

DURHAM UNIVERSITY
DEPARTMENT OF CHEMISTRY

BIOLOGICAL MATERIALS SAFETY POLICY

These notes form **Special Code of Practice K (S-COP K)** of the current Chemistry Safety Policy. An introduction to the use of biological materials is given as part of the October induction programme.

The use of Biological materials must only begin once an adequate Risk assessment has been performed and authorised. Guidance on the completion of these forms should be obtained from the Department Biological Safety Co-ordinator (DBSC), Dr Ehmke Pohl. Additional information and forms are available at

<https://www.dur.ac.uk/healthandsafety/local/biologicalsafety/>

and

<https://www.dur.ac.uk/resources/healthandsafety/local/TG4BiologicalSafetyV1.1.pdf>

All biological materials are covered under the Control of Substances Hazardous to Health (COSHH) and thus any material that is brought into the Chemistry building (either purchased or otherwise) must have a valid COSHH assessment form. The University has a “cradle to the grave” policy; approval must be sought from the University Biological Safety Committee (UBSC) before the introduction of new biological material. The Committee meets once a term so in the interim, provisional approval may be given by the DBSC to begin work; this does not impose any commitment on the UBSC which may, and can, refuse to approve the program until satisfied that all H&S are in place.

Please talk to the DBSC prior to introducing new biological material, particularly pathogens and human material. You may be required to approach outside expert advice, including the HSE, on the handling of such material. Each PI assumes responsibility for the receipt, recording keeping and destruction of biological material.

Contaminated equipment must be autoclaved or disinfected appropriately before further use.

The academic supervisor has to ensure that the user receives relevant training in the use and disposal of particular biological materials. Microbiological safety training course are available—please contact Dr Heather Knight (Biosciences) or Dr Ehmke Pohl (Chemistry) for further information.

The laboratory space that is to be used for the handling of biological materials must be of an appropriate standard – advice may be sought from the DBSC.

Laboratories 205, 208, 209 and 229 are rated as CL2. A Code of Practice (CoP), including treatment and removal of biological waste material, are available within the laboratory. Training and advice should be sought before commencing work. Due to the nature of the work in Lab 208 we are advised by the HSE to have a formal training program with periodic revalidation. Details are therefore available from either the DBSC or for room 205 from Dr G. J. Sharples (room 240; ext 43986) room 208 from Dr P. W. Denny (room 229 and 237, ext 43983); room 209 from Professor N J Robinson (room 239, ext 42115). Only registered workers are permitted to perform

CL2 work after training, although other trained personnel with appropriate permission can use communal equipment present in 205, 209 and 229.

University policy is that work with blood and body materials, particularly if human, is performed at CL2. See the DBSO for advice before any such material is brought into the department.

Work concerning CL2 human pathogens. A program of work should be submitted to the UBSC for approval and, if needed, a program of work submitted to the HSE. See above for how to acquire interim approval

Biological spill kits are available in Rooms 203 and 229c. All events requiring the use of these kits must immediately be reported to the DBSC and an incident form submitted to the Departmental Safety Coordinator or Senior Administrator.

Genetic modification. All work concerning GMOs & GMMs should be submitted through Dr Ehmke Pohl (DBSC) for approval by the Biosciences Safety Committee.

Dr Gary Sharples
13 September 2019