

Insert BA Categorisation (Hazard Group 1 or 2/ or GMO Class 1):  
HG2



Health & Safety Unit Use Only	
Ref No:	
Department Use Only	
Ref No:	CBE/BRA/058

## RISK ASSESSMENT OF WORK WITH BIOLOGICAL AGENTS

- Please note the following before completing this form:**
- University Health and Safety Policy requires that risk assessment of all work with biological agents (BAs) must be carried out in advance of work commencing. A key requirement of The Control of Substances Hazardous to Health Regulations (COSHH) is to assess the risks associated with any work activity involving the use of biological materials may contain biological agents.
  - YOU SHOULD COMPLETE ALL OF PART A, THE APPROPRIATE SECTIONS OF PART B, AND ALL OF PART C. WHERE HAZARD GROUP 2 BIOLOGICAL MATERIAL IS INTENDED TO BE USED THE RISK ASSESSMENT MUST BE REVIEWED BY THE DEPT/SCHOOL BIOLOGICAL SAFETY ADVISOR AND EXPLICIT APPROVAL IS ALSO REQUIRED FROM THE UNIVERSITY BIOLOGICAL SAFETY OFFICER. THIS FORM SHOULD BE SUBMITTED TO THE HEALTH, SAFETY & ENVIRONMENT UNIT FOR REVIEW VIA YOUR DEPARTMENTAL BIOLOGICAL SAFETY ADVISOR.
  - It is the responsibility of the Principal Investigator/Supervisor to ensure compliance to these requirements and that this risk assessment remains valid.
  - This risk assessment form **IS NOT** for assessing the risks associated with **Genetically Modified Organism activities**.

1. version of previous

Date Submitted:	19/02/2013	Date Approved:	
Version Number:	V1.0	Supersedes (insert version number if applicable)	*

### PART A: Please provide the following general information:

<b>School/Department</b>			
Chemical Engineering/ Centre for Biological Engineering (CBE)			
<b>Title of Project</b>			
'Scale up and cryopreservation of human Mesenchymal Stem Cells'			
Project Reference Number:	N/A		
<b>Person responsible for this work (Principle Investigator)</b>			
Name:	Chris J Hewitt	Position:	Professor of Biological Engineering
Department:	CBE	University School:	Chemical Engineering
<b>Person conducting this assessment</b>			
Name:	Thomas Heathman	Position:	PhD Research Student
Department:	Chemical Engineering	Date Risk Assessment Undertaken:	18/02/2013
Proposed Project Start Date:	01/10/2012	Proposed Project End Date:	01/10/2015

*Review History: required at least once a year or immediately following any significant change to the project. Significant revisions must be detailed on a revision form. The person responsible must ensure that this RA remains valid.*

	Review 1	Review 2	Review 3	Review 4	Review 5
Due Date					
Date Conducted					

## A1 PROJECT SUMMARY

### A1.1 Scientific Goals of the Project.

The potential of multipotent stem cells (MSCs) for therapeutic applications has generated widespread interest, however there are key issues which need to be addressed before the potential of cell therapies can be realised. The main challenge lies within reproducibly creating a large number of MSCs for cell therapies that are of the required quality to ensure medical efficacy. In parallel with this, is the issue of long term preservation of human MSCs which must be addressed as part of a clinical process to deliver a cell therapy to the bedside. This work seeks to address these issues by developing a standardised cell culture process by defining a set of conditions for the expansion of human MSCs in T-flasks and moving towards microcarrier culture in suspension culture as well as investigation into different parameters affecting cryopreservation.

#### **Personnel:**

Thomas Heathman  
Tim Morris  
Kirsty Louise-Marrow

### A1.2 Description of the Experimental Procedures

**NOTE:** Potential infectious agents present in human Bone Marrow can only be transmitted via the percutaneous route. Therefore, no sharps will be used at any point to isolate the MSCs from the tissue in order to mitigate this risk. Furthermore, the fresh bone marrow will be processed immediately to isolate the MSC population and so the unprocessed bone marrow will not be stored in the CBE laboratory.

#### **Preparation of culture medium**

500ml of DMEM supplemented with 5.5 ml ultra-glutamin, 55 ml of FBS  
See SOPs009 ←

#### **Receiving cells and storing cell after expansion**

Unprocessed Bone Marrow will be shipped from Lonza refrigerated (4-8°C) as 25ml of fresh aspirate. This tissue will be separated via centrifugation to isolate the Mono-nuclear cell population containing the MSCs. This heterogeneous cell population will be positively sorted using magnetic antibody cell separation (CD271 +, Miltenyi Biotec) to isolate the Mesenchymal Stem Cell population. This purified MSC population will be expanded before cryopreservation for future experimentation.

