|  |  |
| --- | --- |
| **Authors:** | ULC_logoPANDORA 10-1CANTAM03-Red_EDCTP |
| Nada Ahmed, University College London, UKDr Linzy Elton, University College London, UKProfessor Timothy D McHugh, University College London, UKZahra Sadouki, University College London, UKEloise Rose, University College London, UK |

|  |
| --- |
| Procedure in the Event of Biological Spillage or Chemical Event |
|  |
| **REVIEW INTERVAL** | **Every Two Years** |
| **COPIES** | **2** |
| **LOCATION OF COPIES** | **1. Quality Folder: Location****2. SOP & Policy Folder: Location** |

|  |
| --- |
| **Document Review History** |
| **Edition No.** |  Review Summary | **Reviewed By** **& Date** | **Authorised By** **& Date** | **Date of Issue** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

|  |
| --- |
| **Record of Amendments** |
| **Edition No.** |  Amendment | **Amended by** **& Date** | **Authorised by & date**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**INDEX OF** **CONTENTS**

Major Spillage Or Chemical Event 1

Introduction 4

Purpose and Scope 4

Responsibility 4

References 4

Definitions 4

Related documents 5

1 SPILLAGE POLICY 5

Work Practice Controls 6

**2 PROCEDURE IN THE EVENT OF AN INNOCULATION INCIDENT…………………… 7**

3 PROCEDURES IN THE EVENT OF A BIOHAZARDOUS SPILLAGE 8

BLOOD AND BODY FLUID SPILLAGE IN CONTAINED LABORATORIES 8

MICRO-ORGANISM SPILLAGE IN BSL2 9

MICRO-ORGANISM SPILLAGE IN BSL3 10

BIOLOGICAL SPILLAGE OUTSIDE OF THE CONTAINED LABORATORIES. 10

SPILLAGE ONTO OR INTO EQUIPMENT 11

4 CHEMICAL SPILLAGE OR TOXIC FUME EVENT 11

SPECIFIC CHEMICAL SPILLAGES 15

FORMALDEHYDE 15

MERCURY 15

5. DEALING WITH A SUSPICIOPUS SUBSTANCE OR SMELL 15

UNIDENTIFIED SPILLAGES……………………………………………………………15

6 EXPOSURE TO MICRO-ORGANISMS, CHEMICALS OR CHEMICAL FUMES 16

7 REPORTING OF SPILLAGE INCIDENTS 16

**Abbreviations**

|  |  |
| --- | --- |
| UCL CCM | University College London, Centre for Clinical Microbiology |
| COSHH | Control of Substances Hazardous to Health |
| RIDDOR | Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (these are UK guidelines and must be amended to fit your country guidelines) |
| DSO | Departmental Safety Officer |
| A&E | Accident and Emergency |
| BSL2 | Biosafety level 2 |
| BSL3 | Biosafety level 3 |
| MSC | Microbiological safety cabinet |
| PPE | Personal protective equipment |

# Introduction

## Purpose and Scope

This policy is to inform and instruct staff of what actions to take on the discovery or involvement with a spillage of biologically hazardous material (blood, body fluids or micro-organisms) or a chemical substance or fumes. It also covers the appropriate actions to take on the account of a inoculation incident.

## Responsibility

The your institute and department Director is responsible for ensuring the implementation and maintenance of this procedure.

Under the Health and Safety at Work act (1974), and the HSE/EEC regulations, all employees are required to take reasonable care for the health and safety of themselves and of others, who may be affected by their acts or by their omissions. They are also required to co-operate with the employing authority, so far as is necessary, to fulfil the obligations of the act.

**This procedure must be read and understood by all staff of the department and should be read in conjunction with the *Health & Safety Policy*** insert document name here**.**

Each your institute and department member of staff, student or visitor undertaking this procedure is responsible under Clinical Governance & Health and Safety at Work Act for the Quality of work performed and the safety of themselves and others.

