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Requirements for COVID-19 research

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Containment levels at a glance

| Research type | Containment level |
|-------------------------------|---|
| Live SARS-CoV-2 | BSL3/ABSL3 |
| COVID-19 patient samples | BSL2 with enhancements (varies by sample type) |
| Pandemic human samples | BSL2 with enhancements (respiratory/GI samples only) |
| Samples from infected animals | BSL3 or BSL2 with enhancements (varies by sample type) |
| Inactivated COVID-19 samples | BSL2 |
| Nucleic acids from SARS-CoV-2 | BSL1 (individual genes) or BSL2 (extracted/full genome) |
| Proteins from SARS-CoV-2 | BSL1 |

Institutional Biosafety Committee review and approval:

As an institution that receives federal funding, UW-Madison is required to comply with the [NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules \(NIH Guidelines\)](#). Experiments that fall under sections III-A through III-D of the *NIH Guidelines* require approval from the UW-Madison Institutional Biosafety Committee (IBC) prior to initiation, even if low risk. Experiments that fall under section III-E of the *NIH Guidelines* may commence simultaneously with IBC notification (i.e., assignment of a biosafety protocol or amendment to an IBC meeting), but still require IBC review and approval.

Experiments that fall under section III-F of the *NIH Guidelines* (i.e., exempt experiments) or that are not subject to the *NIH Guidelines* because they do not involve recombinant or synthetic nucleic acids may still require a biosafety protocol and be subject to IBC review and approval. The IBC is charged by the Chancellor with responsibility for oversight of biological materials that entail a potential risk to humans, animals, plants, or the environment. The IBC is authorized to approve, require modifications to secure approval, or disapprove work with biohazardous materials. The IBC is also authorized to suspend or revoke authorization of work that is not conducted in accordance with their requirements. To determine if your planned research requires a biosafety protocol, please refer to the [Bio-ARROW webpage](#) or contact OBS at 608-263-2037 or biosafety@fpm.wisc.edu.

The IBC meets the first Wednesday of every month unless otherwise posted; please see the [IBC webpage](#) or contact OBS at 608-263-2037 or biosafety@fpm.wisc.edu for upcoming meeting information. Protocols and amendments are pre-reviewed by OBS staff prior to assignment to an IBC meeting. The cutoff for assignment to an IBC meeting is one week prior to the meeting date. **To allow time to complete the pre-review process it is recommended that new protocols and amendments are submitted at least one month prior to the IBC meeting date.** The IBC understands the importance and urgency of COVID-19 research. OBS staff will work with researchers and the IBC to expedite the review process and consider late submissions, but IBC review cannot be guaranteed for protocols and amendments submitted less than two weeks prior to the IBC meeting date.

Background on COVID-19 and SARS-CoV-2:

COVID-19 is an emergent respiratory disease that is caused by infection with the coronavirus SARS-CoV-2 (previously called “2019 novel coronavirus” or 2019-nCoV). SARS-CoV-2 is a betacoronavirus in the *Coronaviridae* family. It is closely related to SARS-CoV, the coronavirus that causes severe acute respiratory syndrome (SARS). Like SARS-CoV, SARS-CoV-2 is believed to have a zoonotic origin, perhaps originating in bats. SARS-CoV-2 is a positive-sense single-stranded RNA virus. It has four structural proteins: S (spike), E (envelope), M (membrane), and N (nucleocapsid). S, E, and M along with the lipid bilayer form the viral envelope, and N interacts with the RNA genome to form the helical nucleocapsid. The virus is believed to enter human cells by binding of the spike protein to the receptor angiotensin converting enzyme 2 (ACE2). SARS-CoV-2 produces at least three virulence factors that promote shedding and inhibit the host immune response.

Infection with SARS-CoV-2 results in a range of symptoms from none to mild to severe. Symptoms may include fever, chills, cough, shortness of breath or difficulty breathing, nasal congestion, muscle pain, headache, fatigue, sore throat, loss of taste or smell, and diarrhea. In most individuals, COVID-19 produces only mild flu-like symptoms. Older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness. Severe illness can lead to hospitalization, need

for ventilation, and in the most severe cases, death. Medical conditions known to increase COVID-19 risk include chronic lung disease, asthma, heart conditions, diabetes, chronic kidney disease, liver disease, obesity, and compromised immunity. Many things can cause a person to be immunocompromised, including pregnancy, cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, AIDS, and prolonged use of corticosteroids or certain other medications. Employees are not required to disclose pregnancies, medical conditions, or their immune status, and if they have concerns, they should consult their physician. Treatments are available that can reduce the chances of hospitalization or death in infected individuals who are at higher risk for severe disease. Medications to treat COVID-19 require a prescription and should be started as soon as possible after diagnosis for maximum effectiveness. More information can be found on the CDC's [COVID-19 treatments and medications](#) webpage.

