Contact Information

SFU Emergencies

IN AN EMERGENCY CALL 911

<table>
<thead>
<tr>
<th>Service</th>
<th>Availability</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Support/First Aid Line</td>
<td>24 hours/day at any campus</td>
<td>2-4500 or 778-782-4500</td>
</tr>
<tr>
<td>Non-Emergency/Safe Walk Line</td>
<td>24 hours/day at any campus</td>
<td>2-7991 or 778-782-7991</td>
</tr>
</tbody>
</table>

Presenters

- Monica Szczepina  EHS Director; Research Safety  2-7265  mszczepi@sfu.ca
- Catherine Peltier  EHS Program Manager; Chemical & Hazardous Waste  2-8633  cpeltier@sfu.ca
- Eric Bouchard  EHS Program Manager; Biosafety & Laboratory Safety  2-6740  ebouchar@sfu.ca
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Local Safety Committees

Should you feel that your concerns are not being addressed through the standard channels (i.e. your supervisor, lab coordinator and department chair), the Local Safety Committees meet on a monthly basis and are responsible for:

1. Ensuring that the safety program is maintained and reinforced.
2. Reviewing concerns and suggestions submitted to them by members of their section.


South East Campus Safety Committee: Communication, Engineering, Computing Science, DISC 1 & 2, Big Data, REM, Major Projects Office and Office of the Dean (Faculty of Environment and Faculty of Applied Science).

North East Campus Safety Committee: Faculty of Health Sciences, Canadian Urban Research Studies, Clinical Psychology Centre, Criminology, First Nation Studies, Psychology, Archaeology, Education, TLC, Cognitive Science Program, English Bridge Program, Geography, Language Training Institute, Linguistics.

Further information and an up to date list of your local Safety Committee contacts can be found on the Local Joint University Safety Committee webpage at http://www.sfu.ca/srs/ehs/safety-management/safety-committees/ljhsc.html.
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Safety Essentials

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University Occupational Health and Safety Policy - GP 17

Policy Statement

The safety of all members of the university community as well as visitors to campus is a major concern of the university. It is, therefore, the policy of the university to:

1. protect the safety of all faculty, staff, students and visitors against unsafe conditions and occupational hazards;
2. formulate and carry out continuing effective safety programs appropriate to university operations, including instructional activities in off-campus settings;
3. give priority to a safe work environment in the planning, direction and implementation of university activities; and
4. comply with all relevant statutes, regulations and standards of regulatory authorities representing occupational health and safety.

Applicability

The University safety policy and procedures and the regulations, codes and statutes of the regulatory authorities apply to all members of the university community (including university employees, students, visitors, contractors and subcontractors).

Responsibilities

Deans, Directors and Chairs are responsible for:

1. providing the management support and leadership necessary for the overall implementation and execution of the University safety policy within their areas of responsibility;
2. incorporating adequate provisions for safe working practices and conditions in operational policies and procedures and in programs, projects and off-campus instructional activities; and
3. monitoring and evaluating safety performance within their areas of responsibility and recommending measures to bring about improvement.

Faculty, Instructors, Managers, Supervisors are responsible for:

1. planning and executing all activities in a manner that promotes compliance with the University safety policy;
2. informing students of the nature of potential risks involved if a course has an off-campus activity (see Appendix B);
3. ensuring that individuals in their areas of assignment, whether on or off campus, have been given adequate direction, training and instruction in the safe performance of their work and that it is performed without undue risk;
4. ensuring that work areas are inspected at regular intervals to prevent the development of unsafe conditions and practices and that inspection reports are forwarded to the University Safety Officer;
5. authorizing the action necessary to correct substandard conditions or procedures;
6. ensuring that all accidents and near accidents are reported and investigated, and action is taken to prevent a recurrence; and
7. ensuring that medical treatment is received for all injuries.

Employees are responsible for:

1. practicing safe work habits;
2. observing all safety rules and procedures established by the regulatory authorities, the University or an individual with supervisory authority;
3. promptly reporting hazardous or unsafe equipment, conditions, procedures or behavior to a supervisor; making suggestions for their correction or taking corrective action where authorized; and
4. immediately reporting to a supervisor all work related accidents or injuries and obtaining medical treatment without delay.

University Safety Office is responsible for:

1. developing, instituting and maintaining safety programs, policies and procedures to ensure compliance with occupational health and safety standards in conformity with both university policy and statutory requirements;
2. reviewing and providing assistance to departments and areas to ensure that effective safety programs and safety committees are maintained;
3. considering suggestions from the work force and recommending implementation where warranted;
4. conducting inspections of university facilities at appropriate intervals to identify potential hazards and determining that procedures, equipment, and facilities meet accepted occupational health and safety standards;
5. investigating all accidents and near accidents and advising the Workers’ Compensation Board of all reportable incidents; and
6. training or arranging for training in safe work procedures and the use of personal protection equipment.

Safety Committees

University Safety Committee

The University Safety Committee, consisting of administrative and professional staff, faculty, support staff, trade union members and students, meets on a monthly basis and is responsible for:

1. ensuring that the university safety program is maintained and reinforced;
2. reviewing concerns and suggestions in respect to industrial health and safety and recommending corrective action where considered warranted;
3. reviewing the reports of current accidents or industrial diseases, their causes and means of prevention; and
4. assisting in the dissemination of appropriate information, e.g. field trip guidelines, and fostering within the university community an awareness and appreciation of accident prevention.

Area/Departmental Safety Committees

Area/Departmental Safety Committees shall be constituted in designated areas and shall be composed of representatives from each group. Designation will be recommended by the University Safety Committee (e.g. Chemistry, Faculty of Science, Facilities Management, Athletics and Recreation). Meetings shall be held at least once per semester and minutes shall be forwarded to the University Safety Officer. These committees shall be responsible for:

1. developing ‘Guidelines for Field Trip Planning’ for field trips and field schools. These documents will help in the planning of the field trips/schools, as well providing guidance to new faculty in the mounting of a new field trip/school. Some combination of the following might be included:
   - Time and date of departure and return, safety issues, risk management strategy especially for students working alone, site of fieldwork, contact telephone number(s), nearest medical help, location of first-aid supplies, food and accommodation plan, roles and responsibilities of participants, equipment inventory, personal gear (clothes, medical supplies, camera, computer, etc.), providing chair/departmental assistant with contact telephone numbers, and appropriate WorkSafeBC regulations.
2. monitoring the safety programs within their area;
3. reviewing and making recommendations on health and safety issues that have not been resolved through normal channels; and
4. ensuring accidents and near accidents are investigated and their causes are eliminated or controlled.

Special Safety Committees

These committees shall be composed of representatives of groups requiring special safety consideration (e.g. radiation and radioisotope safety, biological hazards). Meetings shall be held at least once per semester and minutes shall be forwarded to the University Safety Committee. These committees shall be responsible for:

1. monitoring the safety programs within their area of responsibility; and
2. conducting inspections at regular intervals and recommending corrective action to eliminate substandard conditions or procedures.

GP 17 Attachment I

University Safety Committee, Terms of Reference

Committee Membership

This committee shall consist of 15 members who are experienced in the types of work at the University. In compliance with WorkSafeBC regulations, committee members are designated as representing the management of the University or representing worker groups employed by the University as designated by the WorkSafeBC (including student workers). Efforts should be made to ensure all major work groups or areas are represented on the committee (as shown in Appendix A, which can be amended from time to time by the Vice-President, Finance and Administration). Management representatives can not outnumber worker group representatives on the committee. Management representatives are appointed by the Vice-President, Finance and Administration. Worker group and other representatives shall be elected or appointed by their peers. The Vice-President, Finance and Administration may appoint non-voting observers and resource people to the Committee. Quorum at any meeting to be two-thirds of the total voting membership.

The members of the committee elect at each September meeting, from amongst themselves, a Chair and Secretary. Both offices may not be held by worker group representatives or by university management representatives at the same time. The nominating committee will consist of the past Chair and past Secretary (or designates appointed by the current Chair) who will meet at the beginning of September, and be charged with the responsibility of developing a list of candidates for the positions of Secretary and Chair. This process shall also provide for nomination from the other members of the Committee. The nominations shall be distributed by mail to all committee members prior to the September meeting.

Role of Committee

1. Review occupational health and safety policies and make recommendations for their improvement. In carrying out this work, advisory sub-committees may be formed, to be chaired by a member of the University Safety Committee.
2. Review and make recommendations concerning such occupational health and safety matters as, reports from the Workers’ Compensation Board, monthly summaries of accidents involving SFU faculty, staff and students, issues raised by Departmental Safety Committees, and other reports as submitted for information.
3. Consider recommendations or suggestions from faculty, staff and students concerning health and safety issues, and endorse them where warranted.

4. Assist the Occupational Health and Safety Office in promoting safety awareness to the entire campus community.

5. The Committee shall report to the Vice-President, Finance and Administration.

6. The Committee shall meet once a month.

7. The Committee shall keep written minutes of the issues discussed and shall forward a copy to all committee members (including observers/resource people), the Vice-President, Finance and Administration and the WorkSafeBC.

GP 17, Appendix A

Composition of the University Safety Committee

A. Management Representatives
   Five - appointed by the Vice-President, Finance and Administration

B. Worker Group Representatives (except as noted, one from each of the following):

   CUPE 3338 (three)
   Polyparty (two)
   Simon Fraser Student Society** (one) to represent undergraduate student employees of the university, not otherwise represented on the Committee, and undergraduate student interests generally.
   Graduate Student Society** (one) to represent graduate student employees of the university not otherwise represented on the Committee, and graduate student interests generally.
   TSSU

   Note: ** one of the two student representatives should represent the interest of research assistants.

C. Other Group Representatives (One from each of the following):

   Administrative and Professional Staff Association
   Faculty Association

D. Observer and Resource People:

   The Occupational Health and Safety Officer, Biosafety Committee Chair, Radiation Protection Officer, a representative from Harbour Centre and one from Health Services/Traffic and Security shall be appointed as non-voting observers and resource people to the Committee.

Membership representation amended by agreement between the University and TSSU March 16, 1999.

GP 17, Appendix B

Informing Students of Risk

Instructors must inform students enrolled in their courses that include off-campus activities of the reasonably predicted risks that might be associated with a field activity. This should take the form of an entry in a course outline and a field-trip orientation in class time prior to the field trip. An entry in the course outline could be, for example, along the following lines:

«Be aware that during the field trip there will be period of strenuous hiking, hiking close to cliffs and crossing roads with busy traffic. Appropriate clothing and footwear should be worn. Further details regarding safety, food, housing and field supplies will be discussed prior to the field trip.»

The length of the pre-field trip orientation should be related to the length and/or complexity of the field trip.
Incident and Hazard Reporting

Incident Reporting
Immediately report a work related injury to the First Aid Attendant (who may refer you to a physician).
Immediately report an accident or incident (which had a potential for serious injury, time loss or property damage) to your supervisor, who will investigate.
The incident report form is available online or at the Environmental Health and Safety Department (EHS), Safety & Risk Services Discovery 1.
http://www.sfu.ca/srs/report

Examples of incidents include, but are not limited to:
- Situations causing personal injury
- Occupational illness
- Fire, major flooding, or explosion
- Chemical, biological or radioactive spills/escapes/discharges
- Collapse or structural failure
- Motor vehicle collisions/damages
- Near-miss incidents (any of the above)

Responsibilities
Supervisors and Instructors are responsible for:
1. Eliminating or minimizing the hazard
2. Investigating accidents and serious incidents
3. Ensuring that a WorkSafeBC Form 7 is completed and sent to EHS.

The WorkSafeBC Form 7 must be completed when an employee is either absent from work or has visited a physician due to a work related incident.
The top half of the incident report form is completed by the supervisor. If there was potential for major injury, a copy is sent to the local safety committee AND to EHS. If it was a minor incident, the employee and supervisor investigate, complete the form, and then send it to the safety committee and EHS.

A form 7 is available online or at the Environmental Health and Safety Department (EHS), Safety & Risk Services Discovery 1 http://www.worksafebc.com/forms/assets/pdf/7.pdf

Worker
1. Report accidents or near miss incidents to the supervisor
2. Report to First Aid when injured
3. Advise the supervisor when a physician is visited or when absent from work due to a work related injury
4. Co-operate during an investigation
5. Eliminate or minimize a hazard if within capability.

Visitors and Students:
1. Seek First Aid when injured
2. Report accidents to the class supervisor during class time
3. Report accidents, outside of class time, to Campus Security (non-emergency number is local 2-3100).
4. Report near miss incidents experienced during or outside class time, to the class supervisor.

Occupational First Aid:
1. Maintain treatment record books for all work-related injuries, keeping these records for at least five years, and
2. Fill out Form 7A for work-related injuries where an employee is referred to a physician. Forward a copy to the supervisor within 24 hours.

Environmental Health and Safety Department:
1. Review incident investigation reports
2. Recommend appropriate corrective action where necessary
3. Confirm that recommended corrective actions have been taken
4. Investigate serious incidents or near miss
5. Maintain records of all incidents
6. Prepare a monthly incident summary
7. Distribute the monthly incident summary to the Central University Health & Safety Committee

Hazard Reporting
All hazards must be reported.

HAZARDS REQUIRING IMMEDIATE ATTENTION
Contact campus security at your campus.

Examples of situations requiring immediate action include:
a suspicious package appearing in your area, a gas or chemical smell, suspicious person, etc.

HAZARDS IN YOUR DEPARTMENT
This applies to non-emergency situations and includes blocked emergency evacuation routes, poor workstation ergonomics, indoor air quality issues, etc..

Report all hazards to your supervisor who is responsible for investigating and initiating appropriate action.
If your supervisor fails to address your perceived hazard, contact your local joint safety committee or the Environmental Health and Safety Assistant at 778.782.5935 (25935), or email ehs_sfu@sfu.ca.
Working Alone or In Isolation (GP 39)

1. Purpose
To provide for measures to protect the health and safety of, and minimize risk to, any worker that works alone or at an isolated place of employment as defined in the Workers Compensation Act, Occupational Health and Safety Regulation, (Sections 4.20 – 4.23). Adherence to this policy will help to meet health and safety legal requirements and demonstrate due diligence in working alone or in isolation situations.