## References

* Control of Substances Hazardous to Health Regulations 2002.
* Safe working and the prevention of infection in clinical laboratories and similar facilities
 ISBN 0 7176 25133
* The management, design and operation of microbiological containment laboratories.ACDP publication ISBN 0 7176 20344

## Definitions

* Near miss: an event that did not lead to an accident but does pose a risk.‎
* **COSHH:** Control of Substances Hazardous to Health.
* **Risk Assessment:** A method of evaluating the risk in a process/system
* **Occupational exposure**; Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

## Related documents

* Health & Safety Policy insert document name here
* Storage & Disposal Of Waste insert document name here
* Procedure For Disinfection insert document name here
* Procedure for the preparation of Risk Assessments insert document name here
* Cairn Spill kit quick guide (located in the Cairn spill kit in the Autoclave Room)
* Biological spill kit quick guide (located in the Guest Medical kits in each laboratory)

# SPILLAGE POLICY – amend to describe your laboratory

All staff and students working in the your institute and department should know what action to take in the event of an accidental hazardous spillage or the discovery of toxic fumes. However, it is not the department’s policy to encourage staff to handle such incidents where they feel any uncertainty about the correct procedure or they feel in any way they may be putting themselves in personal danger. In such instances the priority of events should be to raise the alarm by alerting senior staff and/or safety personnel and to evacuate the immediate area.

The your institute and department has appointed a ***Chemical Response Team***. These staff members received specific training from Cairn Technology Ltd on the 05/12/2018 about how to appropriately use the Chemical Spill kit located in the Autoclave & Media Laboratory 2/437. Certificates for this training are located in the staff training folder. Training going forward will be in-house and incorporated into the CCM induction schedule for laboratory users. Use of the respirators in the chemical spill kit require that a mask fit test has been performed for this equipment. Individuals with an approved fit test have this documented in their training records and a list is displayed next to the chemicals spill kit.

A Biological Spill Kit (Guest Medical) is available in each working laboratory (except Containment Level Three) for the safe handling and disposal of bio-hazardous spills. All laboratory workers are trained how to use this kit during induction training.

The UCL CCM maintains an inventory of all chemical in storage (on the S drive) which is reviewed annually for the purpose of maintaining safe storage and reducing the volumes of chemicals on site. Prior to ordering chemical stocks you are asked to check this list to avoid duplication.

The UCL CCM maintains a six-monthly audit of all emergency kit to ensure the contents are within date and fit for use, this includes chemical and biological spill kits.

Following a biological or chemical spillage the Department Safety Officer/local Safety Officer should complete an incident form (with any additional relevant details appended) on the UCL Risk Net site (https://www.ucl.ac.uk/safety-services/risknet). Certain high risk spillages (such as that of a hazardous micro-organism or toxic chemical harmful to health) need to be reported under RIDDOR Regulations. Logging an incident with Risknet will automatically trigger a RIDDOR if it is required.

## Work Practice Controls

* **Procedural controls**

Procedures that involve the use of hazardous biological material and/or chemical substances should be carefully controlled by *Standard Operating Procedures relevant* to the task and/or a Risk Assessment. This should include appropriate use and disposal of waste material. These procedures should be read and understood by all staff involved in the hazardous process.

* **Risk assessment**

All practices that involve the use of hazardous substances should be risk assessed. The your institute and department will always seek to eliminate the hazard or replace it with a safer alternative whenever possible.

* **Good laboratory practice**

All procedures involving potentially infectious materials or hazardous chemicals should be performed in such a manner as to minimise splashing, spraying, spattering, and generation of droplets of these substances to the operator as well as those in the vicinity.

* **Training**

The Director of your department or the person delegated will educate employees, students and visitors about laboratory hazards and responsible health and safe work practices. The means to do this is by induction into the department which includes instructions on laboratory health and safety issues and management as well as providing a copy of the Health and Safety Policy to read.

New employees, students and visitors will receive initial training during orientation. For specific procedures, the relevant delegated member of staff will perform training.

Health and Safety training is also provided as part of your institute and department induction process.

Biological and general safety training for all laboratory staff, students and visitors is mandatory and is provided prior to commencement of laboratory work. Details of Induction training are given in insert document name here. Documentation of all training is retained in your department Staff, visitor and student training folders.

##### Hand washing

Wash hands immediately after any exposure to potentially infectious materials or chemicals, immediately after removing gloves, and before leaving the laboratory.

* **Eye protection**

The use of eye protection is **mandatory** for all procedures that may give rise to an infectious aerosol or that involve the handling of chemical substances outside of a safety cabinet. All staff are provided with protective eyewear.

* **Eyewash stations**

your institute and department provides an eyewash station in each of the laboratories. These should always be used as per the labelled instructions to wash the affected eye in a splash incident.

