SPILLAGE OF MYCOBACTERIA IN THE LABORATORY: DECONTAMINATING PROCEDURES

Sir,

I would be most grateful for advice on the best procedure to follow in the event of accidental spillage of mycobacteria in the laboratory. We are in the process of setting up various projects here, which include the cultivation of quite large quantities of mycobacteria. It is possible, despite every precaution, that we may have spillage. I would at the same time appreciate advice on what to do in the case of noncultivable but pathogenic mycobacteria, such as *Mycobacterium leprae*.

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REPLY

We referred this request to Dr Colston's laboratory at the National Institute for Medical Research, Mill Hill, London, NW7 1AA and he kindly supplied a copy of the 'Code of Practice for a Category II Laboratory'. The main subheadings read: general information; personal precautions; centrifuging; negative pressure hoods; decontamination and cleaning; servicing; accidents and emergencies. Under decontamination, paragraph 5 reads:

> 'Always swab insides of hoods after use, and also swab benches if they have been contaminated with Hycolin when finishing work in the laboratory. Hycolin is diluted and used as a 1% solution in water. Diluted Hycolin must be discarded whenever it shows signs of deterioration (turning brown, scum or sediment formed) and in any case must be replaced weekly. Keep it in a stoppered bottle.'

And paragraph 6 reads:

> 'Spills should be covered with a Hycolin-soaked cloth and left for 10 minutes, then mopped up using swabs and if necessary a dustpan. All material, including the dustpan must be treated as infected and autoclaved. Inform the safety officer of any major spill.'

Mr David Day, Safety Supervisor, Bacteriology Department, John Radcliffe Hospital, Headington, Oxford OX3 9DU, has written with the following additional information:

> 'Hycolin is one of the clear phenolic disinfectants which are recommended for general bacteriological use. They do not attack metals and, not being greatly inactivated by organic matter, are suitable for treating tuberculous materials. It should be noted that they are not active against viruses. Other clear phenolics include 'Clearsol', 'Printol', 'Stericol' and 'Sudol'.
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> Whilst 'Chloros' (page 4 of your Code of Practice for Category II Laboratory) is not recommended for disinfection of tuberculous materials due to its failure to penetrate sputum, etc., hypochlorite will in fact kill the organisms. It may, therefore, be effective against a split culture.'

We would be interested to hear about standard laboratory practices with regard to spillage of mycobacteria from workers in other countries.

EDITOR