2. Scope
This policy applies to all SFU campuses and to work for SFU at off-campus locations.

3. Definitions

Office hours: the Simon Fraser University hours during which there are people available to help in the case of an incident. Office hours are 8:30 a.m. to 4:30 p.m. at SFU Burnaby and SFU Surrey, and 9:00 a.m. to 5:00 p.m. at SFU Vancouver. Some departments have office hours that do not fall within this range. In such cases, the department must stipulate what they consider to be their office hours.

Supervisor: a person authorized by an employer to oversee or direct the work of workers and students, including teaching and research supervisors, department heads, deans, managers and any other persons in positions of authority.

Worker: any person engaged in an occupation in the service of an employer, including faculty, staff, graduate and undergraduate students, and volunteers.

Working alone or in isolation: according to The Occupational Health and Safety Regulation, means “to work in circumstances where assistance would not be readily available to the worker in case of an emergency or in case the worker is injured or in ill health.” In these circumstances extra precautions and requirements may be warranted. A variety of work environments and situations call for various interpretations of “working alone or in isolation.” For example, a worker who comes in alone after office hours to perform paperwork duties may not be considered to be “working alone.” A laboratory worker working alone may be considered to be “working in isolation,” while a worker coming in after office hours to do laboratory testing with hazardous substances may be considered as “working alone.” Depending on circumstances, situations, or environments, a site-specific Working Alone or in Isolation Policy may be required to limit individuals’ duties.

Worksite: any place where work is performed, including locations such as laboratories, offices, or field work.

Engineering controls: the physical arrangement, design or alteration of workstations, equipment, materials or other aspects of the physical work environment to manage risk.

Administrative control: the provision, use and scheduling of work activities and resources in the workplace, including planning, organizing, staffing and coordinating to manage risk.

4. Policy
This policy requires the assessment of risk and the development of site-specific preventive and response procedures to protect the health and safety of, and minimize the risk to, any worker who works alone or in isolation, in circumstances where assistance may not be readily available in an emergency or should the worker be injured or fall ill.

For individuals required to work alone or in isolation the preventive and response procedures will address the identified risk(s), specify the types of activities that may be conducted, and any limitations on and/or prohibitions of specific activities, and procedures for securing assistance. Where possible, standard operating procedures (SOPs) can be developed to address similar activities within a department. Situations where an SOP may be appropriate include activities such as working alone in research laboratories or offices.

The site-specific policy with preventive and response procedures must be documented within the department, communicated to affected individuals, and monitored to ensure compliance and effectiveness.

5. Roles and Responsibilities

5.1 Deans and Division Heads will:
A. direct supervisors in their areas to develop and implement a site-specific policy and appropriate preventive and response procedures for working alone or in isolation; and
B. monitor to ensure the policy and measures are communicated, enforced and effective.

5.2 Supervisors are required to review all workplaces under their jurisdiction and:
A. identify individuals required to work alone;
B. identify hazard(s) and assess risk(s);
C. take any necessary steps to eliminate the hazard(s);
D. eliminate the hazard(s) and minimize the risk(s) from the hazard(s) by using engineering controls, administrative controls or a combination of the two controls;
E. develop a site-specific Working Alone or in Isolation Policy and Procedure to address the risk(s);
F. communicate the site-specific Working Alone or in Isolation Policy and Procedure to all workers under their jurisdiction;
G. ensure understanding and compliance with the Policy and Procedure;
H. review the site-specific Policy and Procedure annually; and
I. maintain documentation of the site-specific Working Alone or in Isolation Policy and Procedure within each department.

5.3 Individuals required to work alone or in isolation will:

A. comply with the site-specific Working Alone or in Isolation Policy; and
B. advise the supervisor of arising concerns.

5.4 Environmental Health and Safety will provide guidance and act as a resource.

6. Authority

6.1 This policy is administered under the authority of the President and all Vice Presidents.
Emergency Management (GP 31)

1.0 Preamble
Simon Fraser University is committed to:
- Reduce negative impacts on the health, safety and welfare of people;
- Optimize the protection of University property resulting from emergencies and disasters; and
- Facilitate the timely recovery of teaching and research operations.

2.0 Purpose
The purpose of this policy is to establish emergency response priorities and an Emergency Response Management System at Simon Fraser University.

3.0 Authority
The Vice-President Finance and Administration is responsible for the administration, communication and implementation of this policy.

4.0 Definitions
Emergency means a present or imminent event that is caused by accident, fire, explosion or technical failure, or by the forces of nature, and requires prompt coordination of action of persons or property to protect the health, safety, or welfare of people or to limit damage to property.

Disaster means a calamity that is caused by accident, fire, explosion or technical failure, or by the forces of nature, and has resulted in serious harm to the health, safety, or welfare of people or caused widespread damage to property.

5.0 Policy
5.1 This policy establishes the requirement for an Emergency Management Program with related procedures and plans to address emergencies and disasters. The objective of the program is intended to ensure that:
   A. Emergency response priorities are identified,
   B. The preparedness and response strategies to emergencies or disasters are established and well-coordinated, and
   C. Plans are in place to facilitate recovery and business continuity.

5.2 Emergency Management Program
The Simon Fraser University Emergency Management Program coordinates the systems and processes for mitigating against, preparing for, responding to and recovering from emergencies and disasters at Simon Fraser University. The Emergency Management Program is formulated by the Emergency and Business Continuity Planner in consultation with the Emergency Management Committee (EMC).

5.3 Priorities
In any emergency situation, Simon Fraser University’s priorities are to:
1. Provide for health and safety of all responders
2. Save lives
3. Reduce suffering
4. Protect public health
5. Protect university property
6. Restore academic, research and administrative functions
7. Protect the environment
8. Reduce economic & social losses

5.4 Emergency Preparedness
Preparedness will be accomplished by:
   A. Identifying risks, prioritizing the University's critical functions and implementing appropriate mitigating strategies;
   B. Establishing effective Emergency Communication systems;
   C. Providing adequate training to designated emergency responders; and
   D. Exercising procedures and plans frequently.

5.5 Emergency Response, Recovery and Business Continuity
5.5.1 Response efforts will utilize the British Columbia Emergency Response Management System (BCERMS). This includes the adoption of the Incident Command System (ICS) where the Incident Commander (IC) directs the site response from an Incident Command Post (ICP), and where an Emergency Operations Center (EOC) is activated at the request of the IC or appropriate Simon Fraser University personnel to provide coordination and resource support.

5.5.2 The EOC consists of five functions: Management, Operations, Planning, Logistics and Finance/Administration. Each function plays a specific role during EOC activation. When the EOC is activated a Policy Group will be established comprised of the President, Vice-Presidents and any other senior officials deemed essential by the President in order to provide the EOC Director with policy direction.

5.5.3 Planning for restoring academic research and administrative functions is critical to the resumption of normal business operations. This planning begins as a component of response planning.

6.0 Scope
This policy applies to all SFU campuses.
Earthquake Safety in Labs

Before an Earthquake:
Do a risk assessment of your work/study area to determine the best course of action to take in the event of an earthquake. Lab supervisors should conduct a risk assessment of their labs and communicate the results to those who work there. When conducting your risk assessment, please consider the following:

- Assess what hazards would be present in your lab during an earthquake.
- Pre-identify safe areas within your lab where you will try to take cover. Consider 2-3 areas that you can quickly crawl to and that are away from:
  - Benches or heavy equipment that could move or shift during an earthquake
  - Hazardous materials or objects that are not secured
  - Breakable items and windows
- Ensure wheels on equipment and carts are in the locked position
- If you identify areas of concern during your risk assessment, be sure to take action to remedy problems as soon as possible.

During an Earthquake:
Always follow the internationally recognized Drop, Cover, Hold-on safety technique but consider how you may need to adapt this technique based on where you are at the time of the shaking and the results of your risk assessment.

- If you are in a place where the bench areas have been deemed hazardous, based on the risk assessment, drop to the ground so you are not knocked over by the shaking and then quickly move to one of your pre-identified safe locations (i.e. the ends of the bench or to the front of the room away from windows)
- No matter where you are cover your head and neck with your arms and hold on to a stable object in the room so you are not knocked over in violent shaking

After an Earthquake:
- Move cautiously as objects may have shifted in the shaking and may pose obstacles to maneuvering around the room
- Turn off gas or other valves (if possible these should be turned off as soon as any shaking is felt)
- If there are known hazardous materials in the room that may have been released during the earthquake, evacuate the area immediately but move cautiously.
- Move outdoors away from buildings as aftershocks may occur.
- Do not re-enter the building until it has had a damage assessment and been given the ok by First Responders, Facilities, health and safety and security staff.
- Make sure you check in with the building evacuation coordinator/fire warden or your supervisor before leaving the area so that you can be accounted for and so they know you are safe.

For more information about Earthquake Safety visit: [http://www.sfu.ca/srs/emergency/response.html](http://www.sfu.ca/srs/emergency/response.html)

Developed by:
The Faculty of Science Safety Committee, the South East Campus Safety Committee, Environmental Health & Safety and Emergency & Continuity Planning
Preamble

Simon Fraser University has a legal obligation to conform to the regulations issued under authority of the Fire Services Act, BC Fire Code, as adopted by the City of Burnaby for Burnaby campus, the City of Vancouver for SFU Vancouver, the City of Surrey for SFU Surrey and the City of Kamloops for SFU Kamloops, regarding the provision, inspection, testing and maintenance of fire safety equipment and the development and maintenance of comprehensive fire response procedures.

1.0 Purpose

1.1 This Policy establishes the requirement for a Fire Safety Program at Simon Fraser University and defines responsibility for implementation of the Program. The objective of the Program is to ensure that:

a. maintenance procedures and tests are carried out to verify that fire safety and detection equipment operate correctly;

b. Building Fire Safety Plans contain all information specified by local Fire Departments; and

c. occupants are trained in response procedures.

2.0 Scope

2.1 This policy applies to all campuses and buildings of SFU.

3.0 Policy

3.1 Fire Safety & Fire Detection Equipment

3.1.1 Appropriate fire safety and detection equipment must be installed in all buildings according to the BC Fire Code and other applicable regulatory requirements.

3.1.2 SFU building maintenance and operations departments shall develop and maintain a comprehensive program for SFU-owned buildings, including complete documentation to ensure that all fire safety and detection equipment is regularly inspected and tested, and response procedures are practiced. Buildings leased or rented by SFU shall be maintained according to contractual obligations.

3.2 Fire Safety Plans

3.2.1 A Fire Safety Plan template has been developed by Environmental Health & Safety (EHS) to provide the basis for detailed customization for SFU-owned buildings. The customization of building Fire Safety Plans is coordinated by EHS.

3.2.2 The customized Fire Safety Plan is designed to give uniform, but building-specific information to:

Fire Departments;

Occupants regarding procedures in case of fire;

Occupants regarding a safe and orderly evacuation when the fire alarm sounds;

Fire evacuation personnel; and

Campus Security.

3.2.3 The Fire Safety Plans address responsibility for monitoring fire detection devices and outline response protocols at each site. Where Fire Safety Plans are commissioned as part of new construction or major renovations or, in the case of leased spaces, are developed by the building owner, the plans must meet BC Fire Code regulations.

3.3 Fire Evacuation Personnel

3.3.1 Evacuation Personnel include Building Evacuation Coordinators (BEC), Fire Wardens and back-ups for each role. They are selected from among building occupants on a volunteer basis and EHS ensures that a full complement is in place, in each building, on all campuses. Duties and training of fire evacuation personnel varies based on local arrangements and the specified role. The Fire Safety Plans specify the duties for each role.

3.4 Fire Drills

3.4.1 Fire drills are held on a regular basis and never less often than once a year.

3.5 Training and Drill Documentation

3.5.1 EHS maintains all documentation relating to the appointment of fire evacuation personnel, training of fire evacuation personnel and fire drills.

3.5.2 Documentation must include:

the number of fire drills held;

debriefing session notes;

training sessions;

fire incidents;

fire prevention activities; and

a current list of Fire Evacuation Personnel by building and location.

APPENDICES

Appendix A

This policy should be read in conjunction with the following University Policies:

GP 17 – University Occupational Health and Safety
GP 31 – Emergency Management of Physical and Other Disasters

http://www.sfu.ca/srs/ehs.html
The following Appendices provide site-specific details on the Fire Safety Program at individual SFU campuses.

Appendix B – SFU Burnaby  
Appendix C – SFU Vancouver  
Appendix D – SFU Surrey  
Appendix E – SFU Kamloops

Appendix B: Fire Safety - SFU Burnaby

Fire Safety Plan

EHS is responsible for customizing the Fire Safety Plan template for each building in collaboration with Facilities Services, building occupants, and local Safety Committees.

Fire Evacuation Personnel

Evacuation personnel are appointed by department heads and trained in fire safety and evacuation procedures by EHS. Fire evacuation personnel consist of a Building Evacuation Coordinator (BEC) and back-up and Fire Wardens with back-ups.

Fire Drills

Fire drills are coordinated by the EHS in collaboration with building occupants, fire evacuation personnel, Burnaby Fire Department, Campus Security and Facilities Services in accordance with fire drill procedures documented in the Fire Safety Plans.

Building Evacuation Coordinator Duties

- Oversees the building evacuation, collects information from Fire Wardens at the annunciator panel and relays this information to responding Campus Security personnel.
- Reviews the Fire Safety Plan to ensure it is accurate;
- Notifies EHS when Fire Wardens leave, and replacements are required;
- Ensures all Fire Wardens have received the appropriate training and equipment such as Fire Warden vests and report forms; and
- Reports fire hazards.

Fire Wardens

Fire Wardens are responsible for immediately evacuating their areas as soon as the fire alarm sounds, directing occupants via the nearest safe exits to designated assembly area(s) and reporting status to the Building Evacuation Coordinator at the annunciator panel. As required, they are re-deployed to access routes to prevent re-entry.

Equipment Maintenance and Testing

Facilities Services is responsible for maintenance and testing fire safety equipment. Their maintenance plan outlines the required maintenance and testing procedures, responsibility for the procedures, and documentation requirements.

Appendix C: Fire Safety - SFU Vancouver

At SFU Vancouver, compliance with the Fire Services Act, BC Fire Code, as adopted by the City of Vancouver, University policies/procedures and, where applicable, the Landlord’s fire safety requirements is shared by the Operations Department, EHS and, where applicable, the landlord.

