

**Minutes for the 13th meeting of the Biosafety Committee of the University of Hong Kong.  
(A sub-committee of the Safety, Health and Environment Committee).**

Held on Thursday, October 9th 2014, 11.00 a.m., Room 412 at Professorial Block, Queen Mary Hospital.

The following members were present:-

	Affiliation	Function/Role
Professor K.S-L.Lam	Medicine	Chairman
Dr E.K.M. Hau	Safety Office	Safety Office Rep
Dr. K.S. Lo	LAU	CULATR liaison etc.
Dr VCH Lui	Surgery	Medical Faculty Rep
Dr. Mike Mackett	Safety Office	Secretary (BSO)
Professor F. K.S. Leung	Education	Independent advisor
Professor G.S.W. Tsao	Anatomy	Medical faculty Rep
Ms Cindy Lee	School of Public Health	Technical Staff Rep
Dr Hani El-Nezami	School of Biological Sciences	Science Faculty Rep

Apologies were received from. Dr C.F. Zhang (Dental Faculty Rep).

**1. Minutes of the 11<sup>th</sup> meeting of the Biosafety Committee (October 3rd 2013)**

Members were reminded that the minutes of the previous meeting of the Biosafety Committee were circulated in March 2014 and approved by e-mail. There were no further comments.

**2. Matters arising from the minutes of the 11<sup>th</sup> meeting (action points etc.)**

It was pointed out that under the update to point 6, Professor Woo's name was spelt incorrectly.

**3. Review of guidance on handling clinical samples**

In the light of the accidents outlined in the agenda there was significant discussion over the committee's guidance on handling clinical samples and a number of recommendations were made.

**3.1** It was acknowledged that a large number of potentially infectious samples, possibly thousands, are handled by University staff particularly in departments that have diagnostic responsibilities. It was noted that it is standard to handle all samples known to be infected in a Biological Safety Cabinet (BSC) but that it might not be possible to handle all samples in a hood particularly in settings where there is high demand for BSC's. Consequently the committee felt that it was important that all those handling clinical materials and particularly bloods should be suitably trained and given the appropriate personal protective equipment.

**3.2** In terms of training this would clearly depend on the task that individuals undertook but would need to be appropriately tailored, thorough and reviewed to ensure its ongoing suitability for the individual.

Comment was made on Section 2.4.4 of the guidance document which states:-  
"Consideration should be given on how to document any information, instruction and training provided by the department. Formal written training records are the preferred option." The committee felt that this should be worded more strongly so that formal written training records are mandatory and that they would be reviewed on a regular basis.

A number of potential sources for training were discussed and it was noted that the LAU has a page on its website (<http://www.lau.hku.hk/quicklinks/training.htm>) which might be useful and as the LAU is accredited by AAALAC it might also be possible to access the appropriate training via the AAALAC training library. The secretary agreed to investigate online courses such as those carried out annually in the USA and determine what might be appropriate for HKU.

**3.3** In terms of the appropriate PPE the committee agreed that disposable gloves, solid front or wrap around gowns with cuffed sleeves and a surgical mask are appropriate. Additionally eye protection devices, such as goggles or glasses should be provided and individuals encouraged to wear them whenever splashes, spray, spatter, or droplets may be generated and eye, nose, or mouth contamination reasonably anticipated. (The wording here is taken from the "Safety Matters" document circulated as Appendix 2 and represents a summary of the discussion.)

**3.4** For the guidance document the committee agreed that it would be useful to simplify the title of the document and include the standard protective procedures outlined in the safety matters circular.

**3.5** The secretary agreed to circulate a modified document for approval.

#### **4. Biosafety level 2 (BSL2).**

The committee agreed that with some modifications the document presented as guidance for operating at Biosafety level 2 could be adopted as official committee guidance.

**4.1** It was felt that the introduction might contain appropriate references and that an outline standard operating procedure for a BSL2 facility along with checklists to allow departments to determine if their laboratories and management procedures meet the requirements of BSL2 would be valuable.

**4.2** The secretary agreed to circulate a modified document for approval.

**4.3** Once approved the secretary agreed to send the approved document to the appropriate departments where BSL2 work is undertaken or possibly being contemplated.

**5/6. Incidents at US Centers for Disease Control (CDC) and gain of function experiments (both items for information).**

The committee noted these incidents and will continue to monitor any effects on HKU of increased scrutiny.

**7. Incident at the US National Institutes of Health (NIH) - Bethesda (for information)**

The committee also noted the discovery in freezers of various high hazard infectious agents at NIH and was reminded of the letters sent to heads of departments encouraging them to ensure rigorous and up to date inventories are kept of the infectious agents in their charge.

**8. New infectious agents acquired by HKU staff (for information)**

Committee members were interested to note the diversity of infectious agents being handled within the University.

**9. Dates of next meetings.**

It was agreed to tentatively schedule the next two Biosafety Committee meetings for 12<sup>th</sup> March 2015 and the 8<sup>th</sup> October 2015. It was agreed that these dates are flexible and would be confirmed nearer the time with committee members by e-mail.