See SOP005, 008, 013, 031, 032

#### **Thawing and initial growth**

Thaw frozen vial in a 37°C water bath  
Contents transferred to a T-flask  
Initial expansion at 37°C, 5% CO<sub>2</sub>  
Culture is expanded until 80% confluence is achieved  
Subculture into further T-flask using Trypsin EDTA  
See SOP006, 017, 024, 025

**PART B:** Please provide information in one or more of the following sections, as appropriate. Only sections which you complete should be submitted:

Section 1: *micro-organisms (prions, viruses, bacteria, fungi, parasites in ACDP category 2 and pathogens controlled by the Department for the Environment, Food and Rural Affairs). [Work with ACDP category 3 and 4 pathogens is not currently permitted in the University.]*

Section 2: *cell cultures, tissues, blood, body fluids or excreta*

Section 3: *plants and plant material*

Section 4: *animals and animal tissues*

## SECTION 2: CELL CULTURES, TISSUES, BLOOD, BODY FLUIDS OR EXCRETA

### B2.1 HAZARD & RISK IDENTIFICATION : NATURE OF CELLS, TISSUES OR BODY FLUIDS

*This information gives an indication of the potential harm that the biological material may cause*

**B2.1.1** List all cells or tissues to be used. *For cells indicate if primary, continuous or finite.*

Indicate in the adjacent box if Not Relevant (N/R)			
Cell or tissue type and ID	Organ Source	Species	From where will it be obtained?
Unprocessed Human Bone Marrow	Bone Marrow	Human	Lonza (USA)

**B2.1.2** List all blood, body fluids or excreta to be used

Indicate in the adjacent box if Not Relevant (N/R)		N/R
Material type	Species	From where will it be obtained?

**B2.1.3** Has any material listed in section B2.1.1 been genetically modified in any way?

Indicate in the adjacent box as No, Yes or Not Relevant (N/R)	NO
If Yes, complete Genetically Modified Organisms (GMO) Risk Assessment Form	

**B2.1.4** Will material be screened for infectious agents? (if from a cell culture collection answer B2.1.6 instead)

Indicate in the adjacent box as: Yes, No or Not Relevant (N/R)	YES
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If Yes, provide details of the types of screening and agents screened for:

Lonza screens all cell products in accordance with FDA approved testing methods for the presence of HIV-I, Hepatitis B virus and Hepatitis C virus. All cells are performance assayed and test negative for mycoplasma, bacteria, yeast and fungi.

Lonza recommends Biological Safety Level 2 for all human products derived from human tissue.

**B2.1.5 Will any clinical history (if relevant) be provided with this material?**

Indicate in the adjacent box as: Yes, No or Not Relevant (N/R)	NO
If yes give details:	
If yes, will a policy of rejection of samples from diseased patients be adopted? Explain	
If yes, how will the information be disseminated in the course of the project?	
If yes, will this information be anonymised?	

**B2.1.6 If obtained from a cell culture collection, is safety information provided?**

Indicate in the adjacent box as: Yes, No or Not Relevant (N/R)	Yes
If Yes, summarise here:	
Lonza screens all cell products in accordance with FDA approved testing methods for the presence of HIV-I, Hepatitis B virus and Hepatitis C virus. All cells are performance assayed and test negative for mycoplasma, bacteria, yeast and fungi.	

**B2.1.7 Has any of the material listed in section B2.1.1 been identified in the list of cross-contaminated or misidentified cell lines, available on HPA website**

(<http://www.hpacultures.org.uk/media/E50/3B/Cell Line Cross Contaminations v6 0.pdf>)

Indicate in the adjacent box as No, Yes or Not Relevant (N/R)	NO
If Yes, provide details of the route of provenance back to the originator of the cell line, together with a Certificate of Analysis; identifying the methods used to qualify the cell type.	

**B2.2 RISK TO HUMANS**

**B2.2.1 What is the likelihood of infection of this material? Indicate as None, Low Risk, Medium Risk, High Risk, Known Infected\***

Cell type and ID	Risk Category	Justification for Selection
<b>Unprocessed human Bone Marrow</b>	LOW	Tissues/cells have documented provenance of screening for potential infection as described above. As fresh tissue it will be classed as HG2. Cells will be manipulated under biological safety level 2 as soon as they are received to purify the MSC

		population.
<i>If none proceed to section B2.2.4</i>		

**\*see The Managing the risks in laboratories and healthcare premises – available at**  
<http://www.hse.gov.uk/biosafety/biologagents.pdf>

**B2.2.2 If low, medium or high risk (section B2.2.1), name and classify the Biological Agents this material could be infected with. List the biological agents and indicate the ACDP hazard group classification\***

Name of Agent	Classification
Hepatitis B	3
Hepatitis C	3
HIV	3

**\*see The Approved List of Biological Agents – available on the Health & Safety website or**  
<http://www.hse.gov.uk/pubns/misc208.pdf>.

*copy of negative test for these viruses. See B2-1-4*

**B2.2.3 Describe the route(s) of infection (in humans) for these adventitious agents (place a 'X' in the relevant box)**

Percutaneous	Mucocutaneous	Inhalation	Ingestion	N/R
X				
Details:				

**B2.2.4 Are there any other biological hazards (other than adventitious infectious risk) associated with the materials e.g. aggressive tumourigenic cell lines**

Indicate in the adjacent box as: Yes, No or Not Relevant (N/R)	NO
If Yes, describe:	

### B2.3 HUMANS AT INCREASED RISK OF INFECTION

**B2.3.1 Do any of the agents listed in section 2.1 present an overt risk to humans at increased risk (including immunocompromised workers, pregnant workers, breast feeding mothers)?**

Indicate in the adjacent box as: Yes, No or Not Relevant (N/R)	NO
If yes, Occupational Health must be consulted:	

### B2.4. PROPAGATION OR CONCENTRATION OF ADVENTITIOUS AGENTS

**B2.4.1 Will any culturing of this material take place?**

Indicate in the adjacent box as: Yes, No or Not Relevant (N/R)	YES
If yes, identify the cells and the conditions these will grow:	
Initial culture will take place in a T-flask and will be fed with DMEM complete medium and incubated at 37°C, 5% CO <sub>2</sub> . Cell passage will take place and the resulting cells cryopreserved in liquid nitrogen.	

