

## Biosafety Training Plan: Working with Human Stool Samples

This document is to be provided to all lab workers that may be exposed to human tissue. The PI will review this form and associated documents with you as part of your lab safety training plan. The PI has explained that work with human tissues carries a risk of exposure to blood borne human pathogens and that training, vaccination, and proper laboratory technique is necessary to minimize the risk of exposure.

1. I have access to paper or electronic copies of the following documents and have reviewed them with the PI:
  - a. A description of BSL2 practices (pg 33-37 CDC BSMBL 5e)
  - b. Cornell EHS Biological Agent Reference Sheet (BIO-BARS): Human Feces and Urine
  - c. Vassar College Exposure Control Plan
  - d. OSHA Bloodborne Pathogens Standards Fact Sheet
2. I have been provided with PPE and discussed proper usage with the PI
  - a. Labcoat with cinching sleeves. Disposable so it can be discarded if contaminated.
  - b. Gloves: single use, wash hands immediately after removal
  - c. Eye protection
3. I have been given the option of a Hepatitis B vaccination, provided by the Vassar Health Office. If denied, I have signed the denial of vaccination form (Vassar Exposure Control Plan).
4. I have discussed laboratory- or procedure-specific precautions with the PI:
  - a. No PPE to be worn outside of the laboratory unless moving materials from one location to another
  - b. Wash hands immediately following any accidental exposure
  - c. Use disposable materials whenever possible
  - d. All incubation of samples should use incubators located in A50
  - e. All surfaces at which work was performed to be wiped with freshly prepared 10% bleach solution at completion of task
  - f. All equipment used to perform work to be wiped with freshly prepared 70% ethanol solution at completion of task
  - g. All solid waste to be disposed of in biohazardous waste bags, autoclaved, and treated as Regulated Medical Waste
  - h. All liquid waste to be collected in fume hood in a waste Satellite Storage Area until autoclaved, then disposed of as Regulated Medical Waste

Name: \_\_\_\_\_

PI name: \_\_\_\_\_

Signature: \_\_\_\_\_

PI signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_