SARS-CoV-2 spreads through respiratory droplets produced when an infected person coughs or sneezes. Other possible means of transmission include aerosols (e.g., an infected person exhaling), transfer of virus through touching the mouth, nose, or eyes after touching a contaminated surface, and fecal-oral transmission. Symptoms may appear 2-14 days after exposure, and some infected individuals never exhibit symptoms. Infected individuals may transmit the virus even if pre-symptomatic or asymptomatic.

COVID-19 vaccines are available. Although studies indicate these vaccines are safe and highly effective at preventing severe illness, they do not guarantee protection from infection. It is unknown how long immunity lasts after vaccination, and vaccination may not prevent transmission of the virus. More information on COVID-19 vaccines can be found on the CDC's [COVID-19 vaccine](#) webpage.

General considerations for COVID-19/SARS-CoV-2 research:

Due to the high morbidity and mortality in COVID-19 patients, **SARS-CoV-2 has been classified as a risk group 3 (RG3) virus**. When planning any COVID-19 research project, the following should be considered:

- In the event of an exposure to research materials, is there a risk of a lab-acquired COVID-19 infection (i.e., will you be working with live SARS-CoV-2 or materials that contain or potentially contain live SARS-CoV-2, such as clinical samples)?
- If exposure to live virus is possible, then:
 - What is the level of exposure risk? (e.g., Will the virus be isolated or cultured? Will samples come from known COVID-19 patients or are they unknown diagnostic specimens? What type of tissue samples or bodily fluids will be used?)
 - What is the laboratory's experience with coronaviruses or other respiratory pathogens?
 - Who will train personnel to work with the virus/potentially infectious materials?
 - Has the laboratory developed all the necessary SOPs for working with the virus/potentially infectious materials (e.g., donning and doffing personal protective equipment (PPE), disinfection, spill protocols)?
 - Does the laboratory have a COVID-19 occupational health plan?
 - Have laboratory staff been offered COVID-19 vaccine? For information on vaccine availability, please check the [PHMDC COVID-19 vaccine webpage](#) or contact Occupational Medicine at occupationalmedicine@fpm.wisc.edu.

- Does the laboratory have the facilities and containment equipment appropriate for the level of risk (as outlined in the sections below)?
- Does the laboratory have access to PPE appropriate for the proposed work (e.g., PAPR, Tyvek)?
- What other hazards are associated with this research (e.g., bloodborne pathogens, viral vectors, sharps), and how will their risk be mitigated?
- If you will be using human subjects or samples collected from human subjects, do you have Institutional Review Board (IRB) approval for this research?
- If you will be using animal models, do you have Institutional Animal Care and Use Committee (IACUC) approval for this research?

The sections below outline the typical requirements for different types of COVID-19 research. As many factors affect risk (e.g., genetic modifications, equipment, assays and procedures), OBS and the IBC will work with you to determine the appropriate containment level, location, practices, and PPE needed for your specific research. Additional guidance and tools can be found on the [Biosafety COVID-19 information webpage](#). For questions, please contact OBS at 608-263-2037 or biosafety@fpm.wisc.edu.

Research involving live SARS-CoV-2:

Research involving the isolation, enrichment, culture, or concentrated stocks of live SARS-CoV-2 requires BSL3 containment and must be approved by the IBC prior to initiation.

Facility requirements

Not all UW-Madison BSL3 laboratories are suitable for work with high risk respiratory pathogens. If you are planning research with SARS-CoV-2 please contact OBS at 608-263-2037 or biosafety@fpm.wisc.edu. For live SARS-CoV-2 work, a BSL3 laboratory must meet the following requirements:

- Fan failure testing has been performed within the last 12 months
- Laboratory must have room pressure monitoring
- Air must be single-pass (100% exhausted) and not re-entrained or recirculated into any part of the building
- Exhaust air must be HEPA-filtered
- Laboratory must have an anteroom that is large enough to change out of street clothing, don and doff PPE, and provide adequate storage for PPE

Please note that other aspects of the laboratory layout and workflow (e.g., location of an autoclave) will be considered as part of the risk assessment by the IBC.

