A Ragon Institute Originated by: Karen Power Date: 24 A 200		STANDARD OPERATIN	IG PROCEDURE			
A Ragon Institute 20		e .		SOP #	LS_	_SOP_003
	A Ragon Institute	Originated by:	Karen Power	Date:		24 April 2017
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Approved by: Alicja Trocha		Approved by:	Alicja Trocha			

1. **WASH!**

- a. Remove any contaminated protective garments and immediately wash the exposed area of your body for 15 minutes with soap and water. If your eyes or face were exposed use the nearest eyewash or safety shower.
- b. Anyone who witnessed exposure should help coordinate next steps BUDDY system. BUDDY is responsible for containing spill or coordinating clean-up if it poses immediate threat to others.

2. CALL!

- a. You or your BUDDY should **call MGH Occupational Health at 617-726-2217** they will connect you with nurse or physician on call who will decide from your description what immediate action should be taken.
- b. Have as much relevant information as possible ready to share with Occ. Health.

3. CALL!

a. After receiving instruction from MGH Occupational Health, you or your BUDDY should **call** supervisor or contact person listed below to report/describe what has happened as well as MGH Occupational Health recommendations.

4. GO!

- a. If MGH Occupational Health directs you to the MGH Emergency Room (ER), proceed IMMEDIATELY by cab. You will be reimbursed for any transportation expenses.
- b. If MGH Occupational Health directs you to their office (165 Charles River Plaza, 4th floor, Suite 404, Boston), proceed IMMEDIATELY by cab. You will be reimbursed for any transportation expenses.

5. REPORT!

- For all incidents, after receiving any necessary medical care, as soon as possible
- a. Report exposure to your lab manager or directly to Alicja Trocha (603 275 6685)
- b. Complete an Incident Report online
 - i. On your Partners workstation, go to START menu, Partners Applications, Safety Reporting
 - ii. On a Mac or non-Partners workstation computer, go to **Incident Reporting link on Ragon intranet home page**.
- c. Report incident to **Ragon Institute Biosafety Officer**. Some exposures require reporting to regulatory authorities within 24 hours.

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Contact persons:			
/	CELL: 781-6		
8	CELL: 415 -		
8/	CELL: 617-		
Bruce Walker, MD	CELL: 617-	633- 3691	
			ORMATION CHECKLIST as possible by you or a BUDDY.
Name:		Badge N	lumber:
PI Name:			
Material (circle all that apply	y)		
Human		Whole Blood	Cell culture supernatant
Non-Human Pr	imate	Plasma	High titer stock virus
Mouse Other		PBMCs Cultured Cells	(JRCSF, NL43, IIIb, Other)
Other		Cultured Cells	
Source Information: <u>Do not</u>	<u>delay reporti</u>	ng to search for in	formation!
Patient ID (Ragon, Fen	iway, Alias, C	Other)	
Date of Sample			
Patient HIV Status: PC	OS NEG	UNKNOWN	HIV Viral Load?
Patient HCV Status: PO	OS NEG	UNKNOWN	HCV Viral Load?
Other Coinfections:			
Drug Resistance Mutat	tions:		
Study/Project/Collabor	ator informat	tion:	
Route of Exposure (circle all	that apply)		

Needlestick	Splash to broken skin
Other sharps stick	Splash to face (eyes, nose, mouth)

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Other ocation of Incident						
ocation of Incident						
Building:	Floor: _		Room: _			
Other:						
Other:						