## Center for Surveillance, Epidemiology, and Laboratory Services Office of Public Health Scientific Services



## **Implementing Biorisk Management Practices**

Reynolds M Salerno, PhD
Director, Division of Laboratory Systems
APHL Annual Meeting
June 7, 2016



## Occupation Safety and Health Act of 1970

General Duties Clause (section 5)

"Each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees."



## UCLA study on lab safety, 2013

- Almost half had experienced injuries in the laboratory
- 30% of respondents had witnessed a major injury
- UK respondents: 66% regularly execute risk assessments
- US respondents: 25% conduct formal risk assessments, 50% assessed risk only "informally"









### Challenges in implementing biosafety...

- Historically, the scientific community has not seen safety as part of the intellectual process of conducting laboratory science
- Rigorous risk assessment methodologies are not well integrated into traditional education and training for laboratory life scientists
- Failure data is the yardstick by which safety effectiveness is measured
- Often safety accidents are blamed on laboratory workers



### **Learning lessons from other industries**

- Airline safety has improved by a factor of more than 130 times over the past 60 years
- ICAO Safety Management Manual
  - First edition 2003
  - Third edition 2013

Organizational accident





#### **Engineering a Safer World**

Systems Thinking Applied to Safety

Nancy G. Leveson

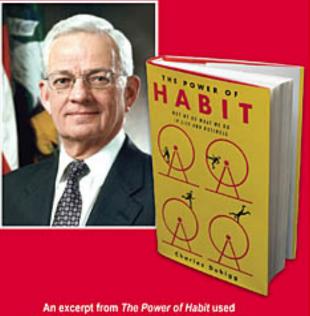


Professor, Aeronautics, Astronautics, and Engineering Systems, MIT





and how he achieved incredible business success by focusing on safety



with permission from the author, Charles Duhigg

Paul O'Neill, CEO, Alcoa, 1987-2000



### Origins of biorisk management

CEN CWA 15793 WORKSHOP September 2011 AGREEMENT IC\$ 07,100.01 Supersedes CWA 15793:2008 English version Laboratory biorisk management This CEN Workshop Agreement has been drafted and approved by a Workshop of representatives of interested parties, the constitution of which is indicated in the foreword of this Workshop Agreement. The formal process followed by the Workshop in the development of this Workshop Agreement has been endorsed by the National Members of CEN but neither the National Members of CEN not the CEN Management Centre can be hald accountable for the technical content of this CEN Workshop Agreement or possible conflicts with shandards or legislationards or This CEN Workshop Agreement can in no way be held as being an official standard developed by CEN and its Members. This CEN Workshop Agreement is publicly available as a reference document from the CEN Members National Standard Bodies CEN members are the national standards bodies of Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, Friance, Germany, Greece, Hugsay, Iceland, Ineland, Italy, Lathia, Liftuaria, Lusembourg, Matta, Netherlands, Norwey, Poland, Portuga, Romania, Slovakia, Siloveria, Spain, Sweden, Standards of United Kingdom. EUROPEAN COMMITTEE POR STANDARDIZATION COMITÉ EUROPÉEN DE NORMALISATION Management Centre: Avenue Marniy 17 R-1000 Brussels © 2011 CEN All rights of exploitation in any form and by any means reserved worldwide for CEN national Members. Ref. No.:CWA 15793:2011 D/E/F

- CWA 15793 (2008, 2011)
- ISO Standard 35001 now under development





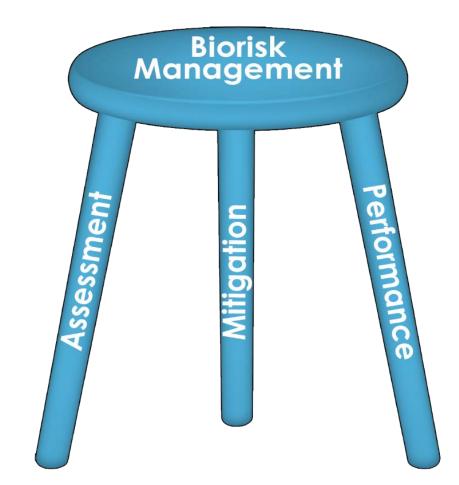
### **Laboratory biorisk management**

- Depth of roles and responsibilities
- Intellectually sound, evidence-based decision making
- Substantive risk assessments
- Risk-based control measures
- Effectiveness evaluation routinely integrated into the workflow
- Explicitly scalable



