



Biosafety Principles

SNL Biosecurity Team
National Workshop on Biosecurity
Kuala Lumpur, Malaysia
1 June 2005

SAND No. 2005-3347C

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for the United States Department of Energy's National Nuclear Security Administration
under contract DE-AC04-94AL85000.



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Laboratories**



Why Biosafety?

- **Microbiology labs can be environments with infectious disease risks to persons in or near them**
- **History of lab-acquired infections**
 - **Often attributed to carelessness or poor technique**
 - **Relatively few cases can be attributed to direct accident**
 - **Mouth pipetting and sharps injuries**
 - **Exposure to airborne pathogens generally presumed to be most plausible cause**
 - **Brucellosis is most common**
- **Sporadic infections in community as a result**
 - **Examples:**
 - **1973 and 1978 – England had 3 secondary cases of smallpox**
 - **1950 – 2 cases of Q fever in household of scientist**
 - **1990 – 1 documented case of Monkey B virus from animal handler to wife**
 - **SARS**



Elements of Biosafety

- **Laboratory practice and technique**
 - Standard practices
 - Special practices
 - **Safety equipment (primary barriers)**
 - **Laboratory facilities (secondary barriers)**
 - **Building (tertiary barriers)**
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- **Biosafety measures determined by risk assessment**





Laboratory Practice and Technique for Basic Laboratories (BSL 1 and BSL 2)

- **WHO Laboratory Biosafety Manual (LBM) 3rd edition:**
 - **Access, including**
 - Biohazard sign displayed for RG2 organisms or higher
 - Only authorized persons in working areas
 - **Personal protection, including**
 - Lab coats worn for work
 - Appropriate gloves worn if may have contact with potentially infectious materials
 - **Procedures, including**
 - No mouth pipetting
 - Minimize formation of aerosols and droplets
 - Limit use of needles and syringes
 - **Laboratory working areas, including**
 - Work surfaces decontaminated after spills and at end of day
 - Open windows should have screens



Laboratory Practice and Technique for Basic Laboratories (BSL 1 and BSL 2)

- **WHO Laboratory Biosafety Manual (LBM) 3rd edition:**
 - **Biosafety management, including**
 - Regular training
 - Biosafety plan and SOPs
 - **Design features, including**
 - Bench tops should be impervious to water and resistant to chemicals
 - At BSL2, an autoclave or other means of decontamination should be available
 - Facilities for safe handling and storage of chemicals
 - **Laboratory equipment, including**
 - Pipetting aids
 - Biosafety cabinets for procedures with risk of aerosol generation
 - Plastic, whenever available, to avoid glass
 - **Waste handling**
 - **Chemical, fire, electrical, radiation, and equipment safety**

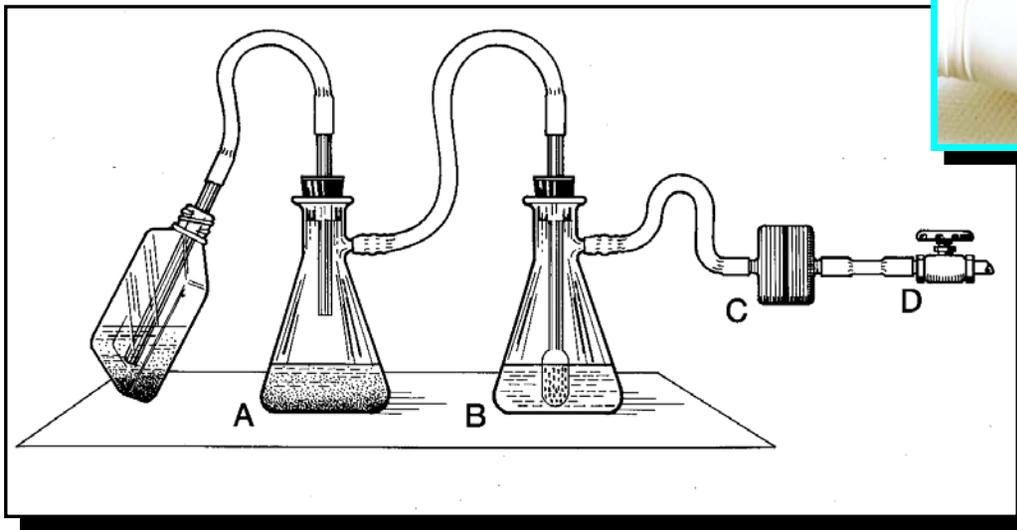




Special Practices and Procedures

- **Examples:**

- **Access limitations for immunocompromised**
- **Use of bioaerosol-containing equipment**
- **Protection of vacuum lines**
- **Medical surveillance program**





Animal Facilities

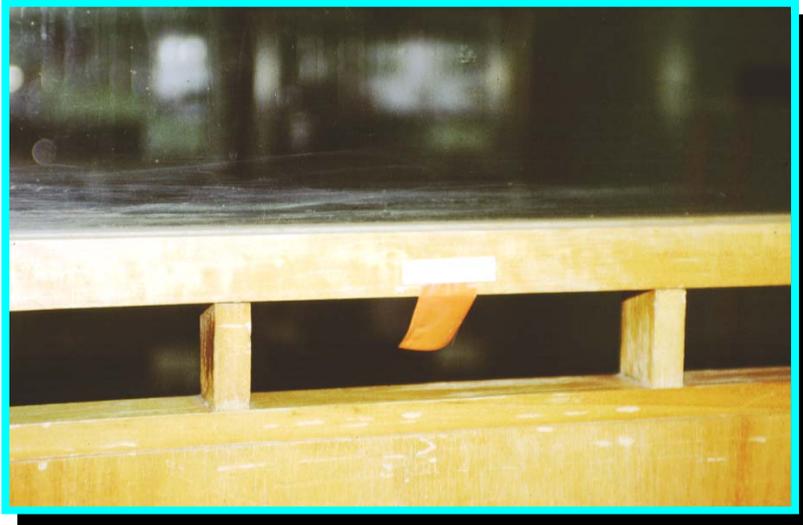
- **Separate from other areas**
- **Access controls with appropriate locking mechanism**
- **Cage washing**





Animal Facility Design Considerations

- Designed and constructed to facilitate cleaning
- Inward airflow into animal rooms
- Insect and rodent control program





Biosafety Levels, Practices, and Equipment

Table 2. Relation of risk groups to biosafety levels, practices and equipment

RISK GROUP	BIO SAFETY LEVEL	LABORATORY TYPE	LABORATORY PRACTICES	SAFETY EQUIPMENT
1	Basic – Biosafety Level 1	Basic teaching, research	GMT	None; open bench work
2	Basic – Biosafety Level 2	Primary health services; diagnostic services, research	GMT plus protective clothing, biohazard sign	Open bench plus BSC for potential aerosols
3	Containment – Biosafety Level 3	Special diagnostic services, research	As Level 2 plus special clothing, controlled access, directional airflow	BSC and/or other primary devices for all activities
4	Maximum containment – Biosafety Level 4	Dangerous pathogen units	As Level 3 plus airlock entry, shower exit, special waste disposal	Class III BSC, or positive pressure suits in conjunction with Class II BSCs, double-ended autoclave (through the wall), filtered air

BSC, biological safety cabinet; GMT, good microbiological techniques (see Part IV of this manual)

From: WHO LBM 3rd edition