**VIRGINIA COMMONWEALTH UNIVERSITY**

**INSTITUTIONAL BIOSAFETY COMMITTEE**

**PROTOCOLS REQUIRING NEEDLE RECAPPING:**

***REQUEST FOR REVIEW:***

The [Occupational Safety & Health Administration (OSHA) Bloodborne Pathogen Standard (1910.1030)](http://204.29.171.80/framer/navigation.asp?realname=osha+regulations&charset=utf-8&cc=US&lc=en-US&uid=201082088&frameid=1565&providerid=112&url=http%3A%2F%2Fwww.osha.gov%2F) places strict limitations on the practice of needle recapping in biomedical research laboratories. Principal investigators (PIs) must determine when the requirement for needle recapping is absolute for completing research protocols. The decision to implement needle recapping may only be made after reviewing and eliminating all available alternative techniques and engineering control options. Principal investigators must ensure that staff are trained appropriately (per OSHA 1910.1030: “one hand scoop and/or mechanical methods”) and that training is documented and regularly updated in accordance with OSHA 1910.1030 prior to initiating any protocol involving needle recapping.

Researchers intending to perform needle recapping and/or other procedures requiring special justification per OSHA 1910.1030 must submit a completed form to the Institutional Biosafety Committee (IBC). Needle recapping and other special procedures may not be performed until written approval is granted by the IBC.

Principal Investigator

Telephone Number

Address

Protocol Title/Number

**I. Justification**

1. Provide a *brief* description of related research project:

1. Provide justification for performing needle recapping:

**II. Training:** All laboratory staff engaging in needle recapping must be trained in accordance with OSHA 1910.1030. Please list all personnel who will be performing needle recapping in the space provided below:

**I attest that the information provided above is correct, and that I will not carry out the needle recapping procedures described until** **approval has been received by the IBC.**

Principal Investigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_