1) Harbour Centre Building

Fire Safety Plan

The building owner (Landlord) at Harbour Centre has established a Fire Safety Plan that meets jurisdictional requirements and has been approved by the Fire Prevention Division of the Fire and Rescue Services of the City of Vancouver. The Operations Department of SFU, Vancouver maintains the program in Simon Fraser University occupied space.

Fire Evacuation Personnel

Fire Safety Personnel consist of the Fire Safety Director, the Deputy Fire Safety Director, The Evacuation Control Officer, Floor Wardens and Security Personnel. The Fire Safety Director and Deputy Fire Safety Director are appointed from the Operations Department personnel by the Executive Director of the Vancouver Campus.

The Fire Safety Director or Deputy appoints the Evacuation Control Officer (ECO). The Floor Wardens are appointed from amongst Simon Fraser University employees on a volunteer basis in conjunction with the Department Heads. During times that the University is closed and largely unoccupied, the duties of Evacuation Control Officer and Floor Wardens are carried out by Security personnel.

The Deputy Fire Safety Director is responsible to ensure the Fire Safety Plan is reviewed annually to confirm accuracy, recruit floor wardens where positions have become vacant, ensure that all wardens have received the appropriate training and equipment such as vest, cap, and report forms.

Duties of Fire Evacuation Personnel are per the approved Fire Plan provided by the Landlord, Harbour Centre Complex.

Equipment Maintenance and Testing

The Landlord is responsible for maintenance and testing of fire safety equipment as per their established procedures. Where Simon Fraser University has installed additional fire extinguishers the annual maintenance and testing is arranged by the Operations Department.

Fire Drills

Fire Drills are coordinated with the Landlord and Simon Fraser University Fire Evacuation Personnel by the Deputy Fire Safety Director (Operations Department).

Building Evacuation Control Officer (ECO) Duties

The Evacuation Control Officer at the time of a fire alarm is responsible to see that floor wardens report evacuation status during evacuation. The Evacuation Control Officer then goes directly to the designated meeting spot to advise evacuees.

Security

Security is available to assist the Emergency Responders once they are in Simon Fraser University space. During the times when there are limited fire personnel, security may play a greater role in building evacuation. Security also has a liaison role with the landlord regarding evacuation of the building and re-entry.

2) Segal Graduate School of Business

Fire Safety Plan

The Operations Department at SFU Vancouver is responsible for administering the Fire Safety plan.

Fire Evacuation Personnel

Fire Safety Personnel consist of the Fire Safety Director, the Deputy Fire Safety Director, The Evacuation Control Officer (ECO), Floor Wardens and Security Personnel. The Fire Safety Director and Deputy Fire Safety Director are appointed from the Operations Department personnel by the
Executive Director of the Vancouver Campus. The Fire Safety Director or Deputy appoints the Evacuation Control Officer (ECO). The Floor Wardens are appointed from amongst Simon Fraser University employees on a volunteer basis in conjunction with the Department Heads. During times that the building is closed and largely unoccupied, the duties of Evacuation Control Officer (ECO) and Floor Wardens are carried out by Security personnel.

The Deputy Fire Safety Director is responsible to ensure that the Fire Safety Plan is reviewed annually to confirm accuracy, recruit floor wardens where positions have become vacant, ensure that all wardens have received the appropriate training and equipment such as vest, cap, and report forms.

Duties of Fire Evacuation Personnel are per the approved Fire Plan.

**Equipment Maintenance and Testing**

Maintenance and annual testing of the fire safety equipment is the responsibility of the Operations Department as per the procedures outlined in the Fire Safety Plan.

**Fire Drills**

Fire drills are coordinated by the Fire Safety Director and Deputy Fire Safety Director (Operations Department) in conjunction with the Fire Evacuation Personnel and the Building Department Managers.

**Building Evacuation Control Officer (ECO) Duties**

The Evacuation Control Officer at the time of a fire alarm is responsible to see that the evacuation is conducted in accordance with the Fire Safety Plan. The Evacuation Control Officer (ECO) ensures that the evacuation begins and then goes directly to the designated meeting spot to advise evacuees.

**Security**

Security is available to assist the Emergency Responders. During the times when there are limited fire personnel, security may play a greater role in building evacuation. Security also has a liaison role with the engineers regarding evacuation of the building and re-entry.

**3) Morris J. Wosk Centre for Dialogue**

**Fire Safety Plan**

The Operations Department at Simon Fraser University, Vancouver is responsible for administering the fire safety plan.

**Fire Evacuation Personnel**

Fire Safety Personnel consist of the Fire Safety Director, the Deputy Fire Safety Director, The Evacuation Control Officer, Floor Wardens and Security Personnel. The Fire Safety Director and Deputy Fire Safety Director are appointed from the Operations Department personnel by the Executive Director of the Vancouver Campus. The Fire Safety Director or Deputy appoints the Evacuation Control Officer (ECO). The Floor Wardens are appointed from amongst Simon Fraser University employees on a volunteer basis in conjunction with the Department Heads. During times that the University is closed and largely unoccupied, the duties of Evacuation Control Officer (ECO) and Floor Wardens are carried out by Security personnel.

Duties of Fire Evacuation Personnel are per the approved Fire Plan.

**Equipment Maintenance and Testing**

Simon Fraser University, Vancouver’s Operations Department is responsible for the maintenance and testing of fire safety equipment as per the regulatory requirements as outlined in the Fire Safety Plan.

**Fire Drills**

Fire Drills are coordinated by the Fire Safety Director or Deputy FSD (Operations Department) and conducted in accordance with regulatory requirements as outlined in the Fire Safety Plan.

**Building Evacuation Control Officer (ECO) Duties**

The Evacuation Control Officer at the time of a fire alarm is responsible to see that the evacuation is conducted in accordance with the Fire Safety Plan. The Evacuation Control Officer (ECO) ensures that the evacuation begins and then goes directly to the designated meeting spot so that evacuees know where to congregate.

**Security**

Security is available to assist the Emergency Responders. During the times when there are limited fire personnel, security may play a greater role in building evacuation. Security also has a liaison role with the engineers regarding evacuation of the building and re-entry.

**4) School for the Contemporary Arts – 611 Alexander Centre**

**Fire Safety Plan**

The building owner (landlord) at Alexander Centre has established a Fire Safety Plan that meets jurisdictional requirements and has been approved by the Fire Prevention Division of the Fire and Rescue Services of the City of Vancouver. The Operations Department of Simon Fraser University, Vancouver maintains the program in Simon Fraser University occupied space, as per landlord’s requirements.

**Fire Evacuation Personnel**

Fire Safety Personnel, within Simon Fraser University space, consists of a Fire Warden and Assistant Fire Warden. The Fire Warden and Assistant Fire Warden are appointed from amongst Simon Fraser University employees at the School for the Contemporary Arts on a volunteer basis and in conjunction with the department head and landlord.

**Equipment Maintenance and Testing**

The landlord is responsible for maintenance and testing of fire safety equipment as per their established procedures.

**Fire Drills**

Fire drills are coordinated with the landlord and the School’s Fire (and Assistant) Warden by the Fire Safety Director or Deputy (Operations Department).

**Fire Warden Duties**

The Fire Warden at the time of a fire alarm is responsible to see that upon the sounding of the fire alarm the evacuation begins immediately, directing occupants to the designated meeting spot. Once the majority of occupants have left, a quick sweep of the space, if safe to do so, is done to ensure that everyone has left.

The Fire Warden reports status to responding agencies.
Appendix D: Fire Safety - SFU Surrey

SFU Surrey

At SFU Surrey, compliance with the Fire Services Act, BC Fire Code, as adopted by the City of Surrey, University policies/procedures and where applicable the Property Manager’s fire safety requirements, is shared by Facilities Services, EHS and the Property Manager for Central City.

Fire Safety Plan

A Fire Safety Plan, part of the overall Emergency Evacuation Plan, has been established for the entire complex by the building owner. All sections, owned or non-owned by SFU, fall under this Plan. The building owner/manager is responsible for ensuring that all Fire Safety Personnel are trained in all aspects of fire prevention, fire control, earthquake, bomb threats and emergency evacuation procedures.

Fire Safety Personnel

Fire Safety Personnel consist of the Fire Safety Director (Incident Commander), the Deputy Fire Safety Director and Floor Wardens. The Fire Safety Director and the Deputy Fire Safety Director are appointed in writing by the building owner/manager. Floor Wardens for floors occupied by SFU are selected on a volunteer basis from among employees working in the immediate area. For identification, SFU Floor Wardens are issued marked safety vests and helmets.

The Facilities Manager ensures there is a full complement of Floor Wardens and that Floor Wardens attend annual training sessions conducted by the building owner/manager. Additional duties are to:

- Obtain and issue equipment, such as fire warden vests, hats, etc.
- Ensure that Fire Safety Personnel carry out their responsibilities and duties as described in the Fire Safety Plan
- Eliminate fire hazards reported by Fire Safety Personnel

Fire Drills

The building owner/manager is responsible for ensuring that fire drills are held on a yearly basis.

Equipment Maintenance and Testing

The Property Manager at Central City is responsible for maintenance and testing of base building fire safety systems as per code requirements. Where Simon Fraser University has installed additional fire extinguishers, the annual maintenance and testing is arranged by the Facilities Services department. Additionally, monthly inspections of fire extinguishers are performed through Facilities Services in accordance with code requirements.

Appendix E: Fire Safety - SFU Kamloops

SFU Kamloops

At SFU Kamloops, compliance with the Fire Services Act, BC Fire Code, as adopted by the City of Kamloops, University policies/procedures, is shared by Facilities Services, EHS and the Manager of SFU First Nations Studies (FNS) responsible for SFU Kamloops.

Maintenance

Facilities Services (Burnaby) is responsible for ensuring that maintenance and testing of fire safety equipment is carried out. A maintenance plan outlines the required maintenance and testing procedures, the responsibility for these procedures, and documentation requirements.

Fire Safety Plan

A Fire Safety Plan has been developed by EHS (Burnaby) for the Kamloops site in collaboration with Facilities Services, building occupants, and the Manager Administrative Services (Kamloops).

Fire Evacuation Personnel

- Fire evacuation personnel consist of the fire wardens. The fire wardens are selected by the Department Head on a volunteer basis. Fire wardens report fire hazards to the Manager Administrative Services.

Manager, Administrative Services SFU Kamloops

- Reviews the Fire Safety Plan to ensure it is accurate;
- Notifies the department head when fire wardens leave and replacements are required;
- Ensures that fire wardens have received appropriate training and equipment, such as fire warden vests, clipboards and report forms.

Fire Drills

Fire drills are coordinated by EHS in collaboration with the Manager Administrative Services, fire evacuation personnel, building occupants, and the Kamloops Fire department.
Fire Emergency & Evacuation

When you Discover a Fire

1. Activate the “PULL” station
2. Call 911 if safe to do so
3. Extinguish the fire - only if it is small, and you are trained to do so
4. Remove anyone in immediate danger
5. Close windows/doors to prevent the fire from spreading
6. Evacuate via the nearest emergency exit - do not use the elevator!
7. Proceed to assembly area

Note: If you extinguish a fire be sure to complete a SFU incident report and request replacement of your extinguisher immediately.

http://www.sfu.ca/fs/Services/Burnaby/Maintenance-Requests.html
http://www.sfu.ca/incidentreporting

When you Hear the Alarm

1. Stop activities
2. Close windows/doors
3. Evacuate via the nearest emergency exit DO NOT USE THE ELEVATOR!
4. Proceed to assembly area

Fire Evacuation Teaching Staff

Do not re-enter the building unless the “all clear” signal has been given by the fire department or security personnel.

Instructors and teaching staff must give direction to students during an emergency evacuation.

Always identify the following before entering a classroom

- Location of the Fire Alarm
- Location of the Fire extinguishing equipment
- Exit routes
- Refuge areas
- Assembly area(s)

When a fire breaks out in the classroom

- Activate the alarm
- Initiate the evacuation
- Attempt to extinguish the fire only if: the fire is small or contained and you are trained in the use of a fire extinguisher.

In all other cases continue with instructions below upon hearing the fire alarm

- Initiate evacuation
- Direct students to the designated assembly area
- Direct or assist students with disabilities to the refuge area
- Close the door after the classroom has been evacuated
- Inform the Building Evacuation Coordinator (who can be found at the annunciator panel) of the disabled students in refuge areas
- Proceed to the assembly area

Disabled Persons

If you are not on the ground floor and are unable to exit to outside, proceed to a refuge area. Once you have arrived at the refuge area, you will need to wait for the Fire Department who is equipped and trained to get you down the stairs.
Fire Extinguisher Types and Classification

**Class A**
Combustibles
(Paper, cloth, wood, trash)

**Class B**
Flammable Liquids
(Gasoline, solvents, oil)

**Class C**
Electrical
(Wiring, circuit boards, computers)

**Class D**
Combustible metals
(Potassium, Sodium, Mg)

Using Fire Extinguishers

Use a portable fire extinguisher only when trained to do so and only on small fires. For example: A garbage can on fire or a fire, which has not yet spread beyond the immediate area.

If you even have to think whether the fire is too big to be extinguished with a portable fire extinguisher, the fire is most likely too big!

**Rules when using a portable fire extinguisher**

Sound the alarm at a pull station first.

Make sure you can use the extinguisher!

ALWAYS keep your back towards an unobstructed exit and stand at least six feet away from the fire and follow the four-step PASS procedure (See below).

A fire extinguisher only lasts for approximately 10 to 15 seconds. **Never risk your safety.**

**PASS Procedure**

**PULL** - Pull the Pin

**AIM** - Aim the extinguisher nozzle at the base of the flames

**SQUEEZE** - Squeeze trigger while holding the extinguisher upright

**SWEET** - Sweep the extinguisher from side to side, covering the area of the fire with the extinguishing agent.

How To Use Fire Extinguisher

Remember the **PASS** word (Pull - Aim - Squeeze - Sweep)

**Pull**
Pull the Pin

**Aim**
Aim At The Base Of Fire

**Squeeze**
Squeeze The Operating Handle

**Sweep**
Sweep From Side To Side

Dry Chemical Fire Extinguishers

<table>
<thead>
<tr>
<th>A &amp; B &amp; C Fires</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO₂ Fire Extinguishers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B &amp; C Fires</td>
<td>B</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Graphite Powder, Some Dry Chemical Fire Extinguishers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D Fires</td>
<td>D</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Working Safely with Hot Plates, Heat Guns and Oil Baths

Hot plates, heat guns and oil baths can produce temperatures high enough to ignite combustibles. Several fires have resulted at SFU from unsafe practices when working with heating equipment. Please incorporate the following safe work practices into your risk assessment and laboratory procedures.

