

Module 2: Biosafety in Microscopy PT preparation

17th -28th FEB, 2020

Uganda Supranational Reference Laboratory

#### **Content outline**

- Biosafety in TB laboratories.
- Personal Protective Equipment in TB labs.
- Disinfection in TB laboratories.
- PPE demonstration
- Video on respirator fit testing
- Assessment
- Summary





## Biosafety levels in a TB lab

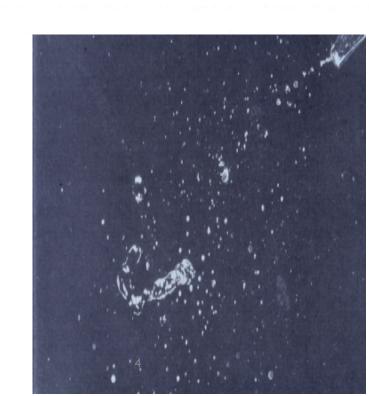
- BSL1 AFB smear microscopy
  - Can use countertop if airflow is directed away from laboratory staff
  - Need for exhaust fan to draw air away from area
  - BSC preferred
- BSL2 Specimen processing for TB culture
  - Work performed in a BSC
  - Safety centrifuge cups opened only in BSC
- BSL2 Molecular laboratory
  - Three areas with separate airflow
  - NO LIVE TB; dead cells only
- BSL2 and/or BSL3 TB Culture: Identification and DST
  - All work performed in a BSC Isolation and air exhaust needed for manipulating large Supranational Reference Laboratory



# Biohazards in the laboratory: be aware!

- Inhalation hazards: handling of liquids containing TB bacilli generates infectious aerosols:
  - pipetting
  - working with loops
  - centrifugation
  - opening tubes
  - vortexing suspensions
- Ingestion hazards
- Inoculation hazards





#### TB culture lab

- Follow all biosafety protocols for work in the TB culture lab
  - Collect samples for TB testing
  - Disinfect outside of tubes before removing from BSC
  - Heat kill samples if DNA extraction occurs in the moderate-risk TB laboratory





#### PPE in a TB lab

- · Each laboratory room should have its own set of PPE
- Laboratory coats
  - Front closing
  - Long sleeved
  - Washable at the lab or disposable
- Gloves
  - Powder free (powder may increase cross contamination)
  - Single use
  - Latex free (due to allergies)





#### Disinfection In TB lab

The only adequate disinfectants against TB bacilli are:

- Phenol, 2-5%: very irritant to skin, use derivatives.
- Hypochlorite (bleach): corrosive to metals.
- Alcohol 70%, no residue, use on skin and work surfaces.
- lodophores, 3-5%, iodine plus inert polymer Supranational® Reference Laboratory
- MSPT/PP/002, Version 1.0, Effective date: 01
  MSPT/PP/002, Version 1.0,

### **PPE** demonstration

- Donning and doffing of PPE
  - Gloves
  - N95 respirator
  - Lab coats/gowns
  - Shoe covers/lab shoes







## Example: Doffing Gloves









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## Waste disposal

All infected materials, including closed specimen containers, should be placed in the BSC in autoclavable bags.

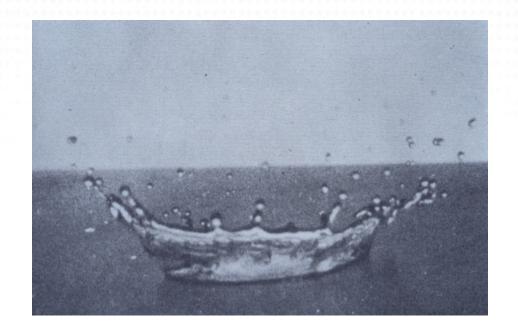
All cultures and related materials should be autoclaved.

All material handled in the BSC should be considered as infected.





## Incident: spill







## Spills – what to do

- Cover the spill with absorbent paper towel.
- Pour over disinfectant and leave for at least 2 hours.
- Discard absorbent tissue and all clean-up material in an autoclavable bag and autoclave.



## Spill outside the BSC

- EVACUATE the room and stay outside with the door closed for at least 2 hours.
- Using appropriate respiratory protection devices, return to the accident area to clean the spill.
- Cover the spill with paper towel and pour over disinfectant. Leave for at least 2 hours.
- Once disinfection is complete, discard all waste into suitable waste containers and autoclave.



## Assessment (True/False)

- 1. Surgical masks protect you from TB infection.
- Remove personal protective equipment in the following order:
  - respirator/mask
    disposable gloves
    gowns/coats/suits/overalls.
- In case of spills outside the BSC, you should evacuate the room and stay outside with the door closed for at least 30 minutes.





### **Summary**

- Heat killed specimens pose reduced risk of TB infection in a TB lab.
- Conduct an appropriate risk assessment for TB lab prior to selection of the appropriate PPE.
- Bleach should always be freshly prepared.
- Good lab practice should be maintained at all times





#### References

• GLI TB training package http://www.stoptb.org/wg/gli/trainingpackages.asp





### **Acknowledgments**



















Timely Accurate Diagnostics for a TB-Free Africa