* **First aid personnel**

your institute and department appoints at least two first aid personnel, at any given time, who are known to all staff and are trained to respond appropriately to incidents of personal injury.

* **Safety Personnel**

The department has appointed a departmental safety officer (DSO) and deputy (local safety Officer). These personnel are known to staff and trained to respond to safety concerns or spillage incidents.

* **Receipt of Chemicals**

On Receipt and Delivery of any chemical reagents, the container must be visually checked for any damage or leakage. If there is obvious damage, check the delivery note to find out the details of the chemical. It must only be opened by trained personnel in a well ventilated area.

**2 PROCEDURE IN THE EVENT OF AN INNOCULATION INCIDENT**

Immediately following **ANY** exposure to biological or chemical materials (irrespective of whether or not the source is known to pose a risk of infection) the site of exposure e.g. wound or non-intact skin should be washed liberally with soap and water but without scrubbing. Antiseptics and skin washes should not be used - there is no evidence of their efficacy, and their effect on the body's own defence systems is unknown. Free bleeding of puncture wounds should be encouraged gently but wounds should not be sucked.

**Eyes and Exposed mucous membranes**, including conjunctivae, should be irrigated copiously using the allocated eyewash station at the hand sink before and after removing any contact lenses. If only one eye affected, place affected eye lower than the uncontaminated eye to prevent cross contamination. Use the complete eyewash bottle to irrigate the eye. Eye wash stations are checked for use-by-date and that they haven’t been used as part of the weekly laboratory clean.

In the event of a serious injury requiring medical attention, individuals should attend the Accident and Emergency Department of the hospital.

All staff should know the location of the first aid box in describe location.

**All accidents and injuries, cuts and minor grazes must be notified via the incident notification UCL Safety Services using the online form:** UCL Risk Net site (https://www.ucl.ac.uk/safety-services/risknet).

Accidental inoculation with blood, serum or other body fluids and/or spillages onto cuts; skin or eyes must be reported immediately to Occupational health Unit (OHU) (08.30 to 17.00hrs weekdays). Telephone number 0207 794 3301. For out of hours if there is a HIV risk staff should go to A & E located on the lower ground floor. Staff should not knowingly work with open cuts.

For minor injury the first aider will escort you, if necessary, to A&E. **For major injury, dial phone number and clearly state you location.**

# PROCEDURES IN THE EVENT OF A BIOHAZARDOUS SPILLAGE

## BLOOD AND BODY FLUID SPILLAGE IN CONTAINED LABORATORIES

**Small Spills:**

Gloves, eye protection and laboratory coat **must** be worn. Contamination should be covered with paper towels soaked in your validated disinfectant e.g freshly prepared Tristel **for at least 5 minutes before discard of paper towels into a Dispo-Safe jar.**

If broken glass is present, first treat the spillage by gently pouring your validated disinfectant e.g Tristel onto the area, and then carefully remove the pieces of glass with disposable forceps or a scoop into to a sharps bin, before cleaning up as above.

Gloves should be disposed of into orange clinical waste bag (or an autoclave bag if gloves have become heavily contaminated; and autoclaved prior to leaving the department).

Hands must be washed following cleaning up.

**Larger spills: describe the policy for your laboratory**

Staff and visitors must be kept away from the spillage and if possible a warning sign shown, while preparation is made to handle the spill as outlined below: A normal mop and bucket should **NOT** be used for biological spillages. **Spillages e.g. blood should not be allowed to dry** as potential aerosol production is greater from dried blood.

The spill should be handled using the Biohazard Spill Kit (Guest Medical) as per the instructions contained within. which are as follows:

* Gloves, eye protection and a disposable apron should be worn.
* Sprinkle Haz-Tab granules over the spill until all moisture is absorbed and leave for at least two minutes.
* **Note**: a considerable amount of chlorine gas can be liberated if the spill is acidic (eg acidic urine) or anticoagulated blood from a blood transfusion bag- in which case doors and windows should be opened and staff should leave the area until the smell has dissipated.
* While the granules are absorbing the spill, place four Haz-Tab tablets in the diluter and fill to the line with tepid water. Set aside and allow to dissolve.
* Collect the spill and granules mixer using scoop and scraper and discard all into a clinical waste bag.
* When the Haz-Tab tablets have dissolved, tighten the cap and mix gently.
* Use this mix with paper towels to wipe over the affected area and to remove splashes from vertical surfaces.
* Discard remaining solution by flushing down the sink or sluice with plenty of cold water.