**B2.4.2 If culturing, will CD4+ cells be present. Describe what cells and for how long these cultures will be allowed to grow**

Indicate in the adjacent box as: Yes, No or Not Relevant (N/R)	NO
If yes, explain:	

**B2.4.3 If culturing, what is the maximum volume of culture grown?**

Indicate in the adjacent box if Not Relevant (N/R)	
Per Flask T225	Per experiment 50 ml

**B2.4.4 Will the cells be manipulated in any way that could result in a concentration of any adventitious biological agent present?**

Indicate in the adjacent box as: Yes, No or Not Relevant (N/R)	NO
If yes, explain:	

**B2.5 WORKING WITH MATERIAL DONATED BY YOURSELF OR COLLEAGUES :  
Persons MUST NOT work with their own cells.**

**B2.5.1 Will any cells be donated by persons working in or has access to the lab?**

Indicate in the adjacent box as: Yes, No or Not Relevant (N/R)	NO
If yes, explain what precautions are to be taken to prevent that person being exposed to the cells:	
If yes, where will this material be collected:	
If yes, provide justification for not using a safer source:	
If yes, how will confidentiality be assured:	
If yes, has Ethics Committee approval been obtained:	

**B2.6 ENVIRONMENTAL CONSIDERATIONS:**

**B2.6.1 Are any of the agents capable of causing disease or other harm in animals, fish or plants?**

Indicate in the adjacent box as: Yes, No or Not Relevant (N/R)	NO
If yes, describe:	

**B2.6.2 Will there be any other environmental risks?**

Indicate in the adjacent box as: Yes, No or Not Relevant (N/R)	NO
If yes, describe:	

## B2.7 OTHER HAZARDS

**B2.7.1 Are there any other hazards associated with this work?** For example, hazardous chemicals (especially carcinogens, mutagens, substances toxic to reproduction, cytotoxins), cryogenic gases ionising radiation.

Indicate in the adjacent box as: Yes, No or Not Relevant (N/R)

YES

If yes, identify these:

Dimethyl Sulphoxide (DMSO)  
Trypsin/EDTA  
Liquid Nitrogen  
Virkon  
IMS

CBE/COSHH/114  
CBE/COSHH/114  
CBE/SAF/007  
CBE/COSHH/39  
CBE/COSHH/108

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If yes, have these been risk assessed and any necessary approval obtained?

Yes. All hazardous chemicals will be separately and individually evaluated under COSHH assessment.

## PART C: CONTROL MEASURES

### C1. CONTROL MEASURES

The risk of exposure must be prevented or adequately controlled to minimise the chance of harm arising. COSHH Regulations require minimum containment measures for laboratories handling organisms from the different ACDP hazard groups (<http://www.hse.gov.uk/pubns/misc208.pdf>)  
The hazard group number typically indicates the level of containment (includes physical measures & working practices) that must be used for its handling).

#### C1.1 Preventing Exposure

##### C1.1.1 Substitution with a Safer Alternative

*Is substitution with a safer alternative practical, by for example, replacement of a clinical strain or pathogen with one that is lab adapted? Provide reasons for your answer:*

No, over 100 million human MSCs are required for the duration of experimental work that have not undergone any cryopreservation process. This is vitally important for generating high quality research data. Fresh human bone marrow is the only way this is possible and all potential risks associated with this will be mitigated.

##### C1.1.2 Isolation/Segregation

*(i) Is/Are the laboratory(s) to be used for this work to be shared with other workers not directly involved in this activity?*

Indicate in the adjacent box as No, Yes or Not Relevant (N/R)

YES

If yes, provide details:

This work will be carried out in the mammalian cell lab (H25) within the CBE. Access to the containment level 2 CBE lab facility is restricted to authorised workers with appropriate training in accordance with documented local code of practise and quality management systems requirements for containment level 2 activities involving biological material.

Outside of normal working hours the laboratories are locked to ensure safe storage of biological agents and unauthorised entry. Keys to the facility are only issued to authorised users who have been granted out of hours access following a risk assessment of their intended work.

There is no access to the laboratories by any cleaning or maintenance staff at any time unless a specific permit to work has been granted.

(ii) Is access to the laboratory(s) to be used for this work restricted?

Indicate in the adjacent box as No, Yes or Not Relevant (N/R)

YES

If yes, provide details:

Access is restricted to people with documented training (authorised access documented in each individual's training record) in accordance with the COP and QMS.

