

Biosafety and Biosecurity Policy

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Executive Owner:	<i>Paul Stephenson, VP HR</i>
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Related documents:	<i>Health and Safety Policy (July 2018) University Biosafety Manual</i>

Approval History

Version	Reviewed by	Approved by	Date
1.0	Lee Simmons (FHMS H&S Manager)/ Clive Parkinson (H&S Director)	Health and Safety Committee	20 Nov 2014
2.0	Lee Simmons (FHMS H&S Manager)	Bio Safety Committee	28 February 2018
		Health and Safety Committee	7 June 2018

1	Introduction
1.1	Purpose
1.1.1	<p>To ensure that all biological agents are appropriately controlled so as to minimise the risk of infection to humans, animals or release into the environment and to avoid a security breach.</p> <p>Biological agents are:</p> <ul style="list-style-type: none"> • listed in the Advisory Committee for Dangerous Pathogens approved list of biological agents • listed in the Specified Animal Pathogen Order • listed by the Advisory Committee on Genetically Modified organisms, • Pathogens and toxins listed in Schedule 5 under Part 7 of the Antiterrorism, Crime and Security Act • Human or animal cell cultures and, bloods and tissue samples • Whole animals or specimens from these
1.2	Scope
1.2.1	This policy applies to staff, students, contractors and visitors handling listed biological agents.
1.3	Definitions
1.3.1	Listed Biological agents are those set out by the competent authorities listed below and described in detail in the Biosafety Manual
1.3.2	ACDP – Advisory Committee of Dangerous Pathogens
1.3.3	SAPO – Specified Animal Pathogen Order
1.3.4	GMO – Genetically Modified Organism
1.3.5	COSHH – Control of substances hazardous to health
1.3.6	ATSCA –Anti-terrorism Security Crime Act (Schedule 5)
1.3.7	Occupational Health, Safety and Environment is defined as “the measures and systems aimed at preventing harm and ill health to those at work, whilst protecting the environment from damage that could result from work practices.”
1.3.8	<p>Competent Person</p> <p>A competent person has the skills, knowledge, attitude, training and experience to undertake the role effectively.</p>
1.3.9	<p>Training and Briefing</p> <p>Training is equipping staff, students (and others where the University has a duty-of-care) with relevant skills to deal appropriately with a given Health and Safety situation.</p> <p>Briefing is informing such persons of relevant knowledge in relation to Health and Safety.</p> <p>Training and briefing will be made available in a range of formats according to the needs of the trainee and different groups of staff, students and others.</p>
1.3.10	<p>Accessibility</p> <p>The duty to make reasonable adjustments, as far as possible, to ensure that all staff and students (and others where the University has a duty-of-care) with a disability have equal access to everything they need to do a job or studies as those persons without a disability.</p>

2	Policy
2.1	Principles
2.1.1	<p>Policy Statement</p> <p>The University will ensure that all biological agents used by the University of Surrey are controlled, so as to minimise the risk of infection to humans and animals, and are secured to prevent unauthorised access and misappropriation.</p>
2.1.2	<p>Commitment</p> <p>The University will ensure that:</p> <ul style="list-style-type: none"> • all biological agents are handled under appropriate laboratory conditions to minimise; the risk of infection; release to the environment and unauthorised access. • all biological agents are stored under appropriate conditions to meet the relevant legislative requirements and prevent release to the environment, and unauthorised access. • all facilities (buildings and equipment) used to handle biological agents are designed to meet legal requirements set by the competent authorities. • all work with biological agents at the University has been documented via risk assessment and that the control measures are implemented • correct licences are in place and up to date for the storage and handling of biological agents. • all staff handling animals infected with pathogens have had appropriate training and are aware of the legal implications of the transportation of live/dead animals or samples infected with a SAPO, Schedule 5 or ACDP pathogen. • all biological agents are transported in a contained and secure manner so as to prevent release or unauthorised access. • a list of the pathogens is kept (including quantity and form of material). • appropriate validation data for the inactivation of all biological agents stored and or used at the University is available as long as required. • all biological agents are inactivated using validated means so as to prevent release into the environment or collected by a licensed transporter/ waste management company and disposed of at a licensed facility. • suitable bio-security procedures are put in place to prevent the release of biological agents (disinfection, barriers, foot dips, controlled contact with animals, vehicle and pedestrian movements). • all users of biological material are approved for access to relevant listed biological materials. • all users are adequately trained so as to prevent the release or unauthorised access of listed biological material.