Administrative controls and practices

Good microbiological practices must be followed when working with any microorganism, though this is especially true when working with an RG3 virus. Work with live SARS-CoV-2 additionally requires the following:

- The laboratory must have established processes to address occupational health considerations for personnel involved in the research. The occupational health plan must include:
 - Hazard communication that includes the risk and symptoms of COVID-19
 - Signed informed consent for those working with SARS-CoV-2

- Pathogen-specific emergency response procedures in the event of known potential exposures and development of symptoms with no known exposures
- Laboratory staff should monitor for symptoms and wear a mask around others for at least 10 days following any known exposure to wild type SARS-CoV-2 and be prepared to self-isolate if any symptoms of COVID-19 develop
- If working with SARS-CoV-2 that has been mutated via serial selection in cells or animals or through recombinant modification (e.g., insertions, deletions, point mutations, substitutions) of infectious clones or animals infected with SARS-CoV-2 that are housed in open cages, exposures or development of symptoms require reporting through the UW-Madison Responsible Official/Alternate Responsible Officials (RO/AROs) and self-isolation until released by the RO/ARO

OBS has developed occupational health plan templates that may be used for this purpose. They can be found on the [Biosafety COVID-19 information webpage](#).

- Individuals may not travel outside the state of Wisconsin within 14 days of working with live SARS-CoV-2 if either of the following is true:
 - The SARS-CoV-2 has been mutated via serial selection in cells or animals or through recombinant modification (e.g., insertions, deletions, point mutations, substitutions) of infectious clones. Travel restrictions are required in this case due to the potential for a mutant or recombinant strain that does not exist in nature being transmitted to the public.
 - Animals infected with SARS-CoV-2 are housed in open cages (i.e., the room serves as primary containment in a BSL3-Ag facility or equivalent). Travel restrictions are required in this case due to the greater risk of lab-acquired infections with open caging.

Exemptions from travel restrictions may be requested from the IBC and will be considered on a case-by-case basis.

- Access to the laboratory must be controlled and restricted to those involved in the research while active work (i.e., hands-on manipulation) with SARS-CoV-2 is being performed.
- Signage should be posted at the laboratory entry regarding the restricted access. [Signage for SARS-CoV-2 work](#) can be downloaded from the EHS website.
- Concomitant work with SARS-CoV-2 and other viruses in the same laboratory space is prohibited unless a plan to avoid cross-contamination is approved by the IBC.
- All aerosol-generating activities (e.g., pipetting, homogenization) should be performed inside a certified class II biosafety cabinet (BSC) or other approved containment device.
- Training on SOPs for lab entry/exit including donning and doffing PPE should be documented.
- [EPA-registered disinfectants effective against SARS-CoV-2](#) should be used for decontamination of work surfaces and equipment.

PPE

Street clothes are not permitted in the BSL3 laboratory when working with SARS-CoV-2; dedicated shoes and dedicated scrubs with full Tyvek coveralls or equivalent is required. Other required PPE include disposable shoe covers, two layers of disposable gloves, face and respiratory protection. A powered air purifying respirator (PAPR) with full head shroud is preferred for face and respiratory protection over N95/N100 respirator with safety glasses and face shield. The entering and exiting of the BSL3 laboratory should allow for the proper donning, doffing, disinfection, storage, and disposal of PPE.

Animal models of COVID-19

Research animals that are infected with SARS-CoV-2 require ABSL3 containment. Where possible, animals infected with SARS-CoV-2 must be housed in microisolator cages. For species that do not have microisolator caging available, animal cages or pens must be housed within an approved HEPA-filtered containment device or within a BSL3-Ag facility. Please note that not all UW-Madison BSL3 laboratories are considered suitable for housing animals, and locations for animal use must be approved by both the IBC and IACUC. Additional administrative controls (e.g., showering out) and PPE (e.g., Tyvek sleeves) may be required for animal work.

Chimeric SARS-CoV-2 viruses

Under an [Interim Final Rule](#) issued by the CDC's Division of Select Agents and Toxins recombinant SARS-CoV-2 viruses containing nucleotides encoding virulence factors from SARS-CoV have been added to the federal list of select agents and toxins. The creation of chimeric SARS-CoV/SARS-CoV-2 viruses are restricted experiments and require approval from the CDC in addition to the IBC prior to initiation. Experiments using these chimeric viruses must be conducted in select agent registered space by approved personnel. If interested in conducting experiments involving chimeric SARS-CoV/SARS-CoV-2 viruses please contact the Select Agent Responsible Official Christina Pier at 608-712-2359 or pier@wisc.edu.

Research involving COVID-19 patient samples:

Research involving COVID-19 patient samples requires BSL2 containment with enhancements (which will vary depending on sample type, see below).