## C1.2 Controlling Exposure

C1.2.1 Are sharps (needles, blades, scissors, forceps, glass or capillary tubes) to be used at any stage during this activity?

Indicate in the adjacent box as No, Yes or Not Relevant (N/R)

NO

If yes, list the sharps:

If yes, justify their use – is there an alternative?

If yes, describe their use and disposal:

If yes, describe any additional precautions employed to reduce risk:

C1.2.2 Containment and Ventilation - Containment req for prev<sup>n</sup> of contamination of samples

(i) Is the use of BSC required for the protection of the worker i.e. do the work procedures generate aerosols or splashes that pose a risk to workers?

Indicate in the adjacent box as No, Yes or Not Relevant (N/R)

YES

If yes, specify the type(s) and when they will be used:

A class II Biological Safety Cabinet will be used for all culture work and manipulations that may produce aerosols or splashes but is primarily used to ensure protection of research materials as part of a quality assurance discipline. Procedures to be carried according to the following SOPs:

SOP009 " Use and Maintenance of HERASAFE KS Class II BSC"

<sup>104</sup>  
Contingency

SOP~~105~~ "Use and Maintenance of the <sup>HERASAFE KS</sup> ~~Factor BSC-G 2000~~ Class II (biological safety cabinet) (Ducted)"

Total of 7 BSCs in CBE which can be used.

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(ii) Are there any requirements for room ventilation e.g. negative pressure, temperature control?

Indicate in the adjacent box as No, Yes or Not Relevant (N/R)

NO



If yes, specify:

### C1.2.3 Transport and Storage within the laboratory

*How and where are materials to be stored?*

Materials listed in B2.1.1 will be initially stored in a fridge and processed **immediately**. During cell culture, T-flasks will be kept in 37°C incubators with 5% CO<sub>2</sub> according to the following SOPs:

SOP005 "Storage and Transport of Biological Materials"  
SOP008 "Receipt of Hazardous Biological Material"  
SOP079 "Use and Maintenance of the Heracell Incubator"  
SOP013 "Use and Maintenance of the Liquid Nitrogen Stores"  
SOP031 "Cryopreservation and Storage of Mammalian Cell Lines"

*How will this material be transported within the laboratory e.g. between BSC and incubator? Detail the containment measures which will be used to prevent or contain accidental splashes or spills.*

Cells will always be transferred in closed secondary containers large enough to carry the designated material. Appropriate spill response procedures are posted in the lab and documented in detail in the following SOPs:

SOP005 "Storage and Transport of Biological Material"  
SOP038 "Biological Spill Response"

### C1.2.4 Local transport out of the laboratory

*How will this material be transported on-site (e.g. research material between labs on campus or movement of waste containing viable agents e.g. to a remote autoclave)? Detail the containment measures which will be used to prevent or contain accidental splashes or spills*

Transfer outside the CBE Laboratory is not anticipated but any requirements are likely to be constrained within the University site. All transport will be subject to controlled procedures according to the local COP and SOP005. For example, transport of biological material between laboratories will be conducted under double containment according to the relevant SOPs. Waste containing viable agents is not removed from the laboratories until it has been autoclaved.

SOP003 "Disposal of Biological Waste"  
SOP005 "Storage and Transport of Biological Material"  
SOP038 "Biological Spill Response"

### C1.2.5 Shipment of Biological Material

*Will this material be shipped elsewhere in the UK or abroad?*

Indicate in the adjacent box as No, Yes or Not Relevant (N/R)

NO

If yes, give details to support compliance to the relevant regulation (e.g. category of material, correct packaging instruction):

Description of material to be shipped (*indicate in available boxes*). Is this:

Category A		UN2814		UN2900		Packaging instruction 602 or 620 must be followed
<i>Or?</i>						
Category B		UN3373				Packaging instruction 650 must be followed
<i>Or?</i>						
Non-hazardous						Should be packaged to protect sample

### C1.2.6 Receipt of material

*If material will be received from other sites or organisations, what precautions are being taken to ensure that the material is shipped correctly?*

Receipt of hMSCs from Lonza will be carried out to ensure compliance to SOP008 "Receipt of Hazardous Biological Material"

Lonza will arrange the logistics of shipping and will be shipping the tissue in specifically designed cold transport containment. The procedure for the safe receipt of packages containing potentially biohazardous material and their delivery to the appropriate recipient or other designated personnel is documented in SOP008; "Receipt of Hazardous Biological Material". This SOP is intended to minimize the consequences that could result from the failure of packaging methods and materials used to ship biohazardous materials.

### C1.2.7 Centrifugation

*(i) If material is to be centrifuged will sealed buckets and rotors be used?*

Indicate in the adjacent box as No, Yes or Not Relevant (N/R)

YES

*(ii) Where will these rotors/buckets be opened?*

Sealed buckets will be opened on the bench within the Containment Level 2 Laboratory, unless there is evidence of a potential spillage, in which case the sealed buckets will be opened in the BSC (SOP009)

The centrifuge is operated and maintained in accordance with the following SOPs:

SOP088 "Use and Maintenance of Eppendorf 5804 Centrifuge"  
SOP038 "Biological Spill Response"

*(iii) Describe the procedures in place to deal with leaks and spillages in the centrifuge*

Procedures to prevent, contain and respond to leakages and spillages in the centrifuge are detailed in the following SOPs:

SOP088 & SOP038

Labelled biological spill kits are located in each laboratory within the CBE Laboratory. Signs are posted throughout the Laboratory to enable workers to locate the nearest biological (and chemical) spill kits. Posters are also displayed in each laboratory where a centrifuge is located to advise on spill response and reporting procedures.