**Spills containing broken glass:**

If broken glass is present, first decontaminate the spillage, then carefully remove the pieces of glass with disposable forceps or a scoop into a sharps bin, before wiping up.

* Note: metals can be damaged by hypochlorite on prolonged exposure. Hypochlorite should therefore always be washed off the metal surface after decontamination is complete.

If a spillage kit is used pleased ensure items are ordered to replace the kit components.

Following decontamination wash the area with warm soapy water to remove the hypochlorite.

## MICRO-ORGANISM SPILLAGE IN BIOSAFETY LEVEL 2 FACILITIES

Biological spillages **in BSL2** laboratories can be treated in exactly the same way as blood and body fluid spills as described above.

## MICRO-ORGANISM SPILLAGE IN BIOSAFETY LEVEL 3 FACILITIES – amend to describe your laboratory

Biological spillages in **BSL3 laboratories** require specialised procedures which may include fumigation of the whole room. These are documented in Overview of BSL3 Laboratory *(*insert document name here) and will only be performed by trained personnel who are competent in these procedures. Please refer to (insert document name here) for complete instruction.

* The MSC will contain any aerosols from small spillages of liquid cultures (<10mL) or patient specimens within the MSC. Contaminated gloves should be removed, turned inside out and tied securely before disposal into double autoclave bags. Spillages within the MSC must be covered in paper towels soaked in Tristel and left for at least 30 minutes. After this time, the towels may be removed and placed into the Dispo-Safe jar containing Vernagel. Larger spillages that result in the MSC becoming grossly contaminated and/or the release of material from the MSC should be dealt with by evacuation and fumigation.
* Spillages that result in splashes of specimen or culture outside of the MSC must be dealt with more seriously. Contaminated garments such as gloves, gowns and possibly personal clothing must be removed immediately. Leave the MSC running, **push the alarm button** within the BSL3 Laboratory and leave the laboratory as quickly as possible. Close the door behind you and do not return to the laboratory. On hearing the alarm another trained member of the BSL3 team will attend to the laboratory and advise on the next course of action. The course of action is detailed in Overview of BSL3 (insert document name here).
* Fumigation procedures are performed strictly by trained personnel and described fully in the Overview of BSL3 Laboratory (insert document name here) **and Fumigation of Microbiological safety cabinets (**insert document name here)**.**

## BIOLOGICAL SPILLAGE OUTSIDE OF THE CONTAINED LABORATORIES.

Biological spillages outside of the contained areas, such as the corridors should be handled by a competent member of staff who has an understanding of the hazards involved. When such spillages are discovered by non-laboratory or junior staff or students they should be reported immediately to a senior member of staff who will take appropriate action.

It is very important to keep people away from the affected area until it has been made safe. The procedures for disinfecting the area are the same as described previously for blood and body fluid spillage using the Guest Medical Biohazard Spill Kit.

Any spillage of micro-organisms outside of the specific Biosafety Level areas must be reported immediately to the local/departmental Safety Officer (DSO).

##

## SPILLAGE ONTO OR INTO EQUIPMENT

Mechanical or electrical equipment which has become accidentally contaminated with biological material such as blood, body fluids or micro-organisms may need specialist attention and disinfection other than general decontamination of the outside of the equipment (as outlined under blood and body fluid spillage). The manufacturer may need to be contacted for advice where contamination of the inner workings of the equipment has occurred.

**Centrifuge decontamination (BSL2)**

Where a spillage has occurred or is suspected to have occurred inside a centrifuge while it is operating then the machine should be switched off and the area evacuated to avoid exposure to potential aerosols. After at least thirty minutes the centrifuge can be opened and investigated for spills.

Centrifuges and centrifuge buckets can be disinfected with Tristel solution and allowed to dry. Centrifuge buckets can be filled with Tristel and allowed to stand **for at least 10 minutes. Use your validated disinfectant**

**Centrifuge decontamination (BSL3)**

**Remove sealed buckets (or rotor) to the class I cabinet and allow to settle for at least 30 minutes (this minimizes release of aerosols). Contents of the bucket to be discarded into the Dispo-Safe jar inside the cabinet. Buckets/rotor to be filled with tristel for at least 30 minutes. Discard waste disinfectant into the Dispo-Safe jars. For further information see Overview of BSL3 laboratories (**insert document name here**).**

# 4 CHEMICAL SPILLAGE OR TOXIC FUME EVENT

A spillage kit suitable for the types of chemicals being handled in the department, as well as suitable personal protective equipment (PPE) is at hand in describe location. The local Safety Officer is responsible for ensuring that all staff members are familiar with the location of the kit, its contents and use.