	<ul style="list-style-type: none"> • all users handling biological agents undergo health surveillance as detailed in their risk assessments. • all activities with biological agents are notified, as appropriate to the competent authorities. • all new biological agents being used are notified to the University Biosafety Advisor and the University Biosafety Committee. • no Hazard Group 4 (ACDP and or SAPO) pathogens or Class 4 GMOs are used within the University.
2.2	Procedures
2.2.1	Arrangements
	<p>The following arrangements are to be complied with:</p> <p>All persons using biological agents must comply with the University Biosafety Manual. The Manual will provide details on the following:</p> <ul style="list-style-type: none"> • the training programme and competency matrix required to work with biological agents • the requirement and processes for all equipment used for working with biological agents to be maintained in an effective condition. • the standard that all laboratories, auxiliary rooms and biological safety cabinets must attain and maintain be so as to prevent release of biological agents. • the appropriate disinfection procedures required for ensuring that biological agent is are not viable after treatment. • the processes for ensuring that only approved and appropriately licenced waste disposal contractors are used. • how to report all incidents involving biological agents must be reported using the University reporting procedure. • the need for suitable records to be maintained of the above so as to be able to demonstrate to any competent authority that the policy is being complied with.
2.3	Roles and Responsibilities
2.3.1	<p>Director of Health and Safety is responsible for the University Biological Safety Service (UBS) and the regularly review of this policy. University Biological Safety Personnel will be jointly appointed by the Director of H&S and the Faculty Dean as required to fulfil the obligation of the University. The UBS will</p> <ul style="list-style-type: none"> • actively monitor the use of biological substances in accordance with this policy via the University Biological Safety Committee • undertake regular audits to ensure that the University complies with this policy and conditions of any licence issued by a competent authority. • liaise with the regulatory authorities on behalf of the University, • provide the necessary advice and guidance to users of biological materials, • Arrange for the disposal of biological waste within the terms of the University's Permits

	<p>Deans and Directors (that use biological substances) are responsible for:</p> <ul style="list-style-type: none"> • the implementation of this policy in their Faculty/Unit, • the provision of adequate resources to achieve compliance with this policy, • the provision of appropriate facilities and equipment for safe working with biological substances, • ensuring compliance with the conditions of any relevant licences issued by a competent authority <p>Where facilities are shared, responsibility for biological safety will be with the manager of the facility. Staff or students working on premises managed by other employers will be subject to the local rules and radiation safety measures in force for that facility.</p>
2.3.2	<p>Heads of Department are responsible for:</p> <ul style="list-style-type: none"> • the safe use of biological substances within their department, • ensuring compliance with the conditions of any relevant licence issued by a competent authority.
2.3.3	<p>Principal Investigators are responsible for:</p> <ul style="list-style-type: none"> • ensuring that personnel who are involved in the use of biological substances receive adequate supervision and information, instruction and training, • ensuring that all biological substances are adequately controlled and accounted for, undertaking prior risk assessments for all projects involving the use of biological substances, • the completion and maintenance of appropriate records for the use and disposal of biological substances
2.3.4	<p>Those working with biological substances are responsible for:</p> <ul style="list-style-type: none"> • undertaking any training deemed necessary, • working in accordance with the biological Manual. • exercising reasonable care when working with biological substances, • using any protective equipment provided, • reporting any defect in such equipment. • not undertaking actions which may endanger themselves or other persons.
3	Governance Requirements
3.1	Implementation / Communication Plan
3.1.1	<p>The Policy will be available via the Policy website</p> <p>The policy is communicated to all users working with biological agents – through training to relevant staff and students.</p> <p>BioSafety Committee will be informed and relevant details disseminated through line management. Faculty Health and Safety Committee will also be informed as required.</p>