### C1.2.8 Incubators

*If incubators are to be used, what type of incubator (e.g. shaking, static) is used and describe procedures to prevent and contain spillages.*

Static incubators are used for initial culture (37°C with 5% CO<sub>2</sub>).

Procedure to prevent, contain and respond to spillages in the incubators are detailed in the following SOPs:

SOP079 "Use and maintenance of Heracell CO<sub>2</sub> Incubator"  
SOP084 "Use and maintenance of spinner flasks and magnetic stirrers"  
SOP038 "Biological Spill response"

### C1.2.9 Disinfection

Specify the type and concentration of disinfectants to be used:

Disinfectants are carefully chosen for effectiveness in use. The number of disinfectants in use is strictly limited to avoid accidental mixing of compounds that may give rise to hazardous reactions or the formation of toxic products. Unless there are compelling reasons to do otherwise, Virkon (1% w/v) is the sole disinfectant used in the laboratories other than 70% IMS which is used for general disinfection (SOP004) where Virkon cannot be used; for example stainless steel surfaces.

Virkon has a wide range of bactericidal, virucidal, fungicidal and sporocidal activities. Representative viruses from all the major virus families are inactivated by Virkon. Working solutions of 1% w/v have low toxicity and no irritancy. Selection and procedures detailed in the following SOPs:

SOP004 "General Laboratory Housekeeping"  
SOP006 "Selection and Use of Virkon Disinfectant"  
SOP039 "Storage, Handling and Disposal of Chemicals"

COSHH Risk Assessments reference for Virkon ~~SAE/AMM/1775~~ CBE/COSHH/039 TH 04/03/13

Have these disinfectants been validated for use with the recipient biological material?

Indicate in the adjacent box as No, Yes or Not Relevant (N/R)

YES

If yes, describe the procedure:

They are well known to be effective disinfectants against a wide range of viruses, fungi and bacteria. For hazard Group 2 it is sufficient to rely on the manufacturer's data, providing the recommended concentrations and contact times are used. Hence Virkon (1%) is used as per manufacturer's instruction and according to standard procedures detailed in the COP and the following SOP:

SOP006 " Selection and use of Virkon Disinfectant"

### C1.2.10 Personal Protective Equipment (PPE)

*(i) What type of lab coats will be worn and where will they be stored?*

Side fastening Howie type lab coats are worn. They are stored outside the laboratories in purposely designed change rooms. Proper use of PPE is described in SOP037, "Use of personal protective equipment PPE"

(ii) What type of gloves will be worn and where will they be stored?

1. Autoclave gloves, which will be stored in close proximity to the autoclave equipment in the Autoclave Room (H31)
2. Cryogenic gloves, which will be stored in close proximity to the liquid nitrogen storage containers located in gas pod 3 & analytical lab (H23). H31 TH 04/03/13
3. ~~Latex~~ powder free gloves for general use, which will be stored in the stored in the change rooms and point of entry to each laboratory within the CBE laboratory.

Nitrile  
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Correct use of PPE is described in SOP037 "Use of Personal Protective Equipment (PPE)"

(iii) Describe any other PPE to be used:

1. Laboratory safety glasses (including those for spectacle wearers)
2. Face shields (for handling liquid nitrogen)
3. Shoe covers (at all times in the laboratory)
4. Aprons or disposable lab coats for extra protection over Howie type laboratory coat.

Correct use of the above PPE is described in SOP037 "Use of Personal Protective Equipment (PPE)"

### C1.2.11 Hygiene Measures

Describe the hygiene facilities available and where they are located

Designated hand washing facilities are located in each laboratory change room and in the analytical laboratory (H23). Eye wash stations are located next to each 'hand wash only' sink in each laboratory change room and in the analytical laboratory (H23)

### C1.2.12 Vaccination

Are effective vaccines available against any of the agents listed in Section 1, 2, 3, or 4 of Part B?

Indicate in the adjacent box as No, Yes or Not Relevant (N/R)

YES

If yes, describe:

Vaccination against Hepatitis B is available and is administered to all CBE users by Loughborough University occupational health.

### C1.2.13 Waste Treatment before Disposal

How must waste to be treated before disposal and how has it been validated as being effective?