A Chemical Response Team for the department is available and members have received specific training on the use of this equipment and should **always** be called upon to handle a chemical spill in the department. A summary of actions and details of the Chemical Response Team members is available at the kit storage location (Using the chemical spill kit insert document name here). The Cairn chemical spill kit is suitable for handling spills up to 5L. A spill larger than this will need to be dealt with by the Fire Brigade. A spill that has run under cupboards or equipment can also not be dealt with effectively by CCM staff.

For all kits & reagents received, these should be verified of identity and condition. Any deficiency or damage should be reported to a senior member of staff. An investigation should include risk assessment through classification of hazard and exposure potential and handling precautions should be appropriate to these.

**Immediate action when a chemical spillage occurs:**

The first member of staff on the scene must immediately alert other staff and visitors to keep a safe distance away. A sign should be placed on the door of the laboratory to ensure nobody enters. If there are fumes which can be smelt everyone should withdraw to a safe area where the smell is no longer apparent. If there is time, the area should be ventilated by opening doors and windows. At this point the department ‘Spillage team’ must be contacted immediately.

The lower floors MUST also be notified in case the spill has leaked through the ceiling. This might not just occur in the rooms directly below and all areas on the floors below should be informed.

If a flammable liquid is spilt: Eliminate ignition sources. In the case of a large spill (>5L), contact the Estates Department and arrange to isolate electrical supply – Do not use switches in the immediate area as spark from the switch may ignite a spill.

**Action having evacuated and secured the area (if in a public area behind a cordon), make a decision to:**

a) Call 5555 to inform the switchboard supervisor for action (they will contact the Fire Brigade)

**or**

 b)Control the spillage with the chemical spill team and equipment available

**Action (a)** - If the Chemical is unknown or the staff are unable to deal safely with it-

Call 5555- inform the switchboard supervisor who will escalate the incident. They will call the fire brigade.

**Do not raise the fire alarm in these circumstances as this will generate the wrong type of response.**

The person who raises the alarm should await the arrival of the fire brigade at the fire control panel for the affected floor and provide details of the spillage. The incident should be escalated via the Directorate concerned to the wider organisation if the impact of the incident is likely to be significant.

**Action (b)-** If the Chemical is known and the staff trained and equipped-

Deal with the spillage locally, but only if it is safe to do so.

Check the local risk assessment and/or the MSDS for details of the chemical

A spillage may only be dealt with locally if the nature of the spillage is known and by staff who are trained in the use of the required PPE and chemical spillage kits. If there is any doubt about the hazard involved or ability to deal with the size of the spillage, then action in point A should be taken.

**Action steps to control a chemical spillage- (carefully assess the situation). Amend to describe your laboratory**

**The Cairns Chemical Spill Kit consists of the following necessary items which should be assembled before use.**

Two suitably trained members of staff should act as a response team (‘Spillage team’). A third back-up person should watch from a safe distance, preferably through an observation window

**STEP 1. PREPARE:**

 **Absorbents:**

* Spill mop heads (3L) 1-3 packs
* Spill mop heads (3L) 4 packs
* Spill mop pads – grey

Assemble the three-stage handle and the base of the mop. Ensure that the joins are secure and are tightly screwed in place.

Place a single absorbent head on the base of the mop head in a “U” shape.

**STEP 2. PROTECT**

Both members of the Spill Response Team must wear the full set of personal protective equipment (PPE). Each member should assist the other to assemble this properly. Ideally a third member should be on hand to assist and observe.

**Personal protective Equipment: (2 sets)**

* Goggles
* Nitrile gloves
* Overshoes
* Overboots
* Gown with rear Velcro fastening
* A2P2 Respirator – disposable
* ABEK 1 P3 Respirator – disposable

These items should be put on in the following order.

