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|--|------------------------|---|
| <b>McMaster University</b><br><b>Centre for Microbial Chemical Biology</b><br><b>Synthesis Lab</b><br><b>MDCL-2326</b> |                        |   |
| <b>WORKING ALONE POLICY</b>  |                        |   |
| <b>CMCB2326wap.pdf</b>   | <b>Revision No.: 7</b> | <b>Effective Date: January 11, 2021</b> |

**For:** Faculty, staff, students, and volunteers who work after hours in the Centre for Microbial Chemical Biology Synthesis Lab, MDCL rooms 2326 and 2327.

**Emergency Contacts:**

|                           |                              |
|---------------------------|------------------------------|
| Nikki Henriquez           | 519-591-2076                 |
| Susan McCusker            | 905-923-4041                 |
| Tracey Campbell (Manager) | 905-216-0131 or 289-776-5872 |

**Expected hours during which staff 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 or 905-522-4135.

**Closest individuals:**

Individuals working closest to the synthesis 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 work 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 |
|---------------------------|------------------|---|---------------------|
| Handling organic solvents | Spill/inhalation | WHMIS training; wear gloves, lab coat, glasses, spill kit | Explosion or fire   |

| Task   | Hazard  | Controls  | Worst Case Scenario             |
|--|---|---|---------------------------------|
| Handling Acids or Bases  | Spill/inhalation  | WHMIS training, wear gloves, lab coat, glasses, spill kit       | Severe acid/base burn           |
| Handling organic reagents/chemicals                            | Spill/inhalation  | WHMIS training, wear gloves, lab coat, glasses, spill kit       | Severe chemical burn, poisoning |
| Use of hot plate or heating block                              | Burn, fire  | WHMIS and fire safety training                                  | Severe burn or fire             |
| Use of rotary evaporator (vacuum)                              | Implosion of evacuated glass container                  | WHMIS training, rotary evaporator training                      | Cut injuries                    |
| Use of fume hoods  | Exposure to chemicals or organic solvents               | WHMIS training, fume hood training                              | Poisoning                       |
| Use of dry ice   | Burn, inhalation  | WHMIS training; wear gloves, lab coat, glasses                  | Dry ice burn                    |
| Use of robotic equipment                                       | Impact or pinch   | Training in the use of equipment; proper installation of guards | Impact or pinch injury          |
| Use of equipment used in the purification of organic compounds | Fire, exposure to chemicals or organic solvents, spills | WHMIS training, proper training on equipment, spill kit         | Fire, poisoning                 |

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

- 1) Identification badges must always be worn.
- 2) One telephone is available with phone numbers for security and emergency contacts.
- 3) Staff 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.

#### 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) Safety training required by CMCB2326safetyRev8.pdf - WHMIS, EOHSS Fire Safety Training, Asbestos Awareness, Chemical Handling and Spills, Ergonomics, Slips Trips and Falls, Violence & Harassment Prevention, Health & Safety Orientation, COVID-19 Awareness, and Biosafety Training OR FHS Routine Practices.
- 2) Review location of emergency equipment: eyewash station, safety shower, fire extinguisher, fire pull alarm, fire blanket, telephone, emergency evacuation route (Appendix II)
- 3) Review of and access to the lab's safety manual and SOPs

4) Lab equipment site-specific training

Facility users are not permitted to work alone in the laboratory after hours without having been certified by CMCB staff 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

**Revision History:** This document replaces CMCB2326WAP\_Rev6. It has been revised to update the current McMaster employee training requirements as outlined in CMCB2326safety\_Rev8. It also has been revised to update contact information for Nikki Henriquez.

**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"/> Office <input type="checkbox"/> Other: _____ <input type="checkbox"/> Clinic <input type="checkbox"/> CAF |  |   |
|   |  |   |
| 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:<br>_____ hrs<br>Details: _____<br>_____ |

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 