	Relevant information is also published on the University Health and Safety intranet site and Health and Safety Handbook, as appropriate.
3.2	Exceptions to this Policy
3.2.1	Not applicable
3.3	Review and Change Requests
3.3.1	<p>The Health and Safety Manager in FHMS and Director of Health and Safety will monitor for changes and updates.</p> <ul style="list-style-type: none"> ➤ Minor changes will be reviewed by the BioSafety Committee, approved by Health and Safety Committee, and republished on the Policy Website ➤ Major reviews will be reviewed by BioSafety Committee, prior to submission to Health and Safety Committee for approval, and if required, noted or approved at Executive Board <p>This Policy shall be reviewed every three years, or sooner if changes in legislative regulation dictates. Health and Safety Consultative Committee will be consulted during the review process, as required.</p>
3.4	Legislative context
3.4.1	This Policy complies with the requirements of the Health and Safety at Work Act 1974, and the legislation listed in Appendix 1
3.4.2	<i>Health and Safety legal statement</i>
	<p>This policy sets out to comply with the required ‘duty of care’ placed upon the University. Under Health and Safety Law a ‘duty of care’ is generated between organisations and individuals when carrying out activities that could foreseeably cause harm.</p> <p>The primary duty of care is owed through the employer-employee relationship in which the employer owes a duty of care to ensure that work activities that could result in harm to the employee are assessed and controlled. That duty of care is put into practice by the line management responsibilities as set out in the hierarchy of the organisation.</p> <p>This duty of care cannot be delegated away; instead the act of delegation must be accompanied by a realistic and workable system of monitoring or supervision to ensure that the delegated task has been adequately implemented (i.e. the responsibility is not met by giving directions; it is met when those directions have been confirmed as carried out). The result is a cascade of delegated accountability that runs through the organisation via the line management network, accompanied by a system of monitoring, supervision and feedback.</p> <p>The duty of care extends to assurance that services provided by others (be they another department of the University or contractors) are undertaken safely. The level of assurance required should be commensurate with the risk of the activity.</p> <p>In addition, anyone carrying out an activity owes a duty of care to anyone who may be put at risk by the activity, such as students, staff and visitors.</p>
3.5	Stakeholder Statements
3.5.1	Equality and Diversity:
	<p>Consideration is given to the protected characteristics of all people groups identified in the Equality Act 2010. The protected characteristics are gender, age, race, disability, sexual orientation, gender reassignment, religion/belief, pregnancy and maternity, and marriage/civil partnership.</p> <p>The University recognises the need for specific measures to ensure the health and safety of each of these groups. This policy and all other associated Health and Safety related policies take this into account.</p>

3.5.2	Health & Safety:
	This Policy forms part of the Health and Safety Policy
3.5.3	<i>Executive Board, Health and Safety Committee, Health and Safety Consultative Committee, Security Department, and BioSafety Committee (as required)</i> Changes to this policy will be consulted, reviewed and approved at the appropriate level; in line with policy guidance. <i>FHMS Health and Safety Committee informed (as required)</i>

Appendix 1

List of Associated Legislation

In addition to the Health and Safety at Work Act, 1974 – the Bio Safety and BioSecurity policy will comply with the requirements of the following:

- Control of substances hazardous to health Regulations 2002,
- Genetically modified organisms (contained use) regulations 2014,
- Schedule 5 detailed in Part 7 of the Anti-terrorism, crime and security Act 2001
- Specified Animal Pathogen Order 2008.