Regular Meeting of the WMed Institutional Biosafety Committee (IBC)
July 22, 2026
2:00pm - 3:00pm
In person Room 423

Meeting Start Time: The Chair confirmed there was a quorum and the meeting was called to order at 2:03pm.

Number of Regular members on the roster: 11; Number required for quorum: 6

1. Attendance

Voting Members Present	
Status	**Initials**
Chair, Member	NH
Vice Chair, Member	CJ
Member	RV
Member	RP*
Member	AC
Member	MC
IBC Coordinator	CJK
Community Member	KO

Voting Members Absent	
Status	**Initials**
Community Member	SF
Community Member	RS
Member	JD

Non-Voting Members Present	
Status	**Initials**
SDRC, Ex-officio	CS
RSO, Ex-officio	PJ*
ARM, Guest	ATS

*Attended via Microsoft Teams

2. Welcome and Updates

- NH welcomed members to the meeting and announced that ATS, our Animal Resources Manager, would be joining today's discussion.

3. Conflicts of Interest and Confidentiality

The Chair reminded all members present that any member of the IBC may not participate in the review or approval of a project in which they are engaged, expect to be engaged, or have a direct financial interest.

4. Review of Prior Minutes

a. **Review of 5.20.2026 Minutes**
Discussion: No comments.

MOTION: A motion was made by CJ and seconded by RV to approve the **5.20.2026** meeting minutes.

VOTES: Approve

# Present	Votes For	Votes Against	Abstained	Recused	Absent
8	8	0	0	0	3

5. Radiation Safety Updates - PJ

- Semi-annual inventory: routine six-month check for isotopes to confirm that all isotopes are found where they are supposed to be and at the quantities expected. Everything checked out at the Upjohn lab, and there is nothing stored at the Innovation Center.
- NRC license amendment was approved. The Innovation Center is no longer on the license. The only lab remaining on the license is the lab at Upjohn.
- A new irradiator was installed and is running on the 5th floor. The Core Equipment Manager received training on how to operate the machine. This training will be provided by the Core Equipment Manager to anyone who will use the machine. PJ will provide radiation safety training to anyone using the machine. Training is current and up to date for all users.
- Dosimeter readings for the last quarter were reviewed. There was one reading that was one-tenth of the annual allowable limit. An email was sent to the individual, and the individual's reply confirmed that they had performed some fluoroscopy work without shielding. A reminder was given about wearing shielding during all procedures.

PJ left at 2:16pm after the Radiation Safety Updates concluded.

6. Protocol Review

a. IBC-2024-009 HH Amendment
Discussion: Amendment includes the addition of Poly (I:C) administered to animals. No concerns were mentioned.

MOTION: A motion was made by CJ and seconded by NH to approve the protocol amendment.

VOTES: Approve

# Present	Votes For	Votes Against	Abstained	Recused	Absent
8	8	0	0	0	3

b. IBC-2023-001 TR Amendment
Discussion: Amendment was previously reviewed at the May meeting. The amendment includes the use of Klebsiella pneumoniae. Modifications requested at the May meeting included strain-specific information; whether the strains are multidrug resistant; clarification of the biosafety level of the proposed work to include a

description of containment, handling, PPE, and waste disposal; as well as referencing the appropriate SOP. It was also noted that, once the strains are purchased, each organism will arrive with resistance panels that will be received and stored with the protocol so that, in the event of an exposure, that information will be available to Occupational Health. The new information provided satisfies all modification requests. No additional concerns or questions were raised.

MOTION: A motion was made by CJ and seconded by NH to approve the protocol amendment.

VOTES: Approve

# Present	Votes For	Votes Against	Abstained	Recused	Absent
8	8	0	0	0	3

7. SOP Review

a. BS203 - Tamoxifen

Discussion: Updates to the SOP were included after feedback from PIs and Animal Resources. Changes include updates to the Engineering Controls section to account for injection or gavage administration; the Work Practice Controls section to include absorbent pad use in biosafety cabinets; the Personal Protective Equipment section to include a face shield or chemical splash goggles and to address procedures where the risk of aerosolization is possible; the Waste Disposal section to clarify animal bedding material disposal; and the addition of a new section covering "Other Procedures" that includes information on signage and hazard notification and husbandry practices. Questions regarding specific procedures and masking requirements were discussed. All changes were reviewed, and no additional comments or concerns were raised.