**Mandatory Safe Work Practices**

- Unplug heating equipment when not in use and ensure electrical cords do not come in contact with hot surfaces.
- When the temperature setting on heating equipment is changed or adjusted the researcher must monitor the temperature until the reaction mixture, oil/heat bath and equipment has thermally equilibrated.
- Do not heat material in a closed container unless the container or vessel is specifically designed to withstand high pressures. Always follow manufacturers’ specifications.
- Do not use working fume hoods for storage (i.e. fume hoods that are not labelled for storage only) and use the minimum quantity of flammable and combustible materials required for the experiment.
- Work areas must be clean and free of clutter.
- Familiarize yourself with the location of fire extinguishers and the shortest evacuation route to the nearest emergency exit. Contact EHS to get trained in using a fire extinguisher. Only use a fire extinguisher if you have been trained and the fire is small and contained.

**Laboratory Hot Plates**

On many brands of combined stirrer/hot plates, the controls for the stirrer and temperature control are not easily differentiated. Care must be taken to distinguish their functions. A fire or explosion may occur if the temperature rather than the stirrer speed is increased inadvertently.

**Heat Guns**

Never leave a heat gun unattended! The heating element in a heat gun typically becomes red-hot during use and, necessarily cannot be enclosed. The on/off switches and fan motors are not usually spark-free and heat guns are designed to pull lab air into and across the red-hot heating element. This combination increases the risk of ignition. Keep a heat gun away from nearby solvents or other flammable materials.

**Oil Baths**

Where possible researchers should use heating mantles, sand baths or bead baths instead of oil baths. If an oil bath is necessary, care must be taken with hot oil baths not to generate smoke or have the oil burst into flames from overheating. Always monitor an oil bath by using a thermometer or other thermal sensing device to ensure that its temperature does not exceed the flash point of the oil being used. The researcher should consider requiring the use of external feedback monitoring and control of temperature (i.e., maximum temperature is set on a digital display).

**Equipment**

- Keep equipment in good repair and check before each use. If you have any concerns contact the Electronics Shop in room C8008 or at 778-782-3303. See pages 18 and 19 for more information.
- Equipment not up to standards must be tagged and removed from service. The equipment must only be returned to service once repaired by a certified technician and must operate according to the manufacturers’ instructions.
- Use the right tool for the job: Use combination hot plate / stirrers only when both stirring and heating are required; if heating is not required use a dedicated stirrer.
Electricity

Energized equipment can be very dangerous

- You can be killed or maimed by electrical energy that is not well controlled.
- If you are not confident of your ability to work safely with a piece of electrical or electronic equipment, don’t do it. Obtain assistance or training.

Common equipment safety design features

- Three wire ground circuit
- Double insulation
- On-off switches
- Fuses and circuit breakers
- GFCI (ground fault current interrupter)
- AFCI (arc fault current interrupter) * New *

Avoiding exposure to electrical hazards

- Use well-grounded or double insulated equipment.
- Don’t open enclosures of energized electrical equipment
- Avoid using electrical equipment under wet conditions (Unless the equipment is designed to be used under such conditions). GFCI outlets should be installed in wet labs.
- Avoid the unnecessary use of extension cords or outlet boxes. Don’t daisy chain electrical cords.
- Don’t use damaged power cords.
- Unplug equipment before working on it.
- Don’t overload outlets, or extension cords.
- If equipment sparks, smokes or shocks, repair it.
- Replace fuses only with the correct type.
- Use common sense. Stop. Think. Is it safe?

Need Help?

If you are making or want to make some electrical device and need some help or advice, come and talk to us at the Electronics Shop, room C8008 or local 2-3303. If you have modified or repaired some equipment yourself please bring it to the Electronics Shop where we can inspect it and certify that it is safe to use. In the Electronics Shop, we can repair almost any device that runs on electricity.

Table 1: Human resistance to electrical current.

<table>
<thead>
<tr>
<th>Type of Contact</th>
<th>Ohms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry Skin</td>
<td>100,000 to 600,000</td>
</tr>
<tr>
<td>Wet Skin (fresh Water)</td>
<td>1,000</td>
</tr>
<tr>
<td>Internal Body</td>
<td>400 to 600</td>
</tr>
</tbody>
</table>

Table 2: Effect of current on human body.

<table>
<thead>
<tr>
<th>Effect</th>
<th>DC mA</th>
<th>AC (60Hz) mA</th>
<th>AC (10 kHz) mA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slight sensation</td>
<td>0.6</td>
<td>0.3</td>
<td>5</td>
</tr>
<tr>
<td>Threshold of perception</td>
<td>3.5</td>
<td>0.7</td>
<td>8</td>
</tr>
<tr>
<td>Painful, muscle control maintained</td>
<td>41</td>
<td>6</td>
<td>37</td>
</tr>
<tr>
<td>Painful, unable to let go of wires</td>
<td>51</td>
<td>10.5</td>
<td>50</td>
</tr>
<tr>
<td>Severe pain, difficulty breathing</td>
<td>60</td>
<td>15</td>
<td>63</td>
</tr>
<tr>
<td>Possible heart fibrillation after 3 seconds</td>
<td>500</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Table 3: Typical loads for equipment.

<table>
<thead>
<tr>
<th>Device</th>
<th>Current, A</th>
<th>Watts, W</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 inch computer monitor</td>
<td>1.5</td>
<td>165</td>
</tr>
<tr>
<td>typical desktop computer</td>
<td>2.3 – 2.8</td>
<td>250 - 300</td>
</tr>
<tr>
<td>electric kettle</td>
<td>13.6</td>
<td>1500</td>
</tr>
<tr>
<td>microwave oven</td>
<td>13.2</td>
<td>1450</td>
</tr>
<tr>
<td>laser printer</td>
<td>8</td>
<td>880</td>
</tr>
<tr>
<td>desk lamp (incandescent)</td>
<td>0.9</td>
<td>100</td>
</tr>
<tr>
<td>desk lamp (fluorescent)</td>
<td>0.3</td>
<td>22</td>
</tr>
</tbody>
</table>

Ohm’s Law

\[ E \text{ volt} \div R \text{ ohm} = I \text{ampére} \]

Dry: \[ 110 \text{V} \div 100,000 \text{Ω} = 0.0011 \text{A} = 1.1 \text{mA} \]

Wet: \[ 110 \text{V} \div 1000 \text{Ω} = 0.11 \text{A} = 110 \text{mA} \]

Overloaded Outlets

Most 110V wall outlets are rated for 15A Maximum. This allows a quick calculation of how many Watts you may draw from that outlet. \([\text{Watts} = \text{Volts} \times \text{Amps}, W = 110 \times 15 = 1650 \text{Watts}]\). To be safe we should round that number down to 1500 Watts. If we take 1500 watts as our self imposed limit and solve the above equation for Amps we can calculate that we should try not to exceed drawing more than 13.6 Amps \([A = W/V \ A=1500/110 = 13.6] \).

Electrical appliances you plug in to the wall outlet will usually be labeled with how many Amps the device will draw when operating. If they are not labeled, check the instruction manual. If you add up all the amps from all the loads and you get more than 13, you are getting very close to overloading the outlet. Some examples are shown in the following table.

Outlet Extension Devices or Power Bars are usually rated at 15A maximum. So all the above discussion applies. You really should not attempt to draw more than 13.6A through a power bar.
Another error that people sometimes make is attempting to plug two power bars into the same wall outlet which commonly has two sockets. Both Power Bars are rated for 15A and they think this means they can safely draw 30A from the same wall outlet. In most cases, the two sockets on a standard 110V wall outlet are connected together and the combined total current for the two sockets together is still 15 Amps.

Electrical Certification

In accordance with the BC Electrical Safety Regulation (2004), all electrical equipment, including medical devices, must contain a certification mark as indicated by the British Columbia Safety Authority. To determine whether a piece of equipment has an approved certification mark, please refer to the BC Safety Authority webpage http://safetyauthority.ca/permits-approvals/equipment-approvals/electrical

- **Examples of approved certification marks:**
  - UL
  - CSA
  - ETL

If a piece of equipment does not have an approved certification mark, Intertek Testing Services, located in Coquitlam, can certify the equipment for a fee. Intertek’s phone number is 604-520-3321.

Please note that battery operated equipment does not require electrical certification. However, the associated battery charger must contain a BC Safety Authority approved certification mark.

For more information see the EHS website:

**Currents between 30 and 250mA are the most likely to be fatal.**

This is based on normal adult body weight. For smaller people, especially children, the effects occur at lower current levels. The effects also depend upon the path the current takes through the body. Currents passing through the heart and diaphragm are most dangerous.
Field Research

Field Research is defined as work activities conducted primarily for the purpose of research undertaken by employees or students of the university beyond the geographical boundaries of the university property.

Researchers who authorize research activities in the field are required to assess the risks of the research activities, mitigate risks, ensure researchers have the appropriate training to undertake the work tasks, and adequate personal protective equipment. Research team members should be informed of the risks. In addition, field teams should have adequate training in first aid, first aid supplies and a written procedure for securing assistance in an emergency.

Items to consider BEFORE performing Field Research:

### Transportation
- Transportation of Dangerous Goods (certification, placards etc…)
- Ground (insurance, maintenance, SFU Vehicle and Drivers Policies)
- Air (pilot instructions and communication)
- Water (personal safety equipment, communication, boating safety and certification)

### First Aid
- Occupational First Aid (WorkSafeBC)
- Wilderness / Survival First Aid
- Accident / Emergency plan
- Medical Information forms for all field personnel

### Outdoor Preparedness/Camping
- Maps and navigation
- Equipment and clothing
- Food and water
- Being Bear Aware and other wildlife
- Fire safety
- Private Property
- Private/Industrial Camps
- Parks and Crown Land

### Potential Conditions
- Working in remote areas / working in isolation (incl. check-in procedures)
- Wet / Arid / Hot / Cold (clothing and equipment considerations)
- Ice and Snow (hypothermia, avalanches, glaciers (crevasses) …)
- Steep slopes / Uneven Terrain
- Landslides / Debris Flows
- Abandoned Mines / Caves
- Flowing water / Floods (swimming, drowning, cold water,…)
- Trench / Pit Safety
- Confined Spaces
- Industrial activity (logging, mining, blasting, construction, …)

### Other
- Train safety (working near rail lines)
- Electrical Safety (esp. high voltage lines)
- Firearms safety
- Chainsaw Safety
- Hunting Season

### Planning and documentation tools

EHS has developed a planning guideline document and a template for generating a planning record.

On request, we will also assist you with risk assessment, first aid training and procedures for securing emergency assistance. For assistance email ehs_sfu@sfu.ca or call Tel: 778-882-4978.

http://www.sfu.ca/srs/ehs/research-safety/field-research.html
Laboratory Safety Training

Laboratory Safety

http://www.sfu.ca/srs/ehs.html
Hazard Identification

WHMIS 2015 – Workplace Hazardous Materials Information System

WHMIS is a comprehensive system for providing health and safety information on the safe use of hazardous products in Canadian workplaces. Recent changes in federal and provincial legislation have updated WHMIS, now known as WHMIS 2015, to reflect alignment with the worldwide hazard communication system known as GHS - the globally harmonized system of classification and labelling of chemicals.

Hazard classification

WHMIS 2015 defines two major groups of hazards: physical and health. In each hazards group, there are several specific hazard classes, which can be further broken down into categories and sub-categories, which represent levels of severity. Some classes are broken down into types.

Pictograms

Most hazard classes and categories or types have a prescribed pictogram. Pictograms relate to the severity of the hazard. For example, the hazard class Flammable liquids, category 1, 2 or 3 will have the ‘flame’ pictogram, but Flammable liquid, category 4, will not.

<table>
<thead>
<tr>
<th>Pictogram</th>
<th>Hazard Classes</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Pictogram" /></td>
<td>Self-reactive (type A and B)</td>
</tr>
<tr>
<td><img src="image2" alt="Pictogram" /></td>
<td>Organic peroxides (type A and B)</td>
</tr>
<tr>
<td><img src="image3" alt="Pictogram" /></td>
<td>Flammable aerosols, gases, liquids and solids</td>
</tr>
<tr>
<td><img src="image4" alt="Pictogram" /></td>
<td>Pyrophoric gases, liquids and solids</td>
</tr>
<tr>
<td><img src="image5" alt="Pictogram" /></td>
<td>Self-heating substances and mixtures</td>
</tr>
<tr>
<td><img src="image6" alt="Pictogram" /></td>
<td>Substances and mixtures which, in contact with water, emit flammable gases</td>
</tr>
<tr>
<td><img src="image7" alt="Pictogram" /></td>
<td>Self-reactive substances and mixtures</td>
</tr>
<tr>
<td><img src="image8" alt="Pictogram" /></td>
<td>Organic peroxides</td>
</tr>
<tr>
<td><img src="image9" alt="Pictogram" /></td>
<td>Oxidizing gases, liquids and solids</td>
</tr>
<tr>
<td><img src="image10" alt="Pictogram" /></td>
<td>Gas under pressure</td>
</tr>
<tr>
<td></td>
<td>- compressed gas</td>
</tr>
<tr>
<td></td>
<td>- liquefied gas</td>
</tr>
<tr>
<td></td>
<td>- refrigerated liquefied gas</td>
</tr>
<tr>
<td></td>
<td>- dissolved gas</td>
</tr>
<tr>
<td><img src="image11" alt="Pictogram" /></td>
<td>Corrosive to metals</td>
</tr>
</tbody>
</table>

Table 1. WHMIS 2015 pictograms and hazard classes

Labels

All hazardous products in the workplace must be labelled. It is also advisable to label non-hazardous products in the lab to ensure everyone knows what is hazardous and what is not.

A supplier label must appear on all products distributed or sold in Canada. It will include the product identifier, the product pictograms (if applicable), a standard signal word “Warning” or “Danger”, standard hazard statements, precautionary statements and the supplier identifier.