Facility requirements (all sample types)

Air should be single-pass (100% exhausted) and not re-entrained or recirculated into any part of the building. Please note that other aspects of the laboratory layout and workflow should be considered as part of the laboratory's risk assessment.

Respiratory and gastrointestinal samples from COVID-19 patients

Since SARS-CoV-2 is a respiratory pathogen, nasal swabs, nasal washes, nasal secretions, sputum, saliva, and lung or respiratory tract tissue present the highest risk of exposure. Information on shedding of SARS-CoV-2 in feces is currently limited, though live SARS-CoV-2 has been detected in fecal samples from COVID-19 patients and diarrhea is a possible clinical sign of COVID-19. Work with nasal swabs, nasal washes, nasal secretions, sputum, saliva, lung or respiratory tract tissue, feces, and gastrointestinal tract tissue collected from patients known or suspected to have COVID-19 requires a minimum of BSL2 containment with the following enhancements:

- The laboratory must have established processes to address occupational health considerations for personnel involved in the research. The occupational health plan must include:
 - Hazard communication that includes the risk and symptoms of COVID-19
 - Signed informed consent for those working with COVID-19 respiratory/gastrointestinal samples
 - Pathogen-specific emergency response procedures in the event of known potential exposures and development of symptoms with no known exposures

- Laboratory staff should monitor for symptoms and wear a mask around others for at least 10 days following any known exposure to COVID-19 respiratory/gastrointestinal samples and be prepared to self-isolate if any COVID-19 symptoms develop
- OBS has developed an occupational health plan template that may be used for this purpose. It can be found on the [Biosafety COVID-19 information webpage](#).
- Access to the laboratory must be controlled and restricted to those involved in the research while active work (i.e., hands-on manipulation) with COVID-19 respiratory/gastrointestinal samples is being performed.
 - Signage should be posted at the laboratory entry regarding the restricted access while active work with COVID-19 respiratory/gastrointestinal samples is being performed. [Signage for work with COVID-19 samples](#) can be downloaded from the EHS website.
 - All aerosol-generating activities (e.g., pipetting, homogenization) should be performed inside a certified class II BSC or other approved containment device.
 - Concomitant work with COVID-19 respiratory/gastrointestinal samples and cells permissive to COVID-19 infection is prohibited.
 - [EPA-registered disinfectants effective against SARS-CoV-2](#) should be used for decontamination of work surfaces and equipment.
 - Required PPE includes disposable lab coat, gown, or coveralls and two layers of disposable gloves. Additional PPE such as an N95/N100 respirator or PAPR, dedicated lab shoes or disposable shoe covers, and face shield may be required if activities with COVID-19 respiratory/gastrointestinal samples will be performed outside of containment.

Non-respiratory/gastrointestinal samples from COVID-19 patients

Work with blood, plasma, serum, organs, and tissues that are not part of the respiratory or gastrointestinal tracts, and non-respiratory/enteric bodily fluids and secretions (e.g., cerebrospinal fluid, urine) obtained from known or suspected COVID-19 patients with an active infection requires BSL2 containment with the following enhancements:

- The laboratory must have established processes to address occupational health considerations for personnel involved in the research. The occupational health plan must include:
 - Hazard communication that includes the risk and symptoms of COVID-19
 - Signed informed consent for those working with COVID-19 samples
 - Pathogen-specific emergency response procedures in the event of known potential exposures and development of symptoms with no known exposures
 - Laboratory staff should monitor for symptoms and wear a mask around others for at least 10 days following any known exposure to COVID-19 samples and be prepared to self-isolate if any COVID-19 symptoms develop
- OBS has developed an occupational health plan template that may be used for this purpose. It can be found on the [Biosafety COVID-19 information webpage](#).
- Access to the room should be restricted when active work (i.e., hands-on manipulation) with COVID-19 samples is being performed.
 - Signage should be posted at the laboratory entry regarding the restricted access while active work with COVID-19 samples is being performed. [Signage for work with COVID-19 samples](#) can be downloaded from the EHS website.
 - All aerosol-generating activities (e.g., pipetting, homogenization) should be performed inside a certified class II BSC or other approved containment device.

- Concomitant work with COVID-19 samples and cells permissive to COVID-19 infection is prohibited.
- [EPA-registered disinfectants effective against SARS-CoV-2](#) should be used for decontamination of work surfaces and equipment.
- Additional PPE or higher containment levels may be required under the following circumstances:
 - Aerosol-generating activities with COVID-19 samples will be performed outside of containment
 - Cells from COVID-19 patients will be isolated and cultured
 - Cells from COVID-19 patients will be administered to animals

Exceptions for low-risk samples may be considered on a case-by-case basis.