Type of Waste	Treatment before disposal	Validation of this treatment
Liquid waste	Virkon sterilise (SOP003 - "Disposal of biological waste").	According to <sup>SOP003</sup> manufacturer's instructions (section C1.2.9) Treatment cycle (6) "sterilisation and disposal of liquid waste" - validated according to SOP025 "Use and maintenance of the Sysec Autoclave"
Solid waste	Autoclave sterilise (SOP003 - "Disposal of biological waste")	Treatment Cycle (14-15) Solids, instruments" - validated according to SOP025 "use and

		maintenance of the systec autoclave"
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**C1.2.14 Autoclave sterilisation**

*If waste is treated by autoclave sterilisation then this section must be completed. If this section is not relevant then hatch the box*

Type of Waste	Composition of waste	Autoclave cycle (temp, cycle time)	Treatment monitor
Liquid waste	Culture media, containing cells following reactor run	121°C, 15 minute cycles. Treatment cycle (6) "sterilisation and disposal of liquid waste"	A bottle of water containing a probe is run along with the waste
Solid waste	Cell culture consumables	121°C for 15 minutes. Treatment cycle (6) "Solid Laboratory Waste" <i>TH 04/03/13</i>	Designated autoclave tape monitors.
Location of autoclave	Servicing details	Location of back-up autoclave	Designated area for storage of unsterilised waste
Autoclave CBE-045 in autoclave room (H31) within the CBE laboratory (same location as intended work)	Annual	Autoclave CBE-044 in autoclave room (H31) <del>or systec in automated cell culture suite (H22)</del>	<del>In secure cage within the autoclave room (H31)</del> <i>Yellow boxes in second charge.</i>

**C1.2.15 Liquid Waste Disposal**

*How will liquid waste be disposed of?*

To the drain?  
Media will be disposed of by the drain with copious amounts of water – smaller volumes will be sterilised using Virkon in accordance with SOPO03. Larger volumes autoclaved before being discarded.

As solid waste?

Other?

**C1.2.16 Solid Waste Disposal**

Describe the waste category and disposal route. (For guidance refer to <http://www.environment-agency.gov.uk>)

Colour Code	Categorisation	Hatch relevant box(es)	Disposal Method
Yellow	Sharps (not contaminated with cytotoxic/cytostatic material)		Yellow Sharps bin > autoclave sterilisation if known or potentially infected > clinical waste disposal (incineration)
Purple/Yellow Special case, contact DSO	Sharps (contaminated with cytotoxic/cytostatic material)		Purple/Yellow lidded Sharps bin > clinical waste disposal (incineration @ 1000C)

Yellow	Human body parts, organs, including blood bags and blood preserves and excreta (unless identified as medium or high risk or known infected in Section 2.2.1 of this RA in which case they must be pre-treated before disposal)		Yellow rigid one way sealed tissue bins > clinical waste disposal (incineration)
Yellow	Animal body carcasses or recognisable parts ((unless identified as medium or high risk or known infected in Section 2.2.1 of this RA in which case they must be pre-treated before disposal		Yellow rigid one way sealed tissue bins > clinical waste disposal (incineration)
Special Case – Contact DSO	Potentially or known infected lab wastes (including sharps) of HG2, GM Class 2, DEFRA Cat 2 or higher, that have not been pre-treated before leaving the site.		This is not a route of preference and is subject to special requirements
Orange	Infected or potentially infected lab wastes that have been pre treated before leaving the site	X	Disinfection or sterilisation (as identified in C1.2.14) in the laboratory suite > orange clinical waste bags > clinical waste disposal (incineration)
Yellow	Infected or potentially infected animal or human body parts, organs or excreta that have been pre treated before leaving site		Disinfection or sterilisation (as identified in C1.2.14) in the laboratory suite > yellow one way sealed tissue bins > clinical waste disposal (incineration)

**C1.2.17 Work with Animals or Vectors (if none proceed to Section C1.2.18)**

(i) Are animals or vectors to be infected with any of these biological agents?	
Indicate in the adjacent box as No, Yes or Not Relevant (N/R)	N/R
If yes, describe the procedure and describe where this aspect of the work will be conducted:	
(ii) Is shedding of infectious materials by the infected animals possible or expected?	
Indicate in the adjacent box as No, Yes or Not Relevant (N/R)	N/R
If yes, describe the routes of shedding, risk periods for such shedding and the additional precautions required to control exposure:	
(iii) Who will perform the inoculations of animals/vectors? What training have they received?	
Indicate in the adjacent box if Not Relevant (N/R)	N/R
Provide details of the training required:	

**C1.2.18 Bioreactor/Fermenters (if none proceed to Section C1.2.19)**

Will a bioreactor/fermenter be used to culture a biological agent?	
Indicate in the adjacent box as No, Yes or Not Relevant (N/R)	NO
If yes, describe the size, and type of the bioreactor/fermenter.	
(ii) Are any supplementary containment measures required, for example, the use of a BSC or spill tray.	