A workplace label is the responsibility of the users of the product and is applied in the following situations:

- chemicals are transferred from their original container
- solutions are prepared in the lab
- original product label is missing or illegible

The workplace label must contain the following elements:

- product identifier
- safe handling information (e.g., hazards associated with the product and basic precautions)
- referral to the Safety data sheet
Hazard Identification

Safety data sheets (SDSs)
Previously called Material Safety Data Sheets, these are detailed technical documents created by the manufacturer or supplier of a hazardous product. Electronic or paper copies should be accessible in your lab for every hazardous product used or stored there.
Each safety data sheet is valid for 3 years, so if you keep paper copies, remember to update them.
SDSs follow a standard 16 section format:
1. Identification
2. Hazards identification
3. Composition/information on ingredients
4. First aid measures
5. Firefighting measures
6. Accidental release measures
7. Handling and storage
8. Exposure controls/personal protection
9. Physical and chemical properties
10. Stability and reactivity
11. Toxicological information
12. Ecological information
13. Disposal considerations
14. Transport information
15. Regulatory information
16. Other information

SDS Glossary
Refer to the following table for terms and acronyms commonly found in an SDS.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACGIH</td>
<td>American conference of governmental industrial hygienists</td>
</tr>
<tr>
<td>autoignition</td>
<td>the temperature at which a vapour ignites spontaneously without an ignition source</td>
</tr>
<tr>
<td>flash point</td>
<td>the minimum point (or temperature) at which a compound gives off sufficient vapour to ignite in air when given an ignition source (spark or flame)</td>
</tr>
<tr>
<td>IDLH</td>
<td>immediately dangerous to life and health</td>
</tr>
<tr>
<td>LC50</td>
<td>concentration of material in air that kills 50% of the test animals during a set period of observation (usually 4 hours)</td>
</tr>
<tr>
<td>LD50</td>
<td>amount of material, given all at once, that causes death in 50% of a group of test animals</td>
</tr>
<tr>
<td>LEL/UEL</td>
<td>lower or upper explosive limit expressed as a % concentration in air</td>
</tr>
<tr>
<td>OEL</td>
<td>occupational exposure limit stated by WorkSafeBC.</td>
</tr>
<tr>
<td>PEL</td>
<td>permissible exposure limit</td>
</tr>
<tr>
<td>TLV-C</td>
<td>threshold limit value ceiling exposure limit to never be exceeded</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>TLV-STEL</td>
<td>threshold limit value short term exposure limit for a 15 minute exposure</td>
</tr>
<tr>
<td>TLV-TWA</td>
<td>threshold limit value time weighted average exposure limit for an 8 hr (day) or 40 hr (week) exposure</td>
</tr>
</tbody>
</table>

Table 2. SDS terms and acronyms

Electronic access to SDSs
SFU subscribes to the online SDS service offered by the Canadian Centre for Occupational Health and Safety (CCOHS). The CCOHS SDS database can be accessed here:
http://cufts2.lib.sfu.ca/CRDB/BVAS/resource/5963
CCOHS covers an extensive list of suppliers with the notable exception of Sigma-Aldrich products. The SDS from this supplier can be found at www.sigmaaldrich.com.

Education and training
All SFU employees who work where hazardous products are used, stored or handled must receive training and education related to WHMIS. Basic background information about WHMIS is provided by EHS through an online WHMIS 2015 module, available on Canvas.
Furthermore, all users of WHMIS products must also receive training and education specific to their lab about:
- procedures for the safe use, storage, handling and disposal of the hazardous product
- procedures to be followed if the hazardous product releases/spills
- procedures to be followed in case of an emergency involving the hazardous product.

Additional training specific to the hazardous product and how it is used in the lab must be provided by the employee’s supervisor.

Four key questions
As a result of the training and education you receive, you should be able to answer the following questions for every product you work with:
1. What are the hazards of the product you are using?
2. How to you protect yourself from that product?
3. What should you do in case of an emergency or spill?
4. Where do you get more information about this product?

Other symbols and pictograms
You should recognize the other pictograms and symbols that may be on products in your lab. WHMIS 1988 (the previous version of WHMIS) pictograms and hazard classes are shown on the next page. Then the following page shows the symbols associated with consumer or household hazardous products.
### Hazard Identification

**CONSUMER PRODUCT SYMBOLS**

These warning labels are used for household, science education kits and special products.

<table>
<thead>
<tr>
<th>Hazard Category</th>
<th>Precautions</th>
<th>Degrees of Hazard</th>
<th>Label Warning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOXIC PRODUCT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poisonous</td>
<td>Do not get in eyes or on skin. Do not breathe fumes. Wear protective clothing and safety equipment as indicated on the label.</td>
<td>Very toxic</td>
<td>- Extreme Danger</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Toxic</td>
<td>- Sales Restricted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Harmful</td>
<td>- Danger</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CORROSIVE PRODUCT</strong></td>
<td>Causes Burns Will cause chemical burns to the skin, eyes and lungs. May form dangerous fumes when mixed with other chemicals.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do not mix with other chemicals. Do not get in eyes or on skin. Do not breathe fumes. Do not swallow. Wear protective clothing as indicated on the label.</td>
<td>Very Corrosive</td>
<td>- Extreme Danger</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corrosive</td>
<td>- Danger</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Irritant</td>
<td>- Caution</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FLAMMABLE PRODUCT</strong></td>
<td>Fire hazard May ignite if exposed to a spark or flame or May spontaneously ignite</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Read the specific instructions on the label. Use only in well ventilated areas. Keep away from flames and objects that spark. Store in a safe location.</td>
<td>Very Flammable</td>
<td>- Extreme danger</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Flammable</td>
<td>- Danger</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spontaneously</td>
<td>- Caution</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Combustible</td>
<td>- Caution</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PRESSURIZED CONTAINER</strong></td>
<td>Explosion Hazard Under Pressure may explode if heated. If ruptured hazardous contents will be released</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do not puncture. Do not burn. Store away from heat.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>QUICK SKIN BONDING ADHESIVES</strong></td>
<td>Bonds Skin Instantly</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do not get in mouth, eyes or on skin.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Example of Consumer Labelling**

The symbols and hazard warnings must be on the front or main display panel of the container.

- **Poison**
- **Danger**
- **Corrosive**

These warnings may be located in a border anywhere on the displayed part of the container.

**English warnings, precautions, first aid, and hazardous ingredients**

**Français avertissements, précautions, premiers soins, et ingrédients dangereux**

For More Information:

Public Services Health & Safety Association 4950 Yonge Street, Suite 902, Toronto ON M2N 6K1 416-250-2131 or 1-877-250-7444  www.pshsa.ca

ODCCP-POSAEN010810
Hazard Inventory System

Purpose

The Laboratory Hazard Inventory System allows SFU labs or any area on campus with hazardous chemicals to maintain and manage their chemical inventories, and to create related chemical hazard door signage.

Getting started

Log in to the system, accessible online at:

labhazindex.its.sfu.ca

Search for your lab group and request to join. Lab groups are generally named for the Supervisor (e.g., Smith lab group.) If unsure about the lab group name, check with your Supervisor. If your lab group has not yet been created, contact your department administrator or EHS.

Once a lab group is established, components are added in the following order (order is important):

1. members are added
2. rooms are added
3. inventory is created

Once the lab's chemical inventory has been created, then the chemical hazard door sign can be printed.

What to include in your inventory?

Hazardous items that should be inventoried include flammables, explosives, oxidizers, corrosives, gas cylinders, and chemicals causing serious health effects. Non-hazardous items, for example, buffers, salts, amino acids, sugars, and growth media, do not need to be included in the inventory.

When to update your inventory?

EHS recommends keeping your chemical inventory up-to-date on an ongoing basis (e.g., by ensuring all incoming items are entered in the inventory and all depleted or unwanted items are removed from the inventory in a timely fashion). Keeping your inventory up-to-date provides economical and environmental benefits: it reduces chemical waste and overpurchasing.

What else can I do with the inventory system?

It can also be used to facilitate sharing of chemicals between labs, as approved members of a lab group can search for a desired chemical elsewhere on campus, which can reduce overpurchasing and chemical waste from disposal of unused reagents. If you require only a small amount of material, use the global (all SFU or your department only) inventory searches to help you locate the chemical needed. You can then contact the lab to request some.

Annual Review

Once an inventory is established, it must be reviewed at least annually to ensure it accurately reflects the chemicals in the lab. This review will serve as a reminder to:

- check chemicals with limited shelf lives;
- identify and remove expired or unwanted chemicals;
- check the integrity of all storage vessels for cracks, aging or leaks; and
- prevent the unnecessary purchase of chemicals which are already on hand.

If you have any questions about the SFU Laboratory Hazard Inventory System, contact Shad Grunert in EHS at sgrunert@sfu.ca.
Laboratory Door Signage

Purpose

The SFU door signage program provides emergency responders with information about the hazardous materials and equipment in a room so that they can plan a safe entry response in the event of an emergency. Without this information, they may not risk sending crews into rooms where the hazards are unknown, or they may create unnecessary damage to equipment and research.

Chemical hazard sign

This signage is mandatory for spaces that have hazardous chemicals. It is also used for areas without chemical hazards but who wish to display emergency contacts for the lab.

Emergency contacts must be familiar with the hazardous materials present and the activities of the lab, and be available by phone, including during evenings and weekends. During an emergency or incident in the lab, emergency contacts will be called and asked to provide crucial information for internal and external responders.

Chemicals hazards present in the lab are represented by the NFPA (National Fire Protection Association) diamond and the WHMIS pictograms. The NFPA ratings for chemicals are weight averaged and they indicate the health (blue), flammability (red) and reactivity (yellow) hazards of chemicals present, whereas the number in white is an indicator of quantity. Each number is on a scale from 0 (no hazard/none) to 4 (severe hazard/high quantity).

How do I generate a Chemical hazard door sign?

These signs are generated in the SFU Laboratory Hazard Inventory System, available online at: labhazindex.its.sfu.ca.

When does the Chemical hazard sign need to be updated?

The sign should be updated whenever laboratory contacts change or when there is a significant change to the type and quantity of chemicals in the lab. At minimum, the sign must be reprinted on an annual basis.

Additional signage

Biohazard This orange and black sign is only for labs requiring level 2 containment for the organisms they are working with. Level 1 labs do not require a biohazard sign but must still comply with applicable requirements.

Radiation This red and yellow trefoil identifies those areas containing radioisotopes. Contact the Radiation safety for more information or signage.

Wet Mopping For rooms with a biohazard or radioactive sign, wet mopping will only be provided if it has been pre-arranged for a designated night, and if the wet-mop sign is displayed on that night. By displaying the wet-mop sign, you are ensuring the cleaning staff that there are no biohazardous or radioactive contaminants on the floors. On your designated night of each two-week period, the cleaning staff will check your door plaque for the wet-mop sign; if no wet-mop sign is displayed on your designated night, the cleaning staff will not wet mop your lab, but they will still collect regular trash and dry mop the lab.

No Entry/No Janitorial Service This sign is used to restrict access to a lab by janitorial staff. It is useful for restricting entrance due to light sensitive reactions, as well as equipment and safety concerns. Lab occupants are responsible for managing the use of this sign, as it can be added or removed from the door plaque as needed. Note when this sign is in place, janitors will not enter the room for any reason, so garbage and recycling bins should be left in the hall for collection.

Other Signage Laser, magnet, and x-ray signs are also available to slide into the door plaques.

Custom Signage

If custom signage is needed for a lab, contact EHS.

Restricted access

Service personnel (Facilities Services, Contractors, Janitors and Campus Safety & Security Services) are required to enter rooms for repair, renovation, cleaning and routine maintenance. There are rooms where immediate entry by Service personnel may pose a hazard to the individual or occupant, or may compromise specific security or safety protocols which are in place.

When this sign is posted, service personnel must contact the responsible parties displayed directly on the sign itself or those listed on the hazardous chemical sign (if present).

To obtain a Restricted Access sign, contact cpeltier@sfu.ca.

More information

Carcinogens

IARC - International Agency for Research on Cancer

Category 1
For substances for which there is sufficient evidence for a causal relationship with cancer in humans (confirmed human carcinogen).

Category 2A
For substances for which there is a lesser degree of evidence in humans but sufficient evidence in animal studies, or degrees of evidence considered appropriate to this category, eg unequivocal evidence of mutagenicity in mammalian cells (probable human carcinogen).

Category 2B
For substances for which there is sufficient evidence in animal tests, or degrees of evidence considered appropriate to this category (possible human carcinogen).

Category 3
Excluded from the list above are IARC category 3 carcinogens for which assessment evidence is 'limited'.

ACGIH - American Conference of Governmental Industrial Hygienists

A1 Confirmed human carcinogen
The agent is carcinogenic to humans based on the weight of evidence from epidemiologic studies.

A2 Suspected human carcinogen
Human data are accepted as adequate in quality but are conflicting or insufficient to classify the agent as a confirmed human carcinogen; or, the agent is carcinogenic in experimental animals at dose(s), by route(s) of exposure, at site(s), of histologic type(s), or by mechanism(s) considered relevant to worker exposure. The A2 is used primarily when there is limited evidence of carcinogenicity in experimental animals with relevance to humans.

A3 Confirmed animal carcinogen with unknown relevance to humans
The agent is carcinogenic in experimental animals at a relatively high dose, by route(s) of administration, at site(s), of histologic type(s), or by mechanism(s) that may not be relevant to worker exposure. Available epidemiologic studies do not confirm an increased risk of cancer in exposed humans. Available evidence does not suggest that the agent is likely to cause cancer in humans except under uncommon or unlikely routes or levels of exposure.

A4 Not classifiable as a human carcinogen
Agents which cause concern that they could be carcinogenic for humans but which cannot be assessed conclusively because of a lack of data. In vitro or animals studies do not provide indications of carcinogenicity which are sufficient to classify the agent into one of the other categories.

A5 Not suspected as a human carcinogen
The agent is not suspected to be a human carcinogen on the basis of properly conducted epidemiologic studies in humans. These studies have sufficiently long follow-up, reliable exposure histories, sufficiently high dose, and adequate statistical power to conclude that exposure to the agent does not convey a significant risk of cancer to humans; or, the evidence suggesting a lack of carcinogenicity in experimental animals is supported by mechanistic data.

OSHA - Occupational Safety and Health Administration (US Dept. of Labor)

Group RR
OSHA regulated carcinogen (may require medical or biological monitoring)

Group S
OSHA select carcinogen

Natural Gas Hazards

Detection Response
If you open a door and smell gas in the room, or if you are in a room, smell gas, and cannot shut it off, then proceed with step 1.