### The AMP model

 A management systems approach to safety that is analogous to a quality management system





# Risk assessments are not static exercises but constantly iterative analyses

- What could go wrong today? Location, situation, and activity specific
- What are the likelihood and consequences of each of those risks?
- What data do we lack to make these evaluations more reliable?
- How should we prioritize those risks?

## A risk assessment tool...

Zika testing process step	What could go wrong? (Specimen, reagents, equipment, procedures, personnel, environment)	, ,		Severity (1- 5)		Proposed Mitigation (if Risk Total ≥6)	New Prob (1-5)	New Risk Total
Package receipt and transfer of packages to testing area	Leaking Package	Protocols and best practices for handling leaking packages include placing in leak-proof secondary container and opening in BSC and PPE: gloves, lab coat, safety glasses	3	. 2	5			
	Unexpected delivery	Samples are shipped with Category B packaging safety measures     All received packages are opened in BSC with proper PPE	3	2	5			
Transport of Specimens between testing areas	Breakage of the specimen container	Protocols require specimens to be transported in a clearly labeled, durable, shatter and leak-proof transport container directly to the specimen handling area of the laboratory.	2	2	4			
	Contaminated transport container	Protocols require decontamination of transport container surfaces before and after each use.	2	2	4			

## Implementing controls extends beyond predetermined, generic guidance

Can we show how our control measures reduce each of the identified risks?

- Are we confident that our control measures concentrate more on mitigating the highest risks than the lower risks?
- What measures will we use to evaluate the effectiveness of our control measures on a routine basis?



## Adopt a performance evaluation system that is dynamic and inclusive

- Checklists based on the results of a risk assessment can be used to assess the biosafety control measures
- Routine hot washes with the laboratory staff can
  - discuss the utility and value of all of the control measures, and
  - reveal data that can augment revisions of the risk assessment
- Incentives/rewards for those laboratory staff who identify safety issues and improvements



## **Keystone Initiative**



uofmhealth.org



## **Keystone Initiative**



uofmhealth.org



## Nebraska's Ebola patient-specific PPE checklist



### **PPE Donning and Doffing**

**Ebola Patients** 

These are standard Nebraska Biocontainment Unit Personal Protective Equipment procedures. These are developed to protect against Category A agents. Therefore, they vary slightly from CDC recommendations.





#### **Conclusion**

 Embrace risk assessments as iterative scientific exercises that can always benefit from more/better data

- Measure the effectiveness of safety systems on a routine basis
- Incentivize and normalize discussions about safety problems and concerns
- Envision biosafety as a critical part of the scientific endeavor

### **Bibliography**

- Richard Van Noorden, "Safety Survey Reveals Lab Risks," Nature 493, 9-10 (02 January 2013).
- Nancy G. Leveson, Engineering a Safer World: System Thinking Applied to Safety (MIT Press, 2011)
- Charles Duhigg, The Power of Habit (Random House, 2014)
- "Laboratory Biorisk Management," CEN Workshop Agreement 15793 (2008, 2011).
- R.M. Salerno and J. Gaudioso, eds., Laboratory Biorisk Management: Biosafety and Biosecurity (CRC Press, 2015)
- Atul Gawande, "The Checklist," The New Yorker (December 10, 2007)
- University of Nebraska Medical Center, "PPE Donning and Doffing: Ebola Patients," nebrasksamed.com.

For more information, contact CDC 1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348 <u>www.cdc.gov</u>

Images used in accordance with fair use terms under the federal copyright law, not for distribution.

Use of trade names is for identification only and does not imply endorsement by the Centers for Disease Control and Prevention.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