Indicate in the adjacent box as No, Yes or Not Relevant (N/R)	NO
If yes, describe:	

**C1.2.19 Other Control Measures Required?**

None

**C1.3 Emergency Procedures**

**C1.3.1 Describe the procedures in place for dealing with spillages (specify disinfectants and any special containment for large volumes)**

<p>Within the BSC:</p> <p>Procedures for dealing with small and large spillages are detailed in the following SOPs:</p> <p>SOP006 "Selection and use of Virkon disinfectant"  SOP009 "Use and maintenance of HERASAFE KS Class II BSC"  SOP038 "Biological Spill response"</p> <p>Labelled biological spill kits are located in each laboratory within the CBE laboratories. Signs are posted throughout the laboratory to enable workers to locate the nearest biological (and chemical) spill kits. Posters are also displayed in each laboratory within the unit where a BSC is located to advice on spill response (inside BSC) and reporting procedures.</p>
<p>Within the laboratory but outside the control measure e.g. BSC, spill tray</p> <p>Procedures for dealing with small and large spillages are detailed in the following SOPs:</p> <p>SOP006 "selection and use of virkon disinfectant"  SOP038 "Biological Spill Response"</p> <p>Labelled biological spill kits are located in each laboratory within the CBE laboratories. Signs are posted throughout the laboratory to enable workers to locate the nearest biological (and chemical) spill kits. Posters are also displayed in each laboratory within the unit where a BSC is located to advice on spill response (inside BSC) and reporting procedures.</p>
<p>Outside the laboratory e.g. during transport</p> <p>Procedures for dealing with small and large spillages are detailed in the COP and the following SOPs:</p> <p>SOP005 " Storage and transport of biological material"  SOP006 "Selection and use of virkon disinfectant"  SOP038 "Biological Spill Response"</p>

*Describe the procedures in place for an accidental exposure (if necessary describe different procedures for different types of exposure e.g. eye splash or percutaneous inoculation)*

- Procedures to respond to accidental exposure are detailed in SOP038. "Biological Spill Response" and the local COP. These are detailed in spill response posters located in each laboratory.
- Designated hand washing facilities are located in each laboratory change room and in the analytical laboratory (H23).
- Eye wash stations are located next to each 'hand washing only' sink in each laboratory change room and in the analytical laboratory (H23).
- A first aid kit is located outside the laboratory. Signs are posted throughout the laboratory to enable workers to locate the nearest medical kit. Contact details for first aiders are posted in each laboratory within the unit.
- Essential and emergency contact details are posted in each laboratory within the unit.

## C2 ASSIGNMENT OF CONTAINMENT LEVEL

*The laboratory Containment Level is directly related to each of the 4 Hazard Groups; organisms categorised as HG1 (lowest hazard rating) should normally be handled in CL1 facilities (minimum level of containment), and likewise up to HG4 (highest hazard rating) in CL4 facilities (maximum level of containment). Where the identity or presence of a biological agent is not known the following rules apply: a) where uncertainty exists over the presence of pathogenic biological agent – minimum of CL2; b) where the presence of a pathogenic biological agent is known or suspected – minimum of Containment Level appropriate to the agent, where the assessment is inconclusive but where the activity might involve serious risk – minimum CL3*

**C2.1. What containment level is required for this work?** (see COSHH Schedule 3, Part II for a list of criteria)

The work activities with the project involve biological agents (BAs) assessed as Hazard Group 2. All procedures will be carried out under Containment level 2 (CL2) within the CL2 CBE Laboratory facility.

**C2.2. Describe extra controls or derogation from certain controls**

:

None

## C3 FACILITIES

**C3.1 Where will this work take place?**

Room(s)	Building	Campus	Person in Control of area
CBE Laboratory Unit (self contained suite of laboratories and ancillary rooms within the CBE)	Centre for Biological Engineering	Loughborough University, Holywell Park	Carolyn Kavanagh Bob Temple Chris Hewitt

## C4 PERSONNEL

**C4.1 Names of Personnel involved in the Project**

Surname	Initials	University ID	Position
Heathman	TRJ	B120328	PhD Research Student
Morris	TJ	A667619	PhD Research Student



Marrow	KL		Lab Technician
Hewitt	CJH		Professor
Coopman	KC		Lecturer

#### C4.2 Information, Instruction and Training

*Describe the training that will be given to all those affected (directly or indirectly) by the work activity. Instruction should include the 'Local Rules' or 'Local Codes of Practice' which focus on the working instructions to be followed by all persons involved in the work activity to control or prevent exposure to hazardous biological agent(s). These should be written and readily available to all workers working at Containment Level 2. A formal record of training should be kept for all individuals working at Containment Level 2.*

Identified personnel are trained in required procedures and equipment. Formal records of training are kept for all workers authorised to work at Containment Level 2 (CL2) within the CBE CL2 Laboratory Unit. Instruction against local Code of Practice and QMS.

Karen Coopman and Chris Hewitt are the main supervisors for the project but will not be participating in practical work. Practical work will be carried out by Thomas Heathman, Kirsty-Louise Marrow and Tim Morris who will all have training files.

#### C4.3 Relevant Experience/Training:

Surname	Experience/Training
<i>Hewitt</i>	<i>&gt;20 years cell culture, microbiological and aseptic technique working to BSc and PhD level</i>
<i>Coopman</i>	<i>PhD in Pharmacology including &gt;5 years experience in cell culture and aseptic technique.</i>
<i>Heathman</i>	<i>MEng in Chemical Engineering with 2 years experience in cell culture and aseptic technique.</i>
<i>Morris</i>	<i>MEng in Chemical Engineering with 2.5 years experience in cell culture and aseptic technique.</i>
<i>Marrow</i>	<i>&gt; 5 years experience in cell culture and aseptic technique.</i>

#### C4.4 Other people who may be at risk from the activity e.g. cleaners, maintenance workers or other workers in shared laboratory

Details:

Cleaners and maintenance workers are not permitted to enter the laboratory and all other workers in the CBE laboratories are authorised personnel.