1. Evacuate room and close door

2. Only in the Shrum Chemistry, South Science Building and TASC 2:
   Press the nearest gas shut off button on the appropriate side of the hallway (this shuts off all gas to that quadrant of rooms).

3. Notify the facilities service desk (local 2-3582) that there may be a gas leak.
   Or for Shrum Chemistry, SSB and TASC 2:
   Notify FM that the gas was shut off due to a potential leak and needs to be reset.

4. During off hours, call security at 2-4500 and they will contact Facilities Management.

5. Notify room occupants on that quadrant that the gas has been shut off.
Chemical Spill Response

Information
1. Advise lab occupants of the spill and evacuate the area.
2. Notify your supervisor and/or lab coordinator of the spill. Provide details such as quantity spilled and chemical name.

Risk Assessment
3. Conduct an initial risk assessment to determine if:
   (i) building evacuation is required. If yes, pull the fire alarm and call 911.
   (ii) external resources are required to contain and clean-up the spill. If not, continue with step 4.

Clean-Up
4. Ensure the spill area has adequate ventilation to clear gases or vapours generated during the neutralization process. If there is a potential for gases to concentrate in the area, or if odours are overpowering, leave, mark the door, and contact security at 2-4500.
5. Wear appropriate personal safety equipment such as safety glasses, a lab coat and gloves.
6. Select the appropriate neutralizer or vapour inhibitor. Spill-X-A for acid spills
   Spill-X-C for caustic spills
   Spill-X-S for solvent spills.
7. Apply the powder around the edge of the liquid.
8. Sprinkle the powder toward the centre. With a plastic dustpan and brush, push the powder toward the centre until all liquid is absorbed. If necessary, add more neutralizing powder.
9. If cleaning up a solvent, proceed to step 13.
10. For acids and caustics, use a spatula to place a small quantity of mixture into a beaker of water.
11. Stir the mixture and test with pH paper. The pH should be between 3 and 10.

Disposal
12. When neutralization is achieved, scoop the mixture with a dustpan into a disposal bag.
13. Rinse the spill area with water and wipe up.
14. If uncertain about disposal, contact your supervisor or Environmental Health and Safety.

15. Disposal will vary depending on the liquid neutralized. After neutralization, some liquids produce a mixture which can go to landfill. Other liquids retain toxic properties and must be handled as special waste. For example, chromic acid can be neutralized but not detoxified.

Documentation
17. If an employee visited a physician, or was absent beyond the day of the incident (due to the incident), then the supervisor must complete a WorkSafeBC Form 7.

Chemical Spill Kit
Recommended items to include in a chemical spill kit:
- Spill Response Procedures
- Spill – X neutralizer for acid, caustic and solvent spills
- Dust pan and broom
- 20 L plastic pail
- Garbage bags
- Disposable Nitrile gloves
- Safety goggles
- pH paper
- Small glass beaker

The majority of these items can be purchased at Science Stores.
Exposure Routes & Control

Routes of Exposure

The most common routes of exposure for laboratory chemicals include:

Inhalation

Dermal absorption (includes skin and eyes)

Ingestion (eating with contaminated hands)

Modes of Controlling Exposure

Elimination / Substitution

- Most desirable control
- Can potentially remove the hazard completely
- Find products that are less toxic and easier to dispose of
- Ensure the safety and suitability of the product to be substituted is thoroughly examined
- Example: using water based instead of solvent based

Engineering Controls

- Usually built into equipment
- Can be expensive, and can take a long time to implement
- Example: local exhaust ventilation, fume hood

Administrative Controls

- Limit exposure time
- Implement safe working procedures for specific chemicals (EHS can assist in reviewing these for your lab)
- Example: brush or dip instead of spraying

Personal Protective Equipment (PPE)

- Most common but least desirable control
- Does not control the exposure at the source, exposure is controlled at the user
- Limited protection
- Examples: respirators, gloves, safety glasses
Fume Hood Safety

General Guidelines for Safe Fume Hood Use

• At SFU, fume hood testing and certification is arranged annually by SFU Facilities Services.

• Confirm the fume hood is fully operational before each use (ensure hood is not in standby mode and check the magnehelic gauge, indicator ribbon or the visual face velocity display).

• Work with the sash at the proper operating level as indicated by the sash arrows. Ensure the sash is always in front of your face and body while manipulating objects, the sash not only helps contain chemical vapors but acts as a physical shield against splashes, spills, particulates and debris.

• Set up apparatus as close to the back of the hood as possible. Apparatus should not be closer than 15 cm (6 inches) from the front of the hood.

• Set up your apparatus BEFORE you begin your experiment, this minimizes the disruption of air currents caused by adding and removing equipment.

• Do not block airflow. Raise large objects 5 cm (2 inches) off the counter by placing them on blocks.

• Avoid rapid removal of objects or arms from the hood and never place your head inside the hood.

• Avoid filling the hood with excessive equipment and do not store chemicals in the fume hood. Excess clutter and chemicals can impede airflow.

• Limit foot traffic around the fume hood. People walking by the hood face will disrupt the airflow.

• Radioisotopes and Perchloric Acid must only be used in designated fume hoods.

• Keep lab doors and windows closed at all times to ensure maximum hood performance and to maintain negative pressure in the room.

• Use only grounded (3-prong) electrical equipment.

• NEVER bend or kneel down so low that the sash no longer forms a safety barrier between your head and the items inside the fume hood. ALWAYS position the sash between your face and your experiment.

In Case of Emergency

• If the low flow alarm sounds, lower the sash to the designated operating level. If the alarm continues to sound, immediately stop work, turn off all equipment and close the sash. Evacuate the area if highly volatile or toxic chemicals are being used. The alarm can be silenced but do not reset it. Contact Facilities Services (ext. 23582).

• If a power failure or other emergency occurs (e.g., building fire or explosion within the fume hood) immediately stop work, turn off all equipment, close the sash and evacuate the building. Contact Campus Security (ext. 24500).

Emergency Shower & Eyewash

Emergency shower and eyewash stations are among the most important pieces of safety equipment in any lab. All laboratory workers should take the time to locate the nearest emergency shower and eyewash station and familiarize themselves with its operation. The first 10-15 seconds of skin or eye exposure to a hazardous chemical is the critical period when flushing with water should begin in order to minimize the risk of serious injury.

Regulations

Per WorkSafeBC Occupational Health and Safety Regulation Part 5, emergency washing facilities must meet the following requirements:

• Emergency washing equipment must be located within 10 seconds walking distance (30m) of the hazard area.
• Shower and eyewash must be capable of delivering a continuous flow of tempered water (15-30°C) for a minimum of 15 minutes
• Access to emergency washing equipment must not be blocked in any way

At SFU, emergency washing facilities are tested regularly by SFU Facilities Services staff.

General Precautions

The emergency shower and eyewash station is in place to mitigate damage after a chemical exposure event. It is by no means a replacement for proper personal protective equipment (PPE). All laboratory workers should be equipped with suitable PPE and attire:

• Wear eye protection, preferably chemical splash goggles
• Wear chemical-resistant gloves
• Wear long sleeves, long pants, and closed-toe shoes

Before an Incident

• Locate the nearest shower and eyewash station
• Ensure there is a clear path to the shower and eyewash station - it may be difficult to see and navigate a crowded path in the event of chemical splash to the eyes
• Test the operation of the eyewash station to clearly understand how it is activated

Eyewash Stations

Note that there are a variety of eyewash stations on campus and not all types are necessarily listed here. In some spaces, an eyewash squeeze bottle is available. A squeeze bottle is only a temporary measure, providing immediate relief on the way to the eyewash facility. Take the time to understand how to use each style of eyewash properly before an emergency.

Traditional

This style of eyewash is activated by pressing the paddle forward. The paddle will remain in the open position, freeing the user’s hands to hold both eyelids open. When finished, the paddle must be pulled back to the vertical position to stop the flow of water.

Integrated

This style of eyewash is activated by pulling the horizontal bar handle forward to open the eyewash unit. As the unit pivots open, the flow of water will begin automatically and continue for as long as it remains open. There is no need to support the eyewash, freeing the user’s hands to hold both eyelids open. To stop the flow of water, lift the end of the unit to pivot it closed.

Drench Hose

This style of eyewash is usually located next to a sink and is activated by depressing the handle. The handle can be locked into the open position, allowing for a continuous flow of water. If the unit must be pulled closer to the user, it is recommended that a helper hold the handle to allow the user to hold open both eyelids. To stop the flow of water, depress the handle, lift the locking bar above the detent, and release the handle.

Emergency Showers

There are mostly two types of emergency shower on campus, though there may be others not listed here. Take the time to understand how to use each properly before an emergency.

Hanging Handle

This style of shower is activated by pulling the handle straight down as far as it will go. The valve will remain in the open position, freeing the user’s hands to remove contaminated apparel. To stop the flow of water, push the handle straight up.

Shower and eyewash must be capable of delivering a continuous flow of tempered water (15-30°C) for a minimum of 15 minutes

• Access to emergency washing equipment must not be blocked in any way

At SFU, emergency washing facilities are tested regularly by SFU Facilities Services staff.

General Precautions

The emergency shower and eyewash station is in place to mitigate damage after a chemical exposure event. It is by no means a replacement for proper personal protective equipment (PPE). All laboratory workers should be equipped with suitable PPE and attire:

• Wear eye protection, preferably chemical splash goggles
• Wear chemical-resistant gloves
• Wear long sleeves, long pants, and closed-toe shoes

Before an Incident

• Locate the nearest shower and eyewash station
• Ensure there is a clear path to the shower and eyewash station - it may be difficult to see and navigate a crowded path in the event of chemical splash to the eyes
• Test the operation of the eyewash station to clearly understand how it is activated

Eyewash Stations

Note that there are a variety of eyewash stations on campus and not all types are necessarily listed here. In some spaces, an eyewash squeeze bottle is available. A squeeze bottle is only a temporary measure, providing immediate relief on the way to the eyewash facility. Take the time to understand how to use each style of eyewash properly before an emergency.

Traditional

This style of eyewash is activated by pressing the paddle forward. The paddle will remain in the open position, freeing the user’s hands to hold both eyelids open. When finished, the paddle must be pulled back to the vertical position to stop the flow of water.

Integrated

This style of eyewash is activated by pulling the horizontal bar handle forward to open the eyewash unit. As the unit pivots open, the flow of water will begin automatically and continue for as long as it remains open. There is no need to support the eyewash, freeing the user’s hands to hold both eyelids open. To stop the flow of water, lift the end of the unit to pivot it closed.

Drench Hose

This style of eyewash is usually located next to a sink and is activated by depressing the handle. The handle can be locked into the open position, allowing for a continuous flow of water. If the unit must be pulled closer to the user, it is recommended that a helper hold the handle to allow the user to hold open both eyelids. To stop the flow of water, depress the handle, lift the locking bar above the detent, and release the handle.

Emergency Showers

There are mostly two types of emergency shower on campus, though there may be others not listed here. Take the time to understand how to use each properly before an emergency.

Hanging Handle

This style of shower is activated by pulling the handle straight down as far as it will go. The valve will remain in the open position, freeing the user’s hands to remove contaminated apparel. To stop the flow of water, push the handle straight up.
Integrated

This style of shower is activated by pulling down the wall-mounted handle as indicated on the integrated housing. The valve will remain in the open position, freeing the user’s hands to remove contaminated apparel. To stop the flow of water, return the handle to the original position. As integrated eyewash and emergency shower units have two handles placed side-by-side, take a moment to know which handle controls which washing feature.

During an Incident

In the event of an emergency requiring use of the washing facilities, **YOUR HEALTH AND SAFETY IS PARAMOUNT**. The minimum required flushing time for eyewash and emergency shower is **15 MINUTES**, but up to an hour can be required - other workers, first aid, and EHS can consult the SDS for the hazardous material to determine flushing time.

- In the event of hazardous material exposure make noise, call for help, ensuring that other workers in the laboratory know what is happening and are available to provide any assistance necessary
- A free worker should call security for first aid immediately
- When using the eyewash, both eyelids should be held open and pulled away from the eye to allow water to rinse away any chemicals that would otherwise be trapped under the eyelids
- When using the emergency shower, go under the shower fully clothed to immediately begin diluting and washing away chemicals that are on clothing and contacting skin
- Once under the shower, begin disrobing to separate contaminated clothing from skin
- Don’t be modest - potential embarrassment is better than a lifelong injury from a chemical burn
- Some showers on campus have been equipped with curtains; for showers without curtains, other workers in the lab can hold up labcoats or towels to afford some privacy

- In many cases, the floor drain is not conveniently located to effectively remove water during emergency shower use - other workers in the laboratory can use mops and brooms to clear water towards the drain
- If the exposure is localized to hands or lower arms, it may be acceptable to rinse under a sink in lieu of an emergency shower
- If a sink is used, be sure to adjust the water temperature to a comfortable level as flushing for a minimum of 15 minutes is still required
- If the spilled material is concentrated strong acid or base, the immediate addition of water from flushing can potentially lead to burns from exothermic dilution - a quick application of SpillX-A or SpillX-B to neutralize the acid or base before going under the shower can mitigate the risk of burns

PPE: Lab Coats

SFU requires lab coats to be worn in labs when hazardous materials are present; appropriate laboratory coats should be worn, buttoned, with the sleeves rolled down. Be sure that your lab coat is appropriate for the hazard you are working with, contact EHS if you are not sure which lab coat is the most appropriate:

- Cotton-poly lab coat, for use with acids, caustics or materials that are not very flammable or combustible
- 100% cotton lab coat, for use with flammable or combustible materials
- Nomex lab coat, for use with pyrophorics, highly flammable or combustible materials, and large quantities of flammable or combustible materials

Lab coats should be left in the laboratory to minimize the possibility of spreading hazardous material to public assembly, eating, or office areas. They must be cleaned regularly. For information on lab coat rental, purchase and laundering contact Science Stores.
PPE: Glasses & Goggles

Safety glasses/goggles must be worn whenever there is a risk of eye injury from contact with pressurized gases, sharp or moving particles, lasers or hazardous materials. Safety glasses/goggles must meet specific safety standards that are not required for prescription eyewear. If you are a prescription eyeglass wearer, you still must wear safety glasses/goggles over the top of eyeglasses.