Research involving pandemic human samples:

For the purposes of this guidance, pandemic human samples are defined as mucosal swabs or washes, sputum, blood, serum, plasma, feces, urine, other tissues or bodily fluids collected from **November 1, 2019 through May 11, 2023**. Pandemic human respiratory and gastrointestinal samples should be treated as potentially infectious for COVID-19 unless collected from individuals that have tested negative for COVID-19 at the time of sample collection or the samples are confirmed to be negative for SARS-CoV-2 using a validated method.

Facility requirements (all sample types)

Air should be single-pass (100% exhausted) and not re-entrained or recirculated into any part of the building. Please note that other aspects of the laboratory layout and workflow should be considered as part of the laboratory's risk assessment.

Pandemic respiratory and gastrointestinal tract samples

Work with potentially infectious nasal swabs, nasal washes, nasal secretions, sputum, saliva, lung or respiratory tract tissue, feces or gastrointestinal tract tissue collected during the pandemic from the general population or a patient population not known to have COVID-19 requires BSL2 containment with the following enhancements:

- The laboratory must have established processes to address occupational health considerations for personnel involved in the research. The occupational health plan must include:
 - Hazard communication that includes the risk and symptoms of COVID-19
 - Signed informed consent for those working with pandemic samples
 - Pathogen-specific emergency response procedures in the event of known potential exposures and development of symptoms with no known exposures
 - Laboratory staff should monitor for symptoms and wear a mask around others for at least 10 days following any known exposure to pandemic samples and be prepared to isolate if any COVID-19 symptoms develop

OBS has developed an occupational health plan template that may be used for this purpose. It can be found on the [Biosafety COVID-19 information webpage](#).

- Access to the room should be restricted when active work (i.e., hands-on manipulation) with pandemic samples is being performed.

- Signage should be posted at the laboratory entry regarding the restricted access while active work with pandemic samples is being performed. [Signage for work with pandemic samples](#) can be downloaded from the EHS website.
- All aerosol-generating activities (e.g., pipetting, homogenization) should be performed inside a certified class II BSC or other approved containment device.
- Samples discovered to be positive for SARS-CoV-2 must be destroyed, inactivated by a validated method, or handled using the enhanced precautions described above for respiratory and gastrointestinal samples from COVID-19 patients.
- Concomitant work with pandemic samples and cells permissive to COVID-19 infection is prohibited.
- [EPA-registered disinfectants effective against SARS-CoV-2](#) should be used for decontamination of work surfaces and equipment.
- Additional PPE such as a disposable lab coat, gown, or coveralls, an N95/N100 respirator or PAPR, dedicated lab shoes or disposable shoe covers, and face shield may be required if activities with pandemic respiratory/gastrointestinal samples will be performed outside of containment.

Respiratory and gastrointestinal samples collected before November 1, 2019 or after May 11, 2023 from the general population or a patient population not known to have COVID-19 may be handled using standard precautions. However, it should be noted that these samples may unknowingly contain pathogens including coronaviruses, influenza viruses, rhinoviruses, mycobacteria, and others. It is therefore still recommended that these samples be handled at BSL2 and aerosol-generating activities be performed inside a BSC or other containment device.

Other non-respiratory/gastrointestinal pandemic human samples

Work with blood, plasma, serum, organs, and tissues that are not part of the respiratory or gastrointestinal tracts, and non-respiratory/enteric bodily fluids and secretions (e.g., cerebrospinal fluid) obtained during the pandemic from the general population or a patient population not known to have COVID-19 may be handled using standard precautions. Please note that blood, blood products, and other potentially infectious materials as defined as under the [Bloodborne Pathogen Exposure Program](#) require BSL2 containment. All human tissues and bodily fluids may unknowingly contain pathogens, even those not considered to be potentially infectious for bloodborne pathogens (e.g., urine). It is therefore recommended that all human-derived samples be handled at BSL2 and aerosol-generating activities be performed inside a BSC or other containment device.

Research involving samples from naturally or experimentally infected animals:

Samples from animals infected with wild type SARS-CoV-2 may be handled similarly to samples from human COVID-19 patients. For the purposes of this guidance, samples collected from animals with a natural infection are equivalent to samples from animals experimentally infected with wild type SARS-CoV-2. It should be noted, however, that experimentally infected animals may have received a higher titer of the virus and carry higher viral loads than those of naturally infected animals. Work with samples from animals infected with mutant SARS-CoV-2 require a higher level of precautions to prevent exposure to or release of mutant virus. Work with samples from animals infected with wild type SARS-CoV-2 that are obtained from a laboratory that handles mutant SARS-CoV-2 may also require a higher level of precautions due to the possibility of cross-contamination.

