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| **CHARACTERISTICS** |
| Morphology | A gram-positive rod that is anaerobic, motile, capable of producing spores, and produces many different toxins. |
| Disease | Food poisoning (Type C), Gas Gangrene, cellulitis, enteritis necroticans and CNS diseases. |
| Zoonosis | Yes; Type A foodborne disease and Type C infections can be transmitted from animals to humans. |

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| **HEALTH HAZARDS** |
| Host Range | Humans and animals. |
| Modes of Transmission | Food-borne illness acquired by ingestion. |
| Signs and Symptoms | Food poisoning: Watery diarrhea, nausea, and abdominal pain. Gas Gangrene; breakdown of muscle tissue. Severe pain, edema, tenderness, and pallor, followed by discoloration and hemorrhagic bullae, and production of gas at the site of wound. |
| Infectious Dose | Food poisoning: 100 million |
| Incubation Period | Food poisoning: 8 to 24 hours Gas Gangrene: 1 to 4 days |

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| **MEDICAL PRECAUTIONS/TREATMENT** |
| Prophylaxis | None. |
| Vaccines | None. |
| Treatment | Food poisoning: Self-limiting disease. Therapy is mainly supportive.Gas Gangrene: removal of all devitalized tissue in conjunction with antibiotic therapy with a combination of penicillin and clindamycin or tetracycline. |
| Surveillance | Monitor for symptoms. |
| MSU Requirements | Report any exposures. |

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| **LABORATORY HAZARDS** |
| Laboratory Acquired Infections (LAIs)  | None reported. |
| Sources | Feces, food, blood, bowel contents or tissue. Cultures, frozen stocks, other samples described in IBC protocol. |

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| **RISK GROUP & CONTAINMENT REQUIREMENTS** |
| Risk Group 2 | Agents that are associated with human disease which is rarely serious and for which preventive or therapeutic interventions are often available. |
| BSL2 | For all procedures involving suspected or known infectious specimen or cultures. |
| ABSL2 | For all procedures utilizing infected animals. |

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| **VIABILITY** |
| Disinfection | Spores are fairly resistant; moderate susceptibility to 1:10 bleach:water; susceptible to high level disinfectants (>2 % gluteraldehyde) with prolonged contact time, accelerated hydrogen peroxide. |
| Inactivation | Inactivated by moist heat (1 hour at 121oC) and dry heat (1 hour at 160-170 C). |
| Survival Outside Host | Spores can survive for long periods outside of host. |

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| **SUPPLEMENTAL REFERENCES** |
| BMBL | <https://www.cdc.gov/labs/BMBL.html>  |
| NIH Guidelines | <https://osp.od.nih.gov/wp-content/uploads/NIH_Guidelines.pdf>  |
| Canada PSDS | <https://www.canada.ca/en/public-health/services/laboratory-biosafety-biosecurity/pathogen-safety-data-sheets-risk-assessment/clostridium-perfringens.html> |

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| **SPILL PROCEDURES** |
| Small | Notify others working in the lab. Remove PPE and don new PPE. Cover area of the spill with absorbent material and add fresh 1:10 bleach:water. Allow 20 minutes (or as directed) of contact time. After 20 minutes, cleanup and dispose of materials. |
| Large | * Immediately notify all personnel in the lab and clear all personnel from the area. Remove any contaminated PPE/clothing and leave the lab.
* Secure the area by locking doors, posting signage and guarding the area to keep people out of the space.

For assistance, contact MSU's Biosafety Officer (406-994-6733) or Safety and Risk Management (406-994-2711). |

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| **EXPOSURE PROCEDURES** |
| Mucous membrane | Flush eyes, mouth, or nose for 5 minutes at eyewash station. |
| Other Exposures | Wash area with soap and water for 5 minutes. |
| Reporting | Immediately report incident to supervisor, complete a [First Report of Injury](https://firstreportinjury.mus.edu/) form, and submit to Safety and Risk Management. |
| Medical Follow-up | **During business hours:**Bridger Occupational Health 3400 Laramie Drive Weekdays 8am -6pm. Weekends 9am-5pm406-577-7674**After business hours:**Bozeman Deaconess Hospital Emergency Room915 Highland Blvd |

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| **PERSONAL PROTECTIVE EQUIPMENT (PPE)** |
| Minimum PPE Requirements | Lab coat, disposable gloves, safety glasses, closed toed shoes, long pants |
| Additional Precautions | Additional PPE may be required depending on lab specific SOPs and IBC Protocol. |