**Biosafety Standard Operating Procedures (SOPs) for *Caenorhabditis elegans* experiments**

All names listed on the protocol must read and sign the SOP.

Title (as stated on IBC e-Protocol Application):

**IBC Number:**

**SOP Prepared By:**  **Date:**

Location(s): Procedure may be performed in the following location(s):

Standard Laboratory Practices: The researchers agree to adhere to the following standard laboratory practices when working with transgenic and mutagenized nematode worm *Caenorhabditis elegans:*

* Experimental work with both wild-type, mutagenized and transgenic nematode worms and their bacterial diet should be done in as much isolation as possible to prevent the generation of novel mutants that could have a detrimental effect on the ecosystem.
* Eating, drinking, smoking, handling contact lenses, applying cosmetics and storing food for human consumption are not permitted in laboratory areas.
* Cultures of worms and bacteria must not be left haphazardly within the work area. Clean experimental work areas with 10% bleach solution (contact time 30 minutes) or an EPA approved surface disinfectant before and after experimental work. Name of disinfectant being used:       Required contact time (per manufacturer’s label):
* Worms on agar plates or in tubes must be discarded as biohazard waste, same as bacterial cultures on agar plates. Bacteria in liquid culture should be treated with a final concentration of 10% bleach (v/v) for 30 minutes before being discarded as non-hazardous waste (down the sink with running water).
* Non-glass disposable containers that previously held bacteria and/or worms should be disposed of as biohazard waste.
* Glass slides on which live worms are imaged should be disposed of in an OEHS provided sharps container.
* Only personnel experienced with *C. elegans* manipulations may conduct these experiments.

Hazards: The following materials and/or equipment associated with *C. elegans* research may present exposure and/or health/environmental hazards.

Does the experiment include deliberate release of *C. elegans* into the environment? *If yes, please describe additional controls under “Additional Special Handling”.*

**Personal Protective Equipment (PPE):** In addition to appropriate street clothing (closed toe shoes, pants or equivalent), The following PPE must be worn when performing these procedures. (e.g., gloves, eye protection, lab coat, face mask, etc.)

# Additional Special Handling: Describe how any *C. elegans,* or related waste materials, will be transported if it is necessary to take it from one lab or building to another (secondary containment), and any other special considerations.

**Waste Disposal:** Describe how you will collect and treat the following waste (refer to the guidance document for appropriate waste disposal methods). If not applicable, enter “N/A”:

Worm plates/tubes:

* + Container type (reusable, disposable, or both):
	+ Treatment method: (e.g., autoclaved):
	+ Treatment location:
	+ Treatment to be provided by user or WSU approved vendor:

Glass/Sharps:

Other:

**Emergency Medical Procedures:**

If you need help, call the WSU police at 313-577-2222 (do not call 911)

Injuries/exposures requiring medical attention:

* Emergencies: Henry Ford Hospital or Detroit Receiving Hospital
* Non-emergencies:
	+ During business hours (M-F 8 AM – 4 PM) - Henry Ford Medical Center – Harbortown Occupational Health, 313-656-1618
	+ After hours – Henry Ford Hospital or Detroit Receiving Hospital
* After seeking medical attention, complete Report of Injury Form:
	+ WSU Office of Risk Management, 313-577-3110, [www.risk.wayne.edu](http://www.risk.wayne.edu)
* Notify the PI of any accidents or injuries in the workplace as soon as possible.

More information can be found on the [Laboratory Emergency Procedures](https://research.wayne.edu/oehs/health-safety/emergencyposting.pdf) sign posted in the lab at this location: .

Accidental Release Response: Describe procedures to follow if an accidental release of transgenic *C. elegans* were to occur during this research:

Personnel must have prior approval from the P.I. or Lab Manager before initiating work.

I have read and understand the above SOP. I agree to contact my supervisor if I have any questions or if I plan to make modifications to this procedure.

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| **Name** | **Signature** | **Date** |
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