

<b>McMaster University</b> <b>Centre for Microbial Chemical Biology</b> <b>Bioanalytical Lab, High Throughput Screening Lab, NMR and Protein Biology Lab</b> <b>MDCL-2330</b>		
<b>WORKING ALONE POLICY</b>		
<b>CMCB2330wap.pdf</b>	<b>Revision No.: 4</b>	<b>Effective Date: December 1, 2014</b>

**For:** Faculty, staff, students, and volunteers who work after hours in the Centre for Microbial Chemical Biology’s Bioanalytical, High Throughput Screening, NMR and Protein Biology Labs, MDCL rooms 2330 – 2335.

**Emergency Contacts:**

**Supervisors:**

Susan McCusker  
 Flavia Alves  
 Tracey Campbell (Manager)  
 Gerry Wright (Director)

**Emergency Home Phone #:**

905-296-1535 or 905-923-4041  
 905-466-0327 or 905-546-5251  
 905-216-0131 or 289-776-5872  
 519-624-1614

**Expected hours during which staff and trainees may work alone:**

Weekdays: 5:00 pm – 9:00 am  
 Weekends: All hours

**Emergency assistance:**

In the event of an emergency, assistance will be provided by calling extension 88.

**Closest individuals:**

Individuals working closest to the lab are located in the Brown/Wright labs, room 2312, and can be contacted by calling extensions 24115, 22458 or 22459.

**Security of the area:**

During the hours that individuals may be working alone, the main lab doors are locked and are accessible only by swipe card by those previously authorized.

**RISK ASSESSMENT:**

The following table indicates the tasks, hazards and controls in place for tasks performed by the person working alone:

Task	Hazard	Controls	Worst Case Scenario
Level 1 biohazard	Spill/contamination	Level 1 precautions	Illness – delayed onset

Level 2 biohazard	Spill/contamination	Level 2 precautions	Illness – delayed onset
Handling organic solvents	Spill/inhalation	WHMIS training; wear gloves, lab coat, glasses	Explosion
Handling screening compounds	Spill/inhalation	WHMIS training; wear gloves, lab coat, glasses	May be fatal if inhaled, swallowed or absorbed through skin
Use of hot plate, microincinerator or heating block	Burn, fire	WHMIS and fire safety training	Severe burn or fire
Use of dry ice	Burn, inhalation	WHMIS training; wear gloves, lab coat, glasses	Chemical burn
Use of electroporation equipment	Electrocution	Training in proper use of equipment	Burn or fatality
Use of robotic equipment	Impact or pinch	Training in the use of equipment; proper installation of guards	Impact or pinch injury
Use of mass spectrometry equipment	Electric Shock, Noxious, Hot Surface/Heat	Training in the use of equipment; proper installation of guards	Burn or fatality

**Protocols in place at the workplace for working alone:**

- 1) Identification badges must be worn at all times.
- 2) Three telephones are available with phone numbers for security and emergency contacts.
- 3) Workers must advise a family member, friend, or co-worker that they are going to be working alone and check in with their contact every two hours. Workers are provided with a *Working Alone Designate information sheet* (appendix I) to provide their contact with all necessary information. Alternately, staff may notify security at extension 24281 when working alone.
- 4) The biological safety level 2 (BSL2) robotic enclosure is equipped with an alarm in case of failure of the supply or exhaust air handling fans. Signs are posted on the enclosure itself when an experiment is running in the enclosure involving BSL2 organisms. If this alarm sounds when a BSL2 organism is being tested, everyone in the lab is to evacuate, and one of the emergency contacts listed above is to be called. No one is to re-enter the lab until the emergency contact says it is safe to do so.
- 5) The NMR room located in the CMCB Lab (MDCL-2335) is equipped with a low oxygen alarm. If this alarm sounds, everyone in the lab is to evacuate and telephone the NMR emergency contact, Dan Sorensen at 905-923-2233 or Steve Kornic at 289-237-7120. No one is to re-enter the lab until the emergency contact says it is safe to do so.

**Are there known current physical disabilities or medical conditions, which may affect the health and safety of an individual working alone (do not provide names)?**

No

### **REQUIRED TRAINING AND EXPERIENCE**

Training which must be in place and up-to-date for the individual to work alone:

- 1) WHMIS, EOHSS Fire Safety Training, Asbestos Awareness, Chemical Handling and spills, Ergonomics, Slips Trips and Falls
- 2) FHS Biosafety Awareness level 1 (MDCL 2330) and Biosafety level II (MDCL 2333)
- 3) FHS Autoclave training (MDCL 2332)
- 4) Review location of emergency equipment: eyewash station, safety shower, fire extinguisher, fire pull alarm, fire blanket, telephone, emergency evacuation route (appendix II)
- 5) Review of and access to the lab's safety manual and sop's
- 6) Lab equipment specific training

Staff is not permitted to work alone in the laboratory after hours without having been certified by a CMCB Research Technician for:

- 1) Proper lab safety procedures
- 2) Knowledge of proper use of relevant equipment
- 3) ***Demonstrated competency in all laboratory techniques intended to perform after hours***

**High risk tasks which may NOT be performed by individuals working alone:**

Working with highly flammable and/or explosive chemicals

**Issues which are still of concern to staff/supervisors:**

None

**Appendix I: Working Alone Designate Information Sheet**

The following information is to be left with individuals identified as designates (ie: person at home) for working alone procedures submitted to the Faculty of Health Sciences Safety Office under McMaster University policy RMM#304. It should be posted near a telephone.

**McMaster University Campus (MDCL/IAHS)**

**905-525-9140 ext. 24281**

This document must be completed by the individual working alone and reviewed with their designate. The designate must be aware of the information to be provided to Security Services if the individual working alone does not check in at the prescribed time.

Individual's name: _____		ID#: _____
Room number: _____		Phone extension: _____
Type of work area: <input checked="" type="checkbox"/> Lab <input type="checkbox"/> Clinic <input type="checkbox"/> Office <input type="checkbox"/> CAF <input type="checkbox"/> Other: _____		
Means of transportation to and from campus: _____		
Make: _____    Model: _____    License Plate #: _____		
Any medical conditions to be aware of: _____		
Normal Frequency of check-in: _____ hrs		Length of time since last checked in: _____ hrs Details: _____ _____

Appendix II: Location of Emergency Devices and Emergency Evacuation Route

**Emergency Devices**

-  Eyewash Station
-  Safety Shower
-  Fire Extinguisher
-  Fire Pull Alarm
-  Fire Blanket
-  Telephone

**Emergency Evacuation Route**

- Primary Route 
- Secondary Route 