If you will be receiving samples from animals infected with wild type or mutant SARS-CoV-2 from a collaborator or commercial source, please provide information about the source in the “Organs, tissues, or biological specimens other information” text box. Samples harvested from animals listed on your biosafety protocol do not need to be listed on the “Cells, Organs, Tissues or Biological Specimens” page; however, any samples harvested from animals housed at ABSL3 cannot be removed from the ABSL3 laboratory unless inactivated using an approved method or explicitly approved as an exception by the IBC.

Samples from animals infected with mutant SARS-CoV-2

For the purposes of this guidance, mutant SARS-CoV-2 is defined as SARS-CoV-2 that has been mutated via serial selection in cells or animals or through recombinant modification (e.g., insertions, deletions, point mutations, substitutions) of infectious clones. Work with non-inactivated samples of any type of cell, tissue, bodily fluid, or excretion from animals infected with mutant SARS-CoV-2 requires BSL3 containment and must be approved by the IBC prior to initiation.

- The BSL3 laboratory must meet the following requirements:
 - Fan failure testing has been performed within the last 12 months
 - Laboratory must have room pressure monitoring
 - Air must be single-pass (100% exhausted) and not re-entrained or recirculated into any part of the building
 - Exhaust air must be HEPA-filtered
 - Laboratory must have an anteroom that is large enough to change out of street clothing, don and doff PPE, and provide adequate storage for PPE
 - Other aspects of the laboratory layout and workflow will be considered as part of the risk assessment by the IBC.
- The laboratory must have established processes to address occupational health considerations for personnel involved in the research. The occupational health plan must include:
 - Hazard communication that includes the risk and symptoms of COVID-19
 - Signed informed consent for those working with samples from animals infected with mutant SARS-CoV-2
 - Pathogen-specific emergency response procedures in the event of known potential exposures and development of symptoms with no known exposures
 - Exposures and development of symptoms require reporting through the UW-Madison Responsible Official/Alternate Responsible Officials (RO/AROs)
 - Laboratory staff should be prepared to self-isolate following any known exposure to samples from animals infected with mutant SARS-CoV-2 or development of COVID-19 symptoms until released by the RO/ARO

OBS has developed an occupational health plan template that may be used for this purpose. It can be found on the [Biosafety COVID-19 information webpage](#).

- Individuals may not travel outside the state of Wisconsin within 14 days of working with samples from animals infected with mutant SARS-CoV-2.
- Access to the laboratory must be controlled and restricted to those involved in the research while active work (i.e., hands-on manipulation) with samples from animals infected with mutant SARS-CoV-2 is being performed.
- Signage should be posted at the laboratory entry regarding the restricted access. [Signage for SARS-CoV-2 work](#) can be downloaded from the EHS website.

- Concomitant work with samples from animals infected with mutant SARS-CoV-2 and other viruses in the same laboratory space is prohibited unless a plan to avoid cross-contamination is approved by the IBC.
- All aerosol-generating activities (e.g., pipetting, homogenization) should be performed inside a certified class II biosafety cabinet (BSC) or other approved containment device.
- [EPA-registered disinfectants effective against SARS-CoV-2](#) should be used for decontamination of work surfaces and equipment.
- Street clothes are not permitted in the BSL3 laboratory when working with samples from animals infected with mutant SARS-CoV-2; dedicated shoes and dedicated scrubs with full Tyvek coveralls or equivalent is required. Other required PPE include disposable shoe covers, two layers of disposable gloves, face and respiratory protection. A powered air purifying respirator (PAPR) with full head shroud is preferred for face and respiratory protection over N95/N100 respirator with safety glasses and face shield. The entering and exiting of the BSL3 laboratory should allow for the proper donning, doffing, disinfection, storage, and disposal of PPE.

