

Biological Incident Response Policy

Title:	Biological Incident Response
Last Reviewed Date:	02-04-2026
Last Revised Date:	02-04-2026
Effective Date:	05-04-2015
Applies To:	Faculty, staff and students, others
Contact:	EHS Biological Health and Safety 860-486-1838 ehs@uconn.edu

1 BACKGROUND

The *NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules*, and the Centers for Disease Control and *Prevention’s Biosafety in Microbiological and Biomedical Laboratories (BMBL)*, requires incident response procedures to be outlined in a Laboratory-Specific Biosafety Manual (LSBM).

2 PURPOSE

To establish procedures and practices for biological incident reporting and response.

3 APPLIES TO

All University of Connecticut (Storrs, Avery Point, Hartford, Stamford, Waterbury) Principal Investigators, and non-University entities utilizing the University’s laboratory space under the Technology Incubation Program (TIP) who conduct research involving biological materials. Exposures to human or non-human primate materials are covered under the [Bloodborne Pathogens Exposure Control Plan](#).

4 DEFINITIONS

Biological Materials: include any of the following requiring IBC oversight: recombinant or synthetic nucleic acid materials, biological agents and toxins, bacteria and their phages and plasmids, viruses, fungi, mycoplasmas, prions, and parasites; human and non-human primate tissues, body fluids, blood, blood byproducts, and cell lines, transgenic and wild type animals and plants, animal remains and insects that may harbor zoonotic pathogens.

Exposure: includes but is not limited to skin punctures with contaminated needles, inhalation, or a splash that resulted in contact with mucous membranes (e.g. eyes). Additionally, any symptoms related to the disease caused by an infectious agent being studied must be considered a documented exposure.

Laboratory Personnel: individuals, including students of any kind, conducting research on or otherwise handling biohazardous materials under the supervision of a PI.

5 POLICY STATEMENT

The University will comply with the incident reporting requirements of the NIH Guidelines and CDC's BMBL.

6 ENFORCEMENT

Violations of this policy and any related procedures may result in appropriate disciplinary measures in accordance with University Laws and By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, and the University of Connecticut Student Conduct Code.

7 RESPONSIBILITIES

7.1 BIOSAFETY

- Promptly respond to and investigate accidents and injuries reported.
- Provide consultation or assistance, as needed, to personnel responding to incidents involving biological materials.
- Contact the appropriate regulatory agencies, as needed, in response to a reportable incident.

7.2 PRINCIPAL INVESTIGATORS

- Develop and maintain laboratory incident response procedures based on the hazards of the biological materials being used or stored. These procedures will be made available to all laboratory personnel under the PI's direction and incorporated into the LSBM.
- Ensure all laboratory personnel are properly trained to respond safely to incidents involving biological materials, accidents and spills.
- Ensure that a biological spill response kit and personal protective equipment (PPE) are available and accessible.
- Follow incident reporting procedures outlined in this document.
- Implement necessary corrective actions to mitigate incident recurrence.

7.3 LABORATORY PERSONNEL

- Trained on the proper use, handling, and incident response procedures (i.e. spills and exposures) related to biological materials.
- Thoroughly and annually review the PI's LSBM and understand the contents within.
- Wear appropriate PPE and use engineering control equipment in the proper manner to reduce the risk of incidents.
- Promptly report all incidents involving biological materials to the PI/supervisor.

8 FORMS/PROCEDURES

8.1 IMMEDIATE RESPONSE TO INCIDENTS INVOLVING BIOLOGICAL MATERIALS: STANDARD OPERATING PROCEDURES (SOP)

- Personnel shall respond to incidents following the established procedures detailed in the LSBM.
- The immediate response to a biological spill or exposure depends upon several factors, including the location of the incident, involvement of injuries and or exposures, size of the spill, and hazards associated with the biological material. The SOPs in the LSBM must include guidance relevant to the particular organism and hazards involved. It is the responsibility of

the PI to complete the template in its entirety and add any additional information or appendices, which will minimize any potential risk.

- The following must, at a minimum, be described in the LSBM:
 - Spills fully contained within a biosafety cabinet (BSC)
 - Spills outside the BSC
 - Potential exposures (e.g. a hole in a glove)
 - Exposures and injuries
 - Combined chemical and biological spills, if applicable
 - Combined radioactive and biological spills, if applicable
 - Spills outside the lab, while in transit (e.g. in hallway)
 - Emergency evacuation routes for each lab
- Incident response procedures must provide information regarding the responsibilities of laboratory personnel to seek medical attention, notify the PI, Biosafety Officer, and/or Emergency Responders as conditions warrant

8.2 REPORTING OF ACCIDENTS AND SPILLS

- The PI must complete an [IBC Incident Reporting Form](#) in consultation with the individual involved in the incident, and submit the completed form to the IBC at ibc@uconn.edu within the time frames indicated below. If assistance is needed completing the form, contact the Biosafety at 486-3180 or the IBC at 486-1838. The IBC will review the form, suggest appropriate corrective actions, write a final report, and/or submit a report to the appropriate regulatory agencies as required.

Incidents must be reported as follows:

Type of Spill ¹ or Exposure ²	Reporting Time Frame
<ul style="list-style-type: none"> • Exposure to a Risk Group 2 or 3 agent • Exposure to r/sNA materials 	Report immediately to the Biosafety Officer. Submit Incident Reporting Form to the IBC within 5 days of exposure.
<ul style="list-style-type: none"> • Spill outside primary containment (BSC) with a Risk Group 2 or 3 agents • Spill outside primary containment (BSC) with r/sNA materials 	Incident Reporting Form must be submitted to the IBC within 7 days of incident . If an exposure has occurred, see above.

¹Human and non-human primate (NHP) cell lines and tissues are considered BSL-2 but are not RG2 agents. Spills of human and NHP cell cultures outside of the BSC do not normally require a formal report to the IBC but must be reported to the BSO.

²Exposures to rsNA materials will be considered a biohazardous exposure regardless of the length, base sequence, or exact chemical composition of the nucleic acid(s) involved. Further information on biological spills and exposures can be found in the [Biological Safety Manual](#).

9 FOLLOW-UP

- When there is a documented exposure to a biological material, the laboratory must work with the medical treatment provider to develop a post-exposure treatment plan.