



INTEGRATED BIOREPOSITORY OF H3AFRICA UGANDA

**MAKERERE UNIVERSITY
COLLEGE OF HEALTH SCIENCES**

STANDARD OPERATING PROCEDURE

TITLE: **IMMUNISATION AND PERSONNEL ACCIDENT REPORTS**

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SOP #: **IBRH₃AU-SOP-MGT-005.1**

Effective Date: **09/01/2014**

Next Rev: **DEC 2015**

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VALIDATION AND RETIREMENT

	NAME	DATE
Validated by:		
Retired by:		

ACKNOWLEDGEMENT OF READING AND UNDERSTANDING

I have received and understood the training on this SOP. If I have not understood the training I have asked the trainer to retrain me to ensure that I completely understand all the requirements.

	NAME	SIGNATURE	DATE
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1. INTRODUCTION

All biospecimen, independent of their state, shall be handled as if infected with agents that may be pathogenic to humans. Universal standards shall be taken to safeguard personnel from potential infectious hazards. Personnel shall have up-to-date immunizations and report and document all accidents that they may be involved in at the biorepository.

2. PURPOSE

To give biorepository personnel guidelines to follow when reporting safety incidents and their vaccination requirements

3. SCOPE

This standard operating procedure (SOP) covers basic steps to be followed to ensure that personnel are adequately immunized and accidents are appropriately reported, investigated and documented.

4. ROLES AND RESPONSIBILITIES

The SOP applies to IBRH₃AU personnel involved in biospecimen reception, processing, storage, retrieval and distribution.

5. MATERIALS, EQUIPMENT AND FORMS

1.1 Incident/Accident Reporting forms.

1.2 Occupational Health Records.

6 PROCEDURES

6.1 Immunization

6.1.1 Immunize or tests Personnel that handle biospecimens for the agents that may potentially be present in the laboratory or in the materials handled.

6.1.2 Only personnel who have been advised of the potential hazards, appropriately trained in safety and immunized may access biological material or enter certain sections of the biorepository laboratory.



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6.2 Some of the agents that will be vaccinated against include

6.2.1 Hepatitis B Virus (HBV)

6.2.2 Tetanus vaccination: Tetanus (lockjaw, painful spasms of all muscles) is a serious disease caused by a germ that enters the body through a cut or wound. Employees working in the biorepository shall be knowledgeable of the date of their tetanus immunization - usually received in 3 doses during childhood. If one is unsure of the date, a booster dose will be administered. As well, a booster dose every 10 years following initial immunization is required to maintain protective antibodies against tetanus. Tetanus toxoid injection is often combined with Diphtheria vaccine (Td).

6.2.3 Individuals declining vaccination must provide their reason(s) on a signed form of declination. Until the individual has been immunized, or has signed a form declining immunization, he/she may not handle biospecimen.

6.2.4 Individuals shall keep their general immunizations up to date according to current recommendations.

6.2.5 If there are new licensed vaccines or medical prophylaxes available for the type of biological commodities potentially or actively being manipulated, personnel shall have access to these immunization agents.

6.2.6 Maintain an active record (with updates) of personnel immunizations and vaccine booster treatments.

6.3 Personnel accident reports

6.3.1 Laboratory events that might create hazards, exposures, or accidents requiring reporting could be classified as:

6.3.1.1 Laboratory accidents occurring during work with chemical hazards, biohazardous materials or in a biohazardous area that could result in physical injury, cuts, burns, abrasions, or fractures.

6.3.1.2 Other events occurring during the handling of biohazardous agents or infected specimens that could allow release of the agent to the environment or its undesired transfer to employees or cultures.



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6.3.1.3 In the first category, the injury site could be contaminated with the biohazardous agent in use. In the second category, illness or unwanted cross contamination could occur without physical injury.

6.3.1.4 Mechanisms of infection typical of the second category are ingestion of contaminated fluids, exposure to aerosols, and penetration of agents through the unbroken skin. Therefore, for the purpose of controlling biohazards, all accidents, known exposures, and potential hazards should be identified and reported.

6.4 Familiarize all personnel with the location and use of safety showers, eye wash, first aid kit and personal protective equipment.

6.5 Post Prominent institutional emergency telephone numbers for emergency calls in the event of fire, accident, flood, or hazardous or chemical spill in the biorepository.

6.6 Immediately inform the supervisor of the individual involved in the accident.

6.7 Seek medical help immediately.

6.8 Utilize the internal accident-reporting system to help discover and correct unexpected hazards and prevent re-occurrence.

6.9 The internal reporting system shall include provisions for investigating the causes of injury and any potentially serious incident that does not result in injury.

6.10 The goal of such investigations shall be to make recommendations to improve safety, not to assign blame for an incident.

6.11 In the event the worker is seriously injured and cannot report the accident, the supervisor with knowledge of the accident is still responsible for completion of the reports.

6.12 Document all accidents, investigations and outcomes.

7 ATTACHMENTS

7.1 Incident/Accident report form; refer to **IBRH3AU-FORM-006**.



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8 REVISION HISTORY

Revision No	Effective Date	Description of Changes Made from Preceding Revision	Approved by/ Date

ANNEX 1: DOCUMENTATION OF SUGGESTED CHANGES TO THIS SOP

CLAUSE	SUGGESTION	BY	DATE