Respiratory and gastrointestinal samples from animals infected with wild type SARS-CoV-2

For the purposes of this guidance, wild type SARS-CoV-2 is defined as any variant of SARS-CoV-2 that has arisen through natural selection and been found in circulation in a natural population. Work with nasal swabs, nasal washes, nasal secretions, sputum, saliva, lung or respiratory tract tissue, feces, and gastrointestinal tract tissue collected from animals known or suspected to be infected with wild type SARS-CoV-2 requires a minimum of BSL2 containment with the following enhancements:

- Airflow in the laboratory should be single-pass (100% exhausted) and not re-entrained or recirculated into any part of the building.
- The laboratory must have established processes to address occupational health considerations for personnel involved in the research. The occupational health plan must include:
 - Hazard communication that includes the risk and symptoms of COVID-19
 - Signed informed consent for those working with respiratory/gastrointestinal samples from animals infected with wild type SARS-CoV-2
 - Pathogen-specific emergency response procedures in the event of known potential exposures and development of symptoms with no known exposures
 - Laboratory staff should monitor for symptoms and wear a mask around others for at least 10 days following any known exposure to respiratory/gastrointestinal samples from animals infected with wild type SARS-CoV-2 and be prepared to isolate if COVID-19 symptoms develop

OBS has developed an occupational health plan template that may be used for this purpose. It can be found on the [Biosafety COVID-19 information webpage](#).

- Access to the laboratory must be controlled and restricted to those involved in the research while active work (i.e., hands-on manipulation) with respiratory/gastrointestinal samples from animals infected with wild type SARS-CoV-2 is being performed.
- Signage should be posted at the laboratory entry regarding the restricted access while active work with respiratory/gastrointestinal samples from animals infected with wild type SARS-CoV-2 is being performed. [Signage for work with potentially infectious SARS-CoV-2 animal samples](#) can be downloaded from the EHS website.
- All aerosol-generating activities (e.g., pipetting, homogenization) should be performed inside a certified class II BSC or other approved containment device.

- Concomitant work with respiratory/gastrointestinal samples from animals infected with wild type SARS-CoV-2 and cells permissive to SARS-CoV-2 infection is prohibited.
- [EPA-registered disinfectants effective against SARS-CoV-2](#) should be used for decontamination of work surfaces and equipment.
- Required PPE includes disposable lab coat, gown, or coveralls and two layers of disposable gloves. Additional PPE such as an N95/N100 respirator or PAPR, dedicated lab shoes or disposable shoe covers, and face shield may be required if activities with respiratory/gastrointestinal samples from infected animals will be performed outside of containment.

Non-respiratory/gastrointestinal samples from animals infected with wild type SARS-CoV-2

For the purposes of this guidance, wild type SARS-CoV-2 is defined as any variant of SARS-CoV-2 that has arisen through natural selection and been found in circulation in a natural population. Work with blood, plasma, serum, organs, and tissues that are not part of the respiratory or gastrointestinal tracts, and non-respiratory/enteric bodily fluids and secretions (e.g., cerebrospinal fluid, urine) obtained from animals known or suspected to be infected with wild type SARS-CoV-2 requires BSL2 containment with the following enhancements:

- Airflow in the laboratory should be single-pass (100% exhausted) and not re-entrained or recirculated into any part of the building.
- The laboratory must have established processes to address occupational health considerations for personnel involved in the research. The occupational health plan must include:
 - Hazard communication that includes the risk and symptoms of COVID-19
 - Signed informed consent for those working with non-respiratory/gastrointestinal samples from animals infected with wild type SARS-CoV-2
 - Pathogen-specific emergency response procedures in the event of known potential exposures and development of symptoms with no known exposures
 - Laboratory staff should monitor for symptoms and wear a mask around others for at least 10 days following any known exposure to non-respiratory/gastrointestinal samples from animals infected with wild type SARS-CoV-2 and be prepared to self-isolate if any COVID-19 symptoms develop

OBS has developed an occupational health plan template that may be used for this purpose. It can be found on the [Biosafety COVID-19 information webpage](#).

- Access to the room should be restricted when active work (i.e., hands-on manipulation) with non-respiratory/gastrointestinal samples from animals infected with wild type SARS-CoV-2 is being performed.
- Signage should be posted at the laboratory entry regarding the restricted access while active work with non-respiratory/gastrointestinal samples from animals infected with wild type SARS-CoV-2 is being performed. [Signage for work with potentially infectious SARS-CoV-2 animal samples](#) can be downloaded from the EHS website.
- All aerosol-generating activities (e.g., pipetting, homogenization) should be performed inside a certified class II BSC or other approved containment device.
- Concomitant work with non-respiratory/gastrointestinal samples from animals infected with wild type SARS-CoV-2 and cells permissive to COVID-19 infection is prohibited.
- [EPA-registered disinfectants effective against SARS-CoV-2](#) should be used for decontamination of work surfaces and equipment.