Lens Colours
- **Clear** - Indoor: For normal indoor use.
- **Yellow** - Indoor: for low light applications where contrast enhancement is required
- **Blue** - Indoor: for areas with high levels of yellow light (such as sodium vapour lights)
- **Pink** - Indoor: for use where contrast enhancement is required. They reduce glare from fluorescent and halogen lights without compromising colour perception.
- **Tinted** - Outdoor: use where glare reduction is desired. Easy for eyes to adjust between indoor and outdoor environments.
- **Mirror** - Outdoor: for use where bright sunlight and glare cause eye strain and fatigue.

Standards
- **Canada** - The CSA standard (Z94.3) specifies that a quarter inch steel ball is fired at the lens and frame at 152 ft/s (104 mph). Side shields are required with the following minimum dimensions: 2 cm from eyeball centre to outside, and 1 cm for each of eyeball centre to top and eyeball centre to bottom edge of lens.
- **United States** - The ANSI standard (Z87.1-1989) specifies that a quarter inch steel ball is fired at the frame at 150 ft/s (102 mph). Then, a one inch steel ball is dropped from 50 inches on the lens. No side shields are specified.
- **US Military** - This standard requires that a projectile be fired at the lens and frame at 650 ft/s (443 mph).

The UVEX Genesis glasses available in Science Stores meet all three standards.

PPE: Particulate Respirators

Anyone who needs a respirator to do their work will require annual fit testing by EHS to ensure the respirator fits correctly and provides adequate protection. Users must be clean shaven for the fit test and at any time the respirator is in use.

If you believe you require a respirator in your work, contact your supervisor and ensure you have considered all possible control measures before resorting to a respirator. In many cases, it may be preferable to modify the work to take advantage of existing engineering controls, such as moving an experiment into a fume hood. If you decide that a respirator is appropriate, contact EHS for guidance on respirator selection. EHS will work with you and your supervisor to gain an understanding of the work being performed.

There are a variety of respirator classes, each with specific properties to protect the user depending on the hazards of the work being performed. Full facepiece respirators, half face respirators, and N95 respirators can all be fitted to an individual user using a qualitative fit test administered by EHS. Be advised that a single-stringed mask (often called a dust mask or comfort mask) is not a respirator.

PPE: Gloves

Gloves must be worn when working with hazardous materials in the laboratory. Not all types of glove afford the same level of protection against different chemicals. For example, nitrile performs poorly compared to latex in acetone breakthrough tests, potentially exposing the user to not just acetone but also whatever other chemicals they may have dissolved in this solvent.

The compatibility charts across the next few pages provide a primer on glove selection. Workers should consult reference material provided by the manufacturer of the particular gloves available as there can be variability in thickness and other properties across brands. If there are any concerns, workers should contact their supervisor for assistance in selecting the type of gloves that will afford them an adequate and appropriate level of protection.

Gloves should not be worn in hallways to minimize the possibility of spreading hazardous material to public places and contaminating exterior door handles. If gloves must be worn to protect the worker transporting items between labs, one hand should remain ungloved to open doors. If both hands must be gloved to protect the worker, another worker should accompany them to open doors with ungloved hands. When possible, efforts should be made to avoid or minimize the transport of hazardous materials between labs.
How to Read the Charts

Three categories of data are represented for each Ansell product and corresponding chemical: 1) overall degradation resistance rating; 2) permeation breakthrough time, and 3) permeation rate.

Standards for Color-Coding

A glove-chemical combination receives **GREEN** if either set of the following conditions is met:
- The degradation rating is Excellent or Good
- The permeation breakthrough time is 30 minutes or longer
- The permeation rate is Excellent, Very Good, or Good.
- **OR**
- The permeation rate is not specified
- The permeation breakthrough time is 240 minutes or longer
- The degradation rating is Excellent, Very Good, or Good

A glove-chemical combination receives **RED** if: the degradation rating is Poor or Not Recommended, regardless of the permeation rating.

All other glove-chemical combinations receive **YELLOW**. In other words, any glove-chemical combination not meeting either set of conditions required for Green, and not having a Red degradation rating of either Poor or Not Recommended, receives a **YELLOW** rating.

Key to Permeation Rate

<table>
<thead>
<tr>
<th>Simply Stated, D drops/hr Through a Glove (eyedropper-size drops)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E - Excellent; permeation rate of less than 0.9 µg/cm²/min.</td>
</tr>
<tr>
<td>0 to 1/2 drop</td>
</tr>
<tr>
<td>VG - Very Good; permeation rate of less than 9 µg/cm²/min.</td>
</tr>
<tr>
<td>1 to 5 drops</td>
</tr>
<tr>
<td>G - Good; permeation rate of less than 90 µg/cm²/min.</td>
</tr>
<tr>
<td>6 to 50 drops</td>
</tr>
<tr>
<td>F - Fair; permeation rate of less than 900 µg/cm²/min.</td>
</tr>
<tr>
<td>51 to 500 drops</td>
</tr>
<tr>
<td>P - Poor; permeation rate of less than 9000 µg/cm²/min.</td>
</tr>
<tr>
<td>501 to 5000 drops</td>
</tr>
<tr>
<td>NR - Not Recommended; permeation rate greater than 9000 µg/cm²/min.</td>
</tr>
<tr>
<td>5001 drops up</td>
</tr>
</tbody>
</table>

**Note:** The current revision to the ASTM standard permeation test calls for permeation to be reported in micrograms of chemical permeated per square centimeter of material exposed per minute of exposure, “µg/cm²/min.”

Key to Permeation Breakthrough

<table>
<thead>
<tr>
<th>Greater than (time)</th>
<th>Less than (time)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E - Excellent; fluid has very little degrading effect.</td>
<td></td>
</tr>
<tr>
<td>G - Good; fluid has minor degrading effect.</td>
<td></td>
</tr>
<tr>
<td>F - Fair; fluid has moderate degrading effect.</td>
<td></td>
</tr>
<tr>
<td>P - Poor; fluid has pronounced degrading effect.</td>
<td></td>
</tr>
<tr>
<td>NR - Fluid was not tested against this material.</td>
<td></td>
</tr>
</tbody>
</table>

Key to Degradation Ratings

- E - Excellent; fluid has very little degrading effect.
- G - Good; fluid has minor degrading effect.
- F - Fair; fluid has moderate degrading effect.
- P - Poor; fluid has pronounced degrading effect.
- NR - Fluid was not tested against this material.

**NOTE:** Any test samples rated P (poor) or NR (not recommended) in degradation testing were not tested for permeation resistance. A dash (-) appears in those cases.

Specific Gloves Used for Testing

<table>
<thead>
<tr>
<th>Degradation</th>
<th>Permeation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nitrile</td>
<td>Sol-Vex® 37-145 (11 mil/0.28 mm)</td>
</tr>
<tr>
<td>Neoprene Unsupported</td>
<td>29-865 (18 mil/0.46 mm)</td>
</tr>
<tr>
<td>Polyvinyl Alcohol Supported</td>
<td>PVA™</td>
</tr>
<tr>
<td>Polyvinyl Chloride Supported</td>
<td>Snorkel®</td>
</tr>
<tr>
<td>Natural Rubber Latex</td>
<td>Canners 392 (19 mil/0.48 mm)</td>
</tr>
<tr>
<td>Neoprene/Latex Blend</td>
<td>Chemi-Pro 224 (27 mil/0.67 mm)</td>
</tr>
<tr>
<td>Laminated LCP™ Film</td>
<td>Barrier 2-100 (2.5 mil/0.06 mm)</td>
</tr>
</tbody>
</table>

Single palm thickness is listed in both mil and metric millimeter (mm) for Unsupported Gloves. Supported Gloves are specified by glove weight, not thickness.

Why is a product with a shorter breakthrough time sometimes given a better rating than one with a longer breakthrough time?

One glove has a breakthrough time of just 4 minutes. It is rated “very good,” while another with a breakthrough time of 30 minutes is rated only “fair.” Why? The reason is simple: in some cases the rate is more significant than the time.

Imagine connecting two hoses of the same length but different diameters to a faucet using a “Y” connector. When you turn on the water, what happens? Water goes through the smaller hose first because there is less space inside that needs to be filled. But when the water finally gets through the larger hose it really gushes out. In only a few minutes, the larger hose will discharge much more water than the smaller one, even though the smaller one started first.

The situation is similar with gloves. A combination of a short breakthrough time and a low permeation rate may expose a glove wearer to less chemical than a combination of a longer breakthrough time and a much higher breakthrough rate, if the glove is worn long enough.

SPECIAL NOTE: The chemicals in this guide highlighted in BLUE are experimental carcinogens, according to the ninth edition of Sax’ Dangerous Properties of Industrial Materials. Chemicals highlighted in GRAY are listed as suspected carcinogens, experimental carcinogens at extremely high dosages, and other materials which pose a lesser risk of cancer.
### Permeation/Degradation Resistance Guide for Ansell Gloves

The first square in each column for each glove type is color coded. This is an easy-to-read indication of how we rate this type of glove in relation to its applicability for each chemical listed. The color represents an overall rating for both degradation and permeation. The letter in each square is for degradation alone...

- **GREEN**: The glove is very well suited for application with that chemical.
- **YELLOW**: The glove is suitable for that application under careful control of its use.
- **RED**: Avoid use of the glove with this chemical.

#### CHEMICAL

<table>
<thead>
<tr>
<th>LAMINATE FILM</th>
<th>NITRILE</th>
<th>UNSUPPORTED NEOprene</th>
<th>SUPPORTED POLYVINYL ACETATE</th>
<th>POLYVINYL CHLORIDE (Vinyl)</th>
<th>NATURAL RUBBER</th>
<th>CANNERS AND HANDLERS*</th>
<th>NEOPRENE/ NATURAL RUBBER BLEND</th>
</tr>
</thead>
<tbody>
<tr>
<td>BARRIER</td>
<td>SOL-VEX</td>
<td>29-865</td>
<td>PVA</td>
<td>SNORKEL AND HANDLERS*</td>
<td>CHEMI-PRO*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degradation</td>
<td>Permeation: Breakthrough</td>
<td>Permeation: Rate</td>
<td>Degradation</td>
<td>Permeation: Rate</td>
<td>Degradation</td>
<td>Permeation: Rate</td>
<td>Degradation</td>
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<tr>
<td>Degradation</td>
<td>Permeation: Rate</td>
<td>Degradation</td>
<td>Permeation: Rate</td>
<td>Degradation</td>
<td>Permeation: Rate</td>
<td>Degradation</td>
<td>Permeation: Rate</td>
</tr>
</tbody>
</table>

#### Example Entries:
- **1. Acetic Acid**
  - Degradation: 380 E
  - Permeation: Breakthrough: 10 G
  - Permeation: Rate: 10 F

#### Note:
All numeric designations within the product classifications are denoted in minutes.

A degradation test against this chemical was not run. However, since its breakthrough time is greater than 480 minutes, the Degradation Rating is expected to be **Good** to **Excellent**.

A degradation test against this chemical was not run. In view of degradation tests performed with similar compounds, the Degradation Rating is expected to be **Good** to **Excellent**.

*CAUTION:* This product contains natural rubber latex which may cause allergic reactions in some individuals.

---

http://www.sfu.ca/srs/ehs.html
**Note:** All numeric designations within the product classifications are denoted in minutes.  
▲ A degradation test against this chemical was not run. However, since its breakthrough time is greater than 480 minutes, the Degradation Rating is expected to be Good to Excellent.  
■ A degradation test against this chemical was not run. However, in view of degradation tests performed with similar compounds, the Degradation Rating is expected to be Good to Excellent.  
*CAUTION:* This product contains natural rubber latex which may cause allergic reactions in some individuals.
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**CAUTION:**

Note: All numeric designations within the product classifications are denoted in minutes.

A degradation test against this chemical was not run. However, since its breakthrough time is greater than 480 minutes, the Degradation Rating is expected to be Good to Excellent.

*CAUTION:* This product contains natural rubber latex which may cause allergic reactions in some individuals.
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**CAUTION:**
Note: All numeric designations within the product classifications are denoted in minutes.