* Chemical resistant overboots or boots – tie laces across the top of the boots.
* Chemical resistant gown – secure Velcro straps at the rear
* Goggles and gloves
* Respirator – perform *face check* to check for fit by inhaling and exhaling heavily to ensure there are no leaks around the seals.

Once assembled, the mop and waste bag should be brought to the spill area.

**STEP 3. CLEAN-UP**

The two team members should enter the spill area. The aim should be to spend as little time as possible exposed to the spill. A third member should be observing from a safe distance.

Use the mop and mop pads to actively absorb the liquid; go slowly and work from the outside in.

Once the bulk of the spill has been absorbed attach one of the grey absorbent pads to the mop and use this to dry the floor completely.

The waste absorbents should be removed by placing the heads into the special blue waste bag. Clasp the absorbent and the bag between the floor and foot and then pull the mop handle away. All absorbents can be placed in the bag in this way. Tie the bag when finished.

**Waste disposal**

* Use a traditional mop and bucket with warm soapy water to clean all the contaminated areas and surfaces.
* Wipe down overboots.
* Leave the contaminated area taking the sealed blue Special Waste Bag.

**STEP 4. REMOVE PPE**

On leaving the contaminated area the temptation is to remove the respirator immediately but this will bring the contaminated gloves close to the face and should therefore be avoided.

PPE should be removed in the following order:

* Chemical resistant overboots or boots.
* Chemical resistant gown
* Nitrile gloves
* Goggles
* Respirator

Place all of the above items in a second special blue waste bag and seal.

**Clearly label and identify all the chemical waste bags.**

**STEP 5. DISPOSAL OF WASTE**

Contact UCL Estates for the chemical collection team to remove this waste.

## SPECIFIC CHEMICAL SPILLAGES

## FORMALDEHYDE

Never attempt to deal with large spillages of formaldehyde – evacuate the room and call 5555, unless the formaldehyde spillage is of a minor nature and PPE including a respirator (with a specialised filter) and an inactivator for formaldehyde is available.

Formaldehyde is a severe irritant to the respiratory tract. Effects on the skin include irritancy and dermatitis. The risk to health is minimal providing procedure is carried out correctly. The maximum exposure limit for formaldehyde is 2 ppm for 10 mins in every 8 hrs.

Formaldehyde is not stored in the your institute and department. Working solutions for the purpose of fumigation of BSL3 cabinets are obtained, by consent, from the Histopathology Department as required.

## MERCURY

Mercury thermometers have been removed from the department and replaced with non-toxic thermometers and therefore the your institute and department does not hold mercury.

# 5. DEALING WITH A SUSPICIOPUS SUBSTANCE OR SMELL – amend to describe your laboratory

* On discovery of any suspicious material\*, individuals in the room should shut windows (unless the substance is fuming) and doors and evacuate to an adjacent unoccupied room away from any potential hazard until an initial assessment has been made. Leave a warning sign not to enter on the door.
* Contact the hospital switchboard to initiate the appropriate procedure. This response is part of the **Trust’s Emergency Procedure for Reporting and Investigating Suspect Smells.**
* The person finding the suspicious substance needs to remain available to answer questions and to give information or help.
* There is an extremely remote possibility that this could be a deliberate release of a harmful substance.
* In emergency situations where the fumes may be toxic or overpowering, the area should be evacuated immediately. Do not raise the fire alarm but call Ext 5555 to report a suspect chemical incident.

## UNIDENTIFIED SPILLAGES

##### (For example from a waste pipe leak)

Contact RFH Estates and request assistance.

# 6 EXPOSURE TO MICRO-ORGANISMS, CHEMICALS OR CHEMICAL FUMES

If exposure to potentially hazardous micro-organisms or a chemical has occurred, those involved should report to the Accident and Emergency Department if medical attention is required or Occupational Health if immediate attention is not required. Any decontamination required should be done as a priority. Immediately remove the person from the source of contamination and decontaminate in a place of safety before taking to A&E.

# 7 REPORTING OF SPILLAGE INCIDENTS – amend to describe your laboratory

Following a significant biological or chemical spillage the Department Safety Officer should complete an online incident form: UCL Risk Net site (https://www.ucl.ac.uk/safety-services/risknet). Certain high risk spillages (such as that of a hazardous micro-organism or toxic chemical harmful to health) need to be reported under RIDDOR Regulations. The submission of the form via RiskNet will automatically generate this if required.