material that can be easily decontaminated.

7. Install biological safety cabinets in such a manner that fluctuations of the room supply and exhaust air do not cause the biological safety cabinets to operate outside their parameters for containment. Locate biological safety cabinets away from doors, from windows that can be opened, from heavily traveled laboratory areas, and from other potentially disruptive equipment so as to maintain the biological safety cabinets' air flow parameters for containment.
8. An eyewash station is readily available.
9. Illumination is adequate for all activities, avoiding reflections and glares that could impede vision.
10. Ventilation system provides an inward flow of air without recirculation to spaces outside of the laboratory. If the laboratory has windows that open to the exterior, they are fitted with fly screens. Windows are kept closed while work with an infectious agent is in progress.

**E. Additional Comments**

**F. Follow-Up Required**

**Yes-Deadline for response from PI:** \_\_\_\_\_

**NO**

Performed by F. Bryan Pickett, PhD (Biological Safety Officer) and Andrew Ellis (IBC Chairman) in Company of Lab Principal Investigator/Representative:

Date \_\_\_\_\_

**Signatures:**

BSO \_\_\_\_\_  
F. Bryan Pickett, PhD

IBC Chairman \_\_\_\_\_  
Andrew Ellis

Principal Investigator \_\_\_\_\_

Name Printed: \_\_\_\_\_