### C5 OCCUPATIONAL HEALTH

#### C5.1 Vaccination

Is an effective vaccination available for any of the pathogens associated with this work? Advice can be obtained from the Occupational Health Adviser (OHA) if required. All workers involved with handling unscreened blood, blood products and other tissues are recommended to have Hepatitis B immunization

YES – Hepatitis B Vaccination

### C5.2 Health Surveillance

Is health surveillance required? (Health surveillance is typically applied if working with a hazardous substance that: a) produces an identifiable disease or adverse health effect that can be related to exposure; b) there is a reasonable likelihood that the disease or effect may occur under the conditions of work, and c) there are valid techniques for detecting indications of the disease or effect).

No

## C6. NOTIFICATIONS: Human Tissue Act

### C6.1.1 Relevant material covered by the Human Tissue Act

Are any of the cells, tissues or fluids to be used covered by the Human Tissue Act?

Indicate in the adjacent box as No, Yes or Not Relevant (N/R)

No

### C6.1.2 Does This Work Have Ethical Approval? If Yes, Provide Details

Indicate in the adjacent box as No, Yes or Not Relevant (N/R)

N/R

Approval number:

Date obtained:

Ethics committee name:

C6.1.3 Are other registrations/notifications required for this work? For example HSE notification under COSHH, Home Office notification under anti-terrorism, crime and security act etc

Indicate in the adjacent box as No, Yes or Not Relevant (N/R)

N/R

If Yes, give details:

## 7. LICENSING REQUIREMENTS FOR ANIMAL PRODUCTS

### C7.1.1 Are there any licensing requirements for this work?

Indicate in the adjacent box as No, Yes or Not Relevant (N/R)

N/R

The regulations covering the import of animal products (including tissue cultures, tissues, body fluids or fractions thereof) are in a state of flux. Current procedures to be followed:

- If you wish to import any animal products that you know are not infected with an animal pathogen, or have good reason to expect that they are not infected with an animal pathogen, from within or outside of the EC you must apply for a Research Sample Licence using the Defra form IAPPO1. Follow this link to download the form  
<http://www.defra.gov.uk/corporate/docs/forms/ahealth/iapppo1.htm>
- If you wish to import such an animal product but it is known or suspected of being infected with an animal pathogen then you must use DEFRA form IM137. Follow this link to download the form  
<http://www.defra.gov.uk/corporate/docs/forms/ahealth/inttrade/im137.htm>
- If you wish to import an animal pathogen listed under the Specified Animal Pathogens Order then you must use DEFRA form PATH1. Follow this link to download the form  
<http://www.defra.gov.uk/corporate/docs/forms/ahealth/path1.htm>

In all cases the instructions for their submission is stated on the forms themselves.

ALL APPLICATIONS SHOULD BE REVIEWED BY THE DEPARTMENTAL SAFETY OFFICER AND THE UNIVERSITY BIOLOGICAL SAFETY OFFICER BEFORE SUBMISSION.

## 8. DECLARATION

*The declaration must be signed **before** submitting this assessment to the Departmental Safety Officer and University Biological Safety Officer*

I, the undersigned:

- confirm that all information contained in this assessment is correct and up to date
- will ensure that **suitable and sufficient instruction, information and supervision** is provided for all individuals working on the activity
- will ensure that no work will be carried out until this **assessment has been completed and approved** and that all necessary control measures are in place
- that all information contained in this assessment must remain correct and up to date (the assessment should be **reviewed once a year** and whenever any **significant changes** to the work activity occur)
- will re-submit the assessment for approval if any significant changes occur

Name:	Signature:	Date:
Person conducting assessment		
<b>Thomas Heathman</b>		21/02/13
<b>Name(s):</b> All named persons involved in the project (add additional rows below, as required)	<b>Signature:</b>	<b>Date:</b>
<b>Tim Morris</b>		25/2/13.
<b>Kirsty- Louise Marrow</b>		21/2/13
<b>Name:</b> Principal Investigator/Supervisor/Line Manager	<b>Signature:</b>	<b>Date:</b>
<b>Chris Hewitt</b>		25/2/13

## 9. APPROVAL

For work involving **Hazard Group 1** biological agents: Review and approval is required by authorised and designated members of CBE staff before the work begins

For work with **Hazard Group 2** biological agents: Explicit approval is required from the Departmental Biological Safety Advisor and the University Biological Safety Officer before work begins.

If the biological agent has been **Genetically Modified** this form, (approved by the relevant authority, as above) should be submitted with the GMO risk assessment to the Departmental Biological Safety Advisor and both forms forwarded to the LU GM Safety Committee for final approval.

Name: Authorised CBE Personnel (please indicate position)	Signature	Date
A. CHANDRA, RA	A. Chandra	4 June 2013
Name: Departmental Biological Safety Advisor	Signature	Date
RI TEMPLES	RI Temple	05/03/2013
Name: University Biological Safety Officer (or Deputy)	Signature	Date
C. M. MOORE	C. M. Moore	7/3/13