INSTITUTIONAL BIOSAFETY MANUAL

Revised: October 2016
Updated: January 2017
Updated: April 2020

I. OFFICE OB

The purpose of this Institutional Biosafety Manual is to provide institutional policies and procedures that support this mission. Information provided in this manual is supported by a number of federal regulations and guidelines including:

- 5th Edition of Biosafety in the Microbiological and Biomedical Laboratory (BMBL; CDC/NIH, 2007)
- NIH Guidelines for Research Involving Recombinant DNA Molecules (NIH Guidelines; NIH OBA, April 2019)
- USDA/CDC Select Agent and Toxin Rules (42 CFR Part 73, 7 CFR Part 331 and 9 CFR Part 121)
- Arthropod Containment Guidelines (Version 2)3(6x)6 Tc)2 (n)0.7.17(t)-4b Tc 0or.9 (e)1.1e4 (ri1 ( )-1

pathogens. The institution is responsible for maintaining a health surveillance program as appropriate to the agents they work with.

Responsible Official. The Responsible Official (RO) is established by senior administrators at the Athens, Griffin and Tifton campuses for registered research involving select agents or toxins, and is approved by the CDC as such. The RO has institutional authority and responsibility to act on behalf of the institution to ensure compliance with federal select agent requirements, to ensure annual inspections of each select agent lab, to report the identification and final disposition of any select agent or toxin identified during diagnostics, verification or proficiency testing, and to report the theft, loss or release of a select agent or toxin to the CDC.

Supervisors. Principal Investigators (PIs), instructors and supervisors are primarily

A. Submitting an IBC Application

The PI must complete the IBC Protocol Review Form and submit it to the IBC Coordinator. Protocols can be submitted via email, fax or campus mail. The IBC Coordinator will provide an initial review to ensure all appropriate information is provided. Once the initial review is completed, if the protocol requires full committee review, the IBC Coordinator will submit the protocol to the entire IBC via email if the project requires full committee review. For protocols requiring designated member review, the IBC Coordinator will assign at least two IBC members to review the protocol. Protocol review forms can be found on the Biosafety webpage (https://research.uga.edu/biosafety/ibc/).

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B. IBC Review Process

The IBC generally meets the fourth Thursday of each month to review applications for full committee review. A six-month schedule of meeting dates, times and location is available on the Biosafety webpage (https://research.uga.edu/biosafety/ibc/). A complete application must be submitted at least one month before the meeting date in order to be reviewed at the monthly meeting. If an application is returned to the PI because it is incomplete or the committee has questions, the PI has 45 days to respond. If the IBC does not receive a response within 45 days of the initial request, the application will be administratively closed

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In most cases, IBC authorizations are valid for five years with annual renewals and/or modifications required

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D. Annual IBC Renewal

IBC authorizations must be renewed annually. An Annual Renewal/Modification Form will be sent to the PI from the Office of Biosafety at least one month prior to the annual renewal date. The form can also be found on the Biosafety webpage (https://research.uga.edu/biosafety/ibc/).

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E. Five Year IBC Renewal

Every five years a full application must be submitted to the IBC for any project (including exempt NIH protocols) in which work is ongoing. Unless the protocol has been resubmitted for approval or is currently in discussions with the IBC coordinator, all protocols reaching the expiration date will be considered terminated and will be administratively closed. If closed, according to federal regulations and University policy, all work on the project must stop. A new application must be completed and submitted to establish approval in this scenario. Protocol review forms can be found on the Biosafety webpage (www.research.uga.edu/biosafety/ibc/).

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VI. BIOSAFETY PRACTICES AND PROCEDURES

Safe behavior and sound work practices are the most critical parts of preventing exposure to biohazardous agents at work or their release. The best lab facility and safety equipment cannot provide protection unless personnel use good work practices and have adequate training. Biosafety levels (1-4) have been developed by the CDC and NIH to ensure that proper practices, procedures and facilities are employed for work with biohazardous materials. Containment levels for animal and plant pathogens are available and follow basic principles outlined within the BMBL. Arthropod containment levels are described in a separate manual but co-exist and compliment the standard biosafety levels outlined within the BMBL as well.

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A. Laboratory Biosafety Level Criteria

The four biosafety levels protect lab users and the environment with an appropriate amount

- A description of actions personnel can take to protect themselves from exposure, such as special work practices, use of safety equipment, vaccinations, emergency procedures, etc.
- Site specific training on analytical methods, SOPs and spill response and incident reporting should be included.
- Other applicable safety training should be incorporated such as the University's Right to Know and Bloodborne Pathogens training.

To remain compliant with the University System of Georgia records retention policy (#0472-13-027), training records must be maintained by the lab supervisor for a 30 years after separation of the employee

Minors in BSL-1/BSL-2 Laboratories (Young Dawgs Program)

Under no circumstance should a minor be allowed in a BSL-3 or higher laboratory or any Select Agent laboratory regardless of biosafety level. The following must be strictly adhered to with regards to minors in the laboratory and the PI must have this agreement documented.

- No one under 15 years old will be permitted to work in a research laboratory.
- The PI must obtain authorization for the Minor to work in their lab from their Department Chair or a higher authority.
- The PI must obtain [illegible]

from the lab. If such barrier is a refrigerator it must be labeled as "For Human Consumption ONLY" and must be dedicated as such.

BSL-1 labs may have a designated area for food prep and consumption but must be approved by Biosafety prior to use. General guidelines are it must have a physical barrier separating it from the lab space i.e. full walls, ceiling and door.

- Cell phones, iPods or other mobile devices must not be used while working at the bench, but can be kept and used within a designated clean space in the lab. The use of wireless headphone may be permitted on a case by case basis. Please contact the Office of Biosafety for guidance. These items will be prohibited for use in laboratory settings of BSL-2+ or higher.
- Keep potentially contaminated hands away from mouth, eyes, and non-intact skin.
- Practice good personal hygiene. Frequently wash hands after removal of gloves and before exiting the lab. For hand washing, scrub vigorously with soap and water for 30 seconds. Physical removal of organisms from tal onisms.9(e)9b2]33 (f)6 (o)-2 (rg)m (i)4eor2.0