MOTION: A motion was made by NH and seconded by RV to approve the SOP.

VOTES: Approve

# Present	Votes For	Votes Against	Abstained	Recused	Absent
8	8	0	0	0	3

b. BS303 – Formalin and Paraformaldehyde

Discussion: Updates were made in response to a recent OSHA site visit following a formalin exposure event. Post-visit communications from OSHA included concerns surrounding PPE practices and exposure monitoring. Changes include updates to the Exposure Monitoring section to include updated practices; the Personal Protective Equipment section to provide clarification; and the Spill section to update the volumes at which respiratory protection must be used. Questions about the extent of exposure monitoring and monitoring techniques were discussed at length. The Exposure Monitoring section of the SOP is taken directly from OSHA guidance, but the type of monitoring technique that will be used has not yet been determined. The options include film badges, which were used previously and with which the OSHA inspector was somewhat unsatisfied, or sampling tubes, which are more costly but allow monitoring for more than just formalin. Questions regarding the disposal of formalin were also discussed. The SOP states that Pathology may pour formalin down the drain followed by a significant amount of water, while other non-Pathology labs are required

to use the hazardous chemical waste pickup procedure. Concerns were raised that duplicative disposal procedures may cause confusion. It was suggested that the portion referencing the hazardous waste pickup procedure be removed so that there is consistency and reflects current practices.

MOTION: A motion was made by NH and seconded by RV to approve the SOP after modification. The modification was to remove the statement in the Waste Disposal section mentioning hazardous waste pickup, leaving only the procedure currently followed by Pathology for disposal down the drain with copious amounts of water for dilution.

VOTES: Approve

# Present	Votes For	Votes Against	Abstained	Recused	Absent
8	8	0	0	0	3

8. **Occupational Health Updates - JD**
   - **OSHA inspection updates –** Update provided by email to coordinator prior to meeting. “For my OSHA update, we have received our final citation packet. The total penalty was $7,600 for 6 citations. 4 related to Formaldehyde and 2 related to records keeping. We applied and were granted a Penalty Reduction Agreement to bring down our penalty to $3,800. We are completing our abatement documentation and will submit our completed documents by July 27th.”

9. **Noncompliance Report - CJK**
   a. **MY Incident Report**
   Discussion: Review of timeline. The issue was first identified during the IBC triennial review in May 2026, when the committee noted that the institutional Tamoxifen SOP had not been referenced in the protocol. During IACUC review in June, additional concerns related to PPE, communication with Vivarium staff, and Tamoxifen handling and disposal were identified, resulting in immediate corrective actions and a meeting with all PIs using Tamoxifen, Compliance staff, and Vivarium staff. Following the June 9th meeting, SOP modifications were implemented. A later review confirmed that Tamoxifen handling and containment procedures had already been described in the approved IACUC protocol but were not consistently followed in practice. As a result, the institution initiated both an IACUC noncompliance review and an IBC incident report to address deviations from approved procedures, the institutional SOP, and potential staff exposure.

10. **Biosafety Updates - AC**
    - **RSO Training Update –** AC completed the 40-hour RSO course and is working with PJ with the intent of serving as a backup for the RSO position.
    - **Biosafety FAQ** – A new living document was created to address questions received by Biosafety so that answers can be provided consistently and a resource document is available for PIs.

11. **General IBC Updates – CJK/AC**
    - **Approved IBC Scope –** The scope that was shared with the IBC by email has now been approved by the Institutional Official. This is a slight expansion of what we have already been covering and was modeled after other institutions. The goal was to clarify some of the vague language used in the previous scope version and to provide detail

and clarity around areas that may be difficult to understand.

- **IBC Member and Investigator Feedback Survey –** A survey was sent to PIs and IBC members to ask specific questions about IBC processes and resources to help gauge program needs as changes are considered. The feedback was briefly reviewed, and Compliance will continue to keep all responses in mind as the program overhaul is being developed.
- **IBC Overhaul Updates –** An overview of the program changes was discussed. Changes identified through survey results and program weaknesses include the IBC protocol application, workflows, FAQ documents, member review checklist, and training resources.

12. Adjournment:

Meeting ended at 3:06pm.