**Biohazard Control Plan**

**Principal Investigator (PI) or Supervisor:** Click here to enter text.

**Department:** Choose an item.  **Date:** Click here to enter a date.

A. Infectious materials used in this laboratory (Select all that apply)

Bacteria  Viruses  Parasites  Fungi  Prions  Rickettsia

Please specifyClick here to enter text.

Human blood  serum  plasma  blood products  components  cells

Human body fluids: Choose an item.

Any unfixed human tissue or organ (other than intact skin)

Cell, tissue, or organ cultures derived from humans

Animals with human xenografts including their blood, tissue and organs

Other: please describe: Click here to enter text.

1. Job Classifications with occupational exposure: Please list name and job classification for those working with Infectious materials

|  |  |
| --- | --- |
| Name | Job Classification |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. Describe who will have access to the facility and how access will be controlled?

Click here to enter text.

1. Procedures and Tasks involving Infectious materials and Personal Protective Equipment (PPE) required for each task

|  |  |
| --- | --- |
| **Procedures/tasks with potential exposure** | **PPE** |
|  | Lab coat  Apron  Mask  Goggles  Face shield  Gloves  Closed-toe shoes  N95 respirator  Other: Click here to enter text. |
|  | Lab coat  Apron  Mask  Goggles  Face shield  Gloves  Closed-toe shoes  N95 respirator  Other: Click here to enter text. |
|  | Lab coat  Apron  Mask  Goggles  Face shield  Gloves  Closed-toe shoes  N95 respirator  Other: Click here to enter text. |
|  | Lab coat  Apron  Mask  Goggles  Face shield  Gloves  Closed-toe shoes  N95 respirator  Other: Click here to enter text. |

Location of PPE: Click here to enter text.

Person responsible for laundry: Click here to enter text.

1. Engineering controls

Sharp container  Sealed centrifuge vials

Mechanical pipetting devices  Sealed centrifuge rotor

Puncture resistant sharps containers  Safety cups

Splash guards  Fume hood

Self-sheathing needles  Autoclave

Biosafety cabinet  Other: Click here to enter text.

1. Work practice controls

No eating/drinking/applying cosmetics in areas with blood or infectious materials

No mouth pipetting

PPE must be removed before leaving work area

Hand washing after removing PPE before leaving work area

Training on use of engineering controls required prior to work

Blood and infectious materials transported in secondary non breakable, leakproof, sealed, label containers outside of work area

No capping/bending/shearing of needles

Contaminated sharps area disposed of immediately into sharps container

Sharps containers must be replaced as necessary to prevent overfilling, never more than 2/3 full

Other work practice controls (specify): Click here to enter text.

Location of additional Standard Operating Procedure to minimize exposure risk (specify): Click here to enter text.

1. Equipment decontamination

|  |  |  |
| --- | --- | --- |
| Facility area, surface or equipment to clean and/or decontaminate | Cleaning Agents and/or Disinfectants Used | Frequency  (daily, weekly, etc) |
|  |  | Choose an item. |
|  |  | Choose an item. |
|  |  | Choose an item. |
|  |  | Choose an item. |
|  |  | Choose an item. |
|  |  | Choose an item. |

1. Vaccination

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Baseline collection | | Biological agent | Vaccine |
| Yes | No |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

\*\* HBV vaccine will be offered to all lab personnel working with human specimens.

\*\* A medical record of lab personnel shall be kept confidential by PI ’s responsibility.

1. Spill and decontamination procedure

Click here to enter text.

1. Waste disposal

Infectious waste is placed in a red biohazard bag with the international biohazard symbol, which is placed in a leak-proof secondary container with a closeable lid

Infectious waste are placed in durable, leak proof container during collection, handling, processing, storage, or transport

Sharps must be collected in rigid containers that are leak-proof and resistant to puncture from the sharps

Gloves are removed and disposed of as infectious waste prior to leaving lab

Infectious waste are properly decontaminated before disposal

1. Post-exposure evaluation and follow-up

* Should an exposure incident occur, contact Infectious Disease and Immune Clinic or Emergency.
* Following the initial first aid treatment such as cleaning the wound, flushing eyes, or other mucous membranes, the following will be performed:
  + Document the routes of exposure and how the exposure occurred.
  + Identify and document the source individual, unless that’s not possible or is prohibited by state or local law.
  + Obtain consent and arrange to test the source individual as soon as possible to determine HIV, HCV, and HBV infectivity. (If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing is not needed.)
  + Document that the source individual’s test results were conveyed to the employee’s health care provider.
  + Provide the exposed employee with the source individual’s test results.
  + Provide the exposed employee with information about laws on confidentiality for the source individual.
  + Obtain consent and provide a blood test for the exposed employee as soon as possible for HBV, HCV, and HIV. (If the employee does not give consent for HIV serological testing, preserve the baseline blood sample for at least 90 days. If the exposed employee decides to have the sample tested during this time, perform testing as soon as feasible. Provide the exposed employee with a copy of the healthcare professional’s written opinion)

1. Administration of post-exposure evaluation and follow-up

Employees are provided immediate medical evaluation and follow-up services through:

Click here to enter text.

1. Recordkeeping

Laboratory safety training records

Medical records: health evaluation, vaccination record

1. Reporting of Exposure Incidents

All injured employees will be provided immediate first aid then report to PI and Research Center, Faculty of Medicine Ramathibodi Hospital

1. Transportation of biological materials

– Does your research involve biological materials transportation?

Yes (Please attach Form D and E)  No

I have read and understand the requirements of Ramathibodi Biohazard Control Plan. The information I have provided in this form is accurate and verifiable during audits of this area.

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Date ( )

Signature of Principal Investigator