

### **BIOHAZARDOUS AGENT REFERENCE DOCUMENT**

Retrovirus & Retroviral vectors

The Biohazardous Agent Reference Document (BARD) is a general guidance resource that reviews and summarizes the nature of a pathogen or biotoxin, and offers safety requirements for work with the agent in the laboratory. The BARD may replace the formal SOPs used in conjunction with some IBC registrations.

The BARD is provided as an additional guidance tool, and is not a substitute for a risk assessment, biosafety training, lab-specific training, or a formal <u>IBC master protocol registration</u>. This document should be readily available in the laboratory, and it is the responsibility of the Laboratory Supervisor or Principal Investigator to ensure that all personnel have read, understood, and signed the document. The BARD is for informational purposes only, and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Please consult a health care provider for any medical questions or concerns.

#### **INSTRUCTIONS**

- 1. Review the information contained in this document.
- 2. Add any necessary information that is specific to your work in the laboratory (such as strain-specific information). Please be sure that the track changes function is turned on to indicate any changes that you make.
- **3.** Instruct all personnel to review the BARD and sign the last page, indicating that they have read and understood the information.
- 4. Submit the BARD along with your IBC master protocol registration, amendment, or continuing review.



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CHARACTERISTICS	
Morphology	Enveloped viruses, commonly used to deliver
	genetic information into DNA of host cells.
Strain Specific	Vector systems exist with multiple safety
Characteristics	features such as segregation of vector and
	packaging functions on separate plasmids, or
	deletions of genes essential to replication. The
	resulting viruses can only execute one cycle of
	infecting a target cell and integration of
	transferrable DNA into the host cell's genome.

HEALTH HAZARDS	
Host Range	Humans and non-human primates are natural
	hosts. Pseudotyping the envelope protein can
	alter the host range.
Modes of	Mucous membrane contact, ingestion,
Transmission	needlestick or other injury, contact with non-
	intact skin
Signs and	Fever, fatigue, weight loss, immunological and
Symptoms	neurological disease, insertional mutagenesis
Infectious	Unknown
Dose	
Incubation	1 – 6 months
Period	

MEDICAL PRECAUTIONS / TREATMENT	
Prophylaxis	None available
Vaccines	None available
Treatment	Anti-retroviral PEP as indicated by physician
Surveillance	Monitor for symptoms and test using serology or
	western blot
UVM IBC	Report any exposures or signs and symptoms to
Requirements	your supervisor
Additional	
Medical	
Precautions	

LABORATORY HAZARDS	
Laboratory	6 reported lab-acquired infections
Acquired	
Infections	
Sources	Blood, tissues, cerebrospinal fluid, nasopharynx
	secretions, and cells from infected humans,
	animals and infected cell lines.

CONTAINMENT REQUIREMENTS	
BSL - 2	Manipulation of known or potentially infected clinical samples and cell cultures of laboratory adapted strains (RG2)
BSL - 3	
ABSL - 2	Work with animals infected with risk group 2 strains. Animals infected with replication incompetent strains may be moved to ABSL-1 after 72 hours. If the strain is replication competent, animals must remain at ABSL-2
ABSL - 3	
Aerosol generating activities	Centrifugation, homogenizing, vortexing or stirring, changing of animal cages, animal surgeries, cell sorting, pipetting, pouring liquids, sonicating, loading syringes
Primary containment device (BSC)	Use for all work with infectious or potentially infectious material, loading and unloading centrifuge rotors.

EXPOSURE P	ROCEDURES
Mucous	Flush eyes, mouth or nose for 15 minutes at eyewash
membrane	station.
S	
Other	Wash area with soap and water for 15 minutes
exposures	
Medical	Contact UVMMC Infectious Disease Dept. directly at
Follow-Up	(802) 847-2700 for immediate assistance. Bring this
	document with you if seeking medical care.
Reporting	Report all exposures or near misses to:
	1. Your immediate Supervisor
	2. The UVM Biosafety Officer at (802) 777-9471
	and Risk Management at 6-3242
	3. Risk Management and Safety;
	https://www.uvm.edu/riskmanagement/inci
	dent-claim-reporting-procedures

PERSONAL PROTECTIVE EQUIPMENT (PPE)	
Minimum PPE	Nitrile gloves, lab coat, appropriate eye/face
Requirements	protection. Wash hands after removing gloves.
Additional	Sharps use strictly limited. Open wounds or cuts
Precautions	should be allowed to scab over before entering
(Risk	the laboratory, and should then be covered with
assessment	waterproof dressings.
dependent)	



#### **Biosafety Office**

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VIABILITY	
Disinfection	Susceptible to fresh 10% bleach, 2% glutaraldehyde, formaldehyde; All with contact time of 10 minutes
Inactivation	Inactivated by heat above 56°C for at least 30 minutes
Survival Outside Host	Drying causes 90 – 99% reduction in viability after several hours

SPILL CLEAN U	SPILL CLEAN UP PROCEDURES	
Small Spill	Notify others working in the lab. Allow aerosols to settle. Don appropriate PPE. Cover area of the spill with paper towels and apply approved disinfectant, working from the perimeter towards the center. Allow 30 minutes of contact time before clean up and disposal. Dispose in double biowaste bags and biobox.	
Large Spill	Inside of a lab: Call UVM Service Operations at 656-2560 and press option 1 to speak to a dispatcher. Ask them to page Risk Management and Safety. Outside of a lab: Pull the nearest fire alarm and evacuate the building. Wait out front of the building for emergency responders to arrive.	

REFERENCES	
Applied	http://journals.sagepub.com/doi/pdf/10.1177/1
Biosafety	53567600400900203
BMBL	https://www.cdc.gov/biosafety/publications/b
	<u>mbl5/</u>
ASM Journal	https://jvi.asm.org/content/72/2/994
of Virology	
Journal of	https://www.ncbi.nlm.nih.gov/pmc/articles/PM
Biomedicine	<u>C179763/</u>
and	
Biotechnology	

# **STUDENT / EMPLOYEE NAME**

SIGNATURE

DATE

**Biosafety Review:** 

Jeff LaBossiere, Biological Safety Officer

Date

Principal Investigator: \_\_\_\_\_

IBC Registration #: \_\_\_\_\_