- Additional PPE or higher containment levels may be required under the following circumstances:
 - Aerosol-generating activities with samples from animals infected with wild type SARS-CoV-2 will be performed outside of containment
 - Cells from animals infected with wild type SARS-CoV-2 will be isolated and cultured
 - Cells from animals infected with wild type SARS-CoV-2 will be administered to other animals

Exceptions for low-risk samples may be considered on a case-by-case basis.

Pandemic animal samples

Only samples from animals known or suspected to be infected with SARS-CoV-2 require additional precautions; samples collected during the pandemic from a laboratory colony, wild or patient population of animals not known or suspected to have SARS-CoV-2 infection (i.e., “pandemic” animal samples) do not require special handling even if derived from a susceptible species. Precautions should be employed that address other zoonotic risks associated with the species as applicable.

Research involving inactivated COVID-19 samples:

Although it is typically not required to list inactivated materials (e.g., fixed tissues) on a biosafety protocol, since SARS-CoV-2 is a pandemic RG3 pathogen, investigators are asked to list inactivated COVID-19 samples. Relevant samples include cells, tissues, or fluids from COVID-19 patients or animals with a known SARS-CoV-2 infection, and cultured cells or tissues infected with SARS-CoV-2. In accordance with [CDC biosafety guidelines](#), work with inactivated COVID-19 samples require BSL2 containment using standard precautions. OBS will determine whether IBC review is required for approval to work with inactivated materials based on risk assessment.

Inactivation of COVID-19 samples should be performed using a method with demonstrated efficacy against SARS-CoV-2, related coronaviruses (SARS-CoV or MERS-CoV), or other highly pathogenic viruses with a lipid envelope. The lab should provide a published reference or data demonstrating viral inactivation, including inactivation time and concentration of reagents. If the laboratory is receiving inactivated COVID-19 samples from a collaborator or commercial source, they should request and retain documentation verifying inactivation of the samples using a validated method. More information on inactivation can be found in the “Frequently Asked Questions for Pandemic Research” on the [Biosafety COVID-19 information webpage](#).

If you will be working with only inactivated COVID-19 samples, please do not list SARS-CoV-2 on the Microbes page in Bio-ARROW. Rather, please list the inactivated materials in the “Organs, tissues or biological specimens” section and provide a description of the samples, their source, and the inactivation method used in the “Organs, tissues, or biological specimens other information” text box.

Research involving nucleic acids from SARS-CoV-2:

Research involving the subcloning, expression, or analysis of individual genes from SARS-CoV-2 *in vitro*, in microbes, or in cultured cells may be performed at BSL1 if no other agents used in the experiments require a higher level of containment. Recombinant or synthetic nucleic acid constructs and recombinantly modified microbes and cells must be listed on your biosafety protocol and may require concomitant notification of the IBC or IBC approval prior to initiation.

In accordance with [CDC biosafety guidelines](#), research involving nucleic acids extracted from COVID-19 samples require BSL2 containment using standard precautions. Relevant samples include cells, tissues, or fluids from COVID-19 patients or animals infected with SARS-CoV-2, and cultured cells or tissues infected with SARS-CoV-2. Concomitant work with full-length genomic RNA and cells permissive to COVID-19 infection is prohibited at BSL2; experiments involving full-length genomic RNA and cells permissive to COVID-19 must be handled at BSL3 following the requirements outlined above for work with live SARS-CoV-2.

If you will be working with only extracted SARS-CoV-2 RNA or cDNA (e.g., deep sequencing experiments), please do not list SARS-CoV-2 on the Microbes page in Bio-ARROW. Rather, please list the nucleic acids in the “Organs, tissues or biological specimens” section and provide a description of the material and its source in the “Organs, tissues, or biological specimens other information” text box.

Research involving proteins from SARS-CoV-2:

Research involving only isolated SARS-CoV-2 proteins does not require a biosafety protocol or OBS/IBC review if all the following are true:

- The proteins are being produced in cells or RG1 microbes through expression of recombinant protein and no SARS-CoV-2 is involved in any step of their production
- Your laboratory is not doing any of the recombinant work but is just receiving the purified protein from a collaborator or commercial source*
- The research does not involve any other recombinant or biohazardous materials

By themselves, SARS-CoV-2 proteins do not cause disease. Therefore, there are no enhanced biosafety requirements for experiments involving only SARS-CoV-2 proteins in the absence of its RNA genome.

*If you will be expressing recombinant SARS-CoV-2 proteins in cells or microbes in your laboratory, please refer to the “Research involving nucleic acids from SARS-CoV-2” section for requirements.