<table>
<thead>
<tr>
<th>CHEMICAL</th>
<th>Degradation Rating</th>
<th>Breakthrough Rate</th>
<th>Degradation Rating</th>
<th>Breakthrough Rate</th>
<th>Degradation Rating</th>
<th>Breakthrough Rate</th>
<th>Degradation Rating</th>
<th>Breakthrough Rate</th>
<th>Degradation Rating</th>
<th>Breakthrough Rate</th>
<th>Degradation Rating</th>
<th>Breakthrough Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>136. Silicon Etch</td>
<td>—</td>
<td>—</td>
<td>NR</td>
<td>—</td>
<td>E</td>
<td>&gt;480</td>
<td>—</td>
<td>E</td>
<td>&gt;480</td>
<td>—</td>
<td>NR</td>
<td>—</td>
</tr>
<tr>
<td>140. Styrene</td>
<td>▲ &gt;480 E NR</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
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</tr>
<tr>
<td>141. Sulfur Dichloride</td>
<td>— — G &gt;480 E</td>
<td>NR</td>
<td>—</td>
<td>—</td>
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</tr>
<tr>
<td>142. Sulfuric Acid, 95%</td>
<td>E &gt;480 E NR</td>
<td>—</td>
<td>F 105</td>
<td>—</td>
<td>—</td>
<td>—</td>
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<td>—</td>
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<td>—</td>
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<td>—</td>
</tr>
<tr>
<td>143. Sulfuric Acid 120%, Oleum</td>
<td>▲ &gt;480 E E</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>F 53 E</td>
<td>—</td>
<td>—</td>
<td>—</td>
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<td>—</td>
</tr>
<tr>
<td>144. Sulfuric 47% battery acid</td>
<td>— — E &gt;360 E</td>
<td>E &gt;480 E</td>
<td>—</td>
<td>—</td>
<td>—</td>
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</tr>
<tr>
<td>145. Tannic Acid, 65%</td>
<td>— — E &gt;360 E</td>
<td>E &gt;480 E</td>
<td>—</td>
<td>—</td>
<td>—</td>
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</tr>
<tr>
<td>146. Tetrachloroethylene</td>
<td>▲ &gt;480 E E</td>
<td>E &gt;480 E</td>
<td>NR</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>E &gt;360 E</td>
<td>E &gt;360 E</td>
<td>—</td>
<td>—</td>
<td>NR</td>
<td>—</td>
</tr>
<tr>
<td>147. Tetrahydrofuran, THF</td>
<td>▲ &gt;480 E NR</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>E &gt;360 E</td>
<td>E &gt;360 E</td>
<td>—</td>
<td>—</td>
<td>NR</td>
<td>—</td>
</tr>
<tr>
<td>148. Toluene, toluol</td>
<td>▲ &gt;480 E</td>
<td>E F</td>
<td>10 F</td>
<td>NR</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>NR</td>
<td>—</td>
</tr>
<tr>
<td>149. Toluene Di-isocyanate (TDI)</td>
<td>▲ &gt;480 E NR</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>NR</td>
<td>—</td>
</tr>
<tr>
<td>150. Triallylamine</td>
<td>▲ &gt;480 E</td>
<td>&gt;480 E</td>
<td>—</td>
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</tr>
<tr>
<td>151. Trichloroethylene, TCE</td>
<td>▲ &gt;480 E NR</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>NR</td>
<td>—</td>
</tr>
<tr>
<td>155. Turpentine</td>
<td>▲ &gt;480 E</td>
<td>E 30 E</td>
<td>NR</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>NR</td>
<td>—</td>
</tr>
<tr>
<td>157. Vertrel STM</td>
<td>E &lt;10 G P</td>
<td>—</td>
<td>—</td>
<td>—</td>
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</tr>
<tr>
<td>158. Vertrel XE</td>
<td>E 105 E E &gt;480 E</td>
<td>E 47 G</td>
<td>F 40 P</td>
<td>G 17 G</td>
<td>G &gt;10 P</td>
<td>F &lt;10 F</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>159. Vertrel XF</td>
<td>E &gt;480 E</td>
<td>E &gt;480 E</td>
<td>E &gt;480 E</td>
<td>E &gt;480 E</td>
<td>E &gt;387 E</td>
<td>E &gt;480 E</td>
<td>E &gt;337 E</td>
<td>E &gt;204 E</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>160. Vertrel XM</td>
<td>E 120 E 480 E E</td>
<td>E 105 E</td>
<td>E 10 G</td>
<td>G 100 F</td>
<td>E 10 G</td>
<td>E 10 G</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>161. Vinyl Acetate</td>
<td>▲ &gt;480 E E F</td>
<td>18 F</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
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<td>—</td>
<td>—</td>
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<td>—</td>
</tr>
<tr>
<td>162. Vinyl Chloride Gas</td>
<td>▲ &gt;480 E</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
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<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>163. Xylene, Xylol</td>
<td>▲ &gt;480 E G 75 F</td>
<td>DR</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

Note: All numeric designations within the product classifications are denoted in minutes.

▲ A degradation test against this chemical was not run. However, since its breakthrough time is greater than 480 minutes, the Degradation Rating is expected to be Good to Excellent.

■ A degradation test against this chemical was not run. However, in view of degradation tests performed with similar compounds, the Degradation Rating is expected to be Good to Excellent.

* CAUTION: This product contains natural rubber latex which may cause allergic reactions in some individuals.

**NOTE:**
These recommendations are based on laboratory tests, and reflect the best judgement of Ansell Occupational Healthcare in the light of data available at the time of preparation and in accordance with the current revision of ASTM F 739. They are intended to guide and inform qualified professionals engaged in assuring safety in the workplace. Because the conditions of ultimate use are beyond our control, and because we cannot run permeation tests in all possible work environments and across all combinations of chemicals and solutions, these recommendations are advisory only. The suitability of a product for a specific application must be determined by testing by the purchaser.

The data in this guide are subject to revision as additional knowledge and experience are gained. Test data herein reflect laboratory performance of partial gloves and not necessarily the complete unit. Anyone intending to use these recommendations should first verify that the glove selected is suitable for the intended use and meets all appropriate health standards. Upon written request, Ansell will provide a sample of material to aid you in making your own selection under your own individual safety requirements.

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Transportation of Dangerous Goods (TDG)

As per the federal Transportation of Dangerous Goods (TDG) Act and Regulations, faculty, staff and students at SFU involved with the transport or transport-related handling of regulated dangerous goods must have valid training certification. For full details, refer to the federal TDG Program.

Dangerous goods are solids, liquids or gases that are capable of posing a significant risk to people, health, property or the environment when transported in quantity. Examples include corrosives, flammables, toxics, oxidizers, compressed gases, infectious materials and/or radioactive materials.

The Guide to transportation of dangerous goods document (found on the EHS website) is available for trained faculty, staff and students. For movement of dangerous goods exempted from the training requirement, individuals may use the guide for information but must also contact a TDG-certified individual for assistance.

Determining TDG

To determine whether a product is subject to TDG, check the Safety Data Sheet under Section 14, Transport information. Products subject to TDG will have an associated “UN number” such as UN1013 for Carbon dioxide gas.

A TDG package will display distinctive labels associated with one or more of the 9 TDG classes. See Appendix A in the Guide to transportation of dangerous goods document for labels associated with each class.

- Class 1 - Explosives
- Class 2 - Gases
- Class 3 - Flammable liquids
- Class 4 - Flammable solids
- Class 5 - Oxidizing substances & organic peroxides
- Class 6 - Toxic and infectious substances
- Class 7 - Radioactive materials
- Class 8 - Corrosive substances
- Class 9 - Miscellaneous products, substances, or organisms

Shipping & receiving dangerous goods

Class 7 Radioactive materials must be received by EHS Radiation Safety personnel. For shipment of Class 7 Radioactive materials, contact EHS Radiation Safety personnel. For all other dangerous goods, faculties and departments should have a designated receiver. Goods destined for the Faculty of Science must pass through Burnaby campus Science Receiving. If you are receiving shipments, you do not require the valid TDG training certificate unless you are receiving imported shipments. You must complete all other relevant workplace safety training (e.g., WHMIS2015) for the dangerous goods you expect to receive.

Transport On Campus

Hazardous Material Delivery Service

A free delivery service is available for all hazardous material purchases (including stock items) made through Science Stores. Complete the requisition on the following page under “Delivery of hazardous chemicals.”


All labs are encouraged to use the delivery service, especially those labs which are located furthest away from Science Stores (e.g., Blusson Hall, Saywell Hall).

General pointers for the transport of chemicals

If you choose to pick up your chemicals/biological materials from Science Receiving or if you must transport samples or reagents between labs, observe the following precautions:

- preferably use a sealed primary container for your hazardous material
- the container size should be as small as possible and should not exceed 4.4 liters
- choose products in containers with a protective plastic coating whenever available
- either use a cart with raised edges and secondary containment or a bottle carrier (limit of one carrier per person)
- always use a carrier with a handle, even for a single small container of hazardous material, and add supports/cushioning if necessary
- ensure supports such as test tube racks or cork rings are properly sized for the items they hold
- use required personal protective equipment for the material being transported (e.g., lab coat, safety glasses and gloves) but keep one hand glove free to open doors and press elevator buttons
- try to avoid areas and times where many people are gathered
- assess beforehand how to respond to a potential spill along your route and consider having a basic spill kit with you
- If there is a spill: never leave a spill unattended, unless you require first aid.

Additional points for flammable liquids

- Place in metal safety cans whenever feasible.
- Use only appropriate manufacturer supplied containers. The size should be as small as possible and should not exceed 4.4 liters. For containers exceeding 4.4 liters, prior department approval is required.
Chemical Storage

Proper chemical storage is a complex and challenging component of laboratory management. Poor or incorrect chemical storage practices can result in inadvertent reactions between incompatible materials with potential to cause chemical exposure, injury, fire or explosion.

Hazardous chemical storage manual

SFU’s Hazardous Chemical Storage Manual is intended to promote the safe storage of chemicals by offering information on regulatory compliance and best practices for chemical labelling and general storage requirements, as well as specific storage and segregation information for certain types of chemicals. This Manual applies to all faculty, staff, students and visitors at the University who will be involved in the use and management of chemical storage in laboratories. It can be found here:

http://www.sfu.ca/srs/ehs/research-safety/chemical-safety/chemical-storage.html

General storage requirements

See below for some basic storage requirements and refer to the manual for additional details:

- Chemicals must be stored according to chemical compatibility such that incompatible materials do not come in contact with each other in the event of a breakage or spill.

- In cases where it is not practical to store incompatible chemicals in physically separate locations, it is acceptable to segregate chemicals using glass, porcelain or heavy gauge plastic secondary containers. The secondary containers must be compatible with the material being stored and large enough to contain any spills.

- Ensure storage areas have adequate lighting and ventilation, and are maintained at a consistent, cool temperature.

- Ensure chemical storage areas do not block aisles, hallways, doorways, exits or emergency equipment (e.g., eyewash, shower, pull stations, fire extinguisher).

- Do not store chemicals in a fume hood unless the fume hood is used exclusively for storage and is labelled as such.

Storage equipment

Using specially designed equipment for storage of flammables, acids, or corrosives allows certain specific requirements to be met. Equipment should be labelled with the hazard class(es) of the chemicals stored within.

Flammable storage cabinets are not required to be vented and it is not recommended. Ensure safety caps (bungs) are in place over ventilation ports so as to contain/protect contents from fire.

Acid and corrosive storage cabinets must be completely lined with corrosion-resistant materials and include corrosion-resistant hardware. It is recommended that they be located below the fume hood and vented in order to prevent the buildup of corrosive vapours, which can degrade the inside of the cabinet.

Fume hoods should not be used for long-term chemical storage. Fume hoods which have been designated for temporary chemical storage must be labelled “For Storage Only”.

Ordinary (domestic) refrigerators and freezers used for chemical storage must never be used to store food (and labelled “NO FOOD - LAB CHEMICAL STORAGE ONLY”) and must not be used for storage of flammable liquids.

Specific storage requirements

Storage requirements for the most common chemical hazard classes are summarized below. Refer to the manual for additional details related to these and other hazard classes.

Note that many chemicals fall into multiple hazard classes. Consequently, it may be necessary to consult several sections to determine how to store a chemical safely. Furthermore, some complex substances may not fit easily into any category, in which case it becomes necessary to consult various other resources (e.g., Safety Data Sheet or SDS, literature, your Supervisor, EHS) in order to determine safe storage conditions.

Flammable and combustible liquids

- Examples include: acetone, diethyl ether, ethanol, hexane, methanol, tetrahydrofuran, toluene, and xylene.

- Store a maximum of 25 L of flammable and combustible liquids in the open laboratory. Larger volumes must be stored in an approved flammable storage cabinet, up to a maximum of 500 L per fire compartment (i.e., a laboratory or a shared laboratory).

- Keep flammable and combustible materials away from any ignition sources: heat, flames, sparks, hot surfaces and direct sunlight.

- Keep flammable and combustible materials away from strong oxidizing agents, such as nitric or chromic acid, permanganates, chlorates, perchlorates and peroxides.

- Containers of flammable and combustible liquids must not exceed a capacity of 5 L.

- Ensure an appropriate fire extinguisher is readily available in the laboratory and that laboratory occupants are trained to use it.

- Flammable cabinets are used preferentially for flammable liquids and if space allows, for combustible liquids.

- Refrigerators and freezers used for storing flammable or combustible liquids must be “Lab safe” or rated for flammable material storage.
Chemical Storage

Corrosives
- Examples include: organic acids such as acetic and citric acids; inorganic acids such as hydrochloric, hydrofluoric, nitric, and sulfuric acids; organic bases such as diethylamine and piperidine; and inorganic bases such as potassium hydroxide and sodium hydroxide.
- If storage space permits, acids and bases should be stored in separate cabinets, but can be stored together when segregation is ensured with secondary containment bins.
- Segregate inorganic acids from organic acids and inorganic bases from organic bases, as a general rule of thumb.
- Nitric acid is a strong oxidizer and it must be isolated from other acids and stored separately from incompatibles: flammables, bases, hydrogen sulfide, organic materials, metals and metal compounds.
- Hydrofluoric acid attacks glass and should be stored in tightly closed polyethylene, Teflon, neoprene or nitrile containers. For long-term storage, check permeation ratings for chosen container material. For more information, refer to the link for Hydrofluoric acid in Substance specific procedures.
- Do not store corrosives on metal shelves.
- Use corrosion resistant bins (e.g., polypropylene) as secondary containment for spills, leaks, drips or weeping.
- Cabinets used for corrosives storage should be made of corrosion resistant materials and vented.

Toxics
- Examples include: acrylamide, ammonia, aniline, 2-mercaptoethanol, mercury, phenol, and sodium cyanide.
- Non-volatile toxic chemicals may be stored in a normal cabinet, separate from incompatibles.
- Volatile toxic chemicals should be stored in a ventilated cabinet.
- Ensure containers are tightly sealed to minimize exposure to personnel and contamination of other chemicals.
- Toxic chemicals that are acid sensitive, such as cyanides and sulfides, must be stored in a separate location from acids and protected from contact.
- Store severe poisons in a dedicated cabinet.
- Controlled substances have additional precautions for secure storage. Contact EHS for assistance.

Oxidizers
- Examples include: ammonium persulfate, nitric acid, potassium permanganate, chlorates, perchlorates, and peroxides.
- Store in a cool, dry place. Some may require refrigeration – consult the SDS.
- Segregate from flammable and combustible materials, including paper and cardboard.
- Store separately from reducing agents (e.g., zinc, alkaline metals, formic acid).
Substance Specific Procedures

Special precautions must be taken when working with potentially dangerous hazardous materials. Several SFU specific safe work procedures have been developed for the following materials or classes of materials:

- Aqua Regia
- Azides
- Cyanide
- Cyanogen bromide
- Energetic Material
- Hydrofluoric acid
- New Substances (Unknown Health Hazards)
- Perchloric acid
- Peroxide forming compounds
- Piranha Clean
- Pyrophoric Compounds

For access to the procedures listed above, refer to the EHS webpage:


An example of the information available in these substance specific procedures is shown in the following excerpt on working safely with perchloric acid.

Perchloric acid

Precautions

The Chemical formula for perchloric acid is HClO4. It is a strong oxidizing agent that will ignite when in contact with organic materials. Anhydrous perchloric acid may explode at room temperature. This acid must be inspected monthly for discoloration.

Fume Hood Use

Perchloric acid bottles are only stored in Science Stores. Room temperature perchloric acid may be used on open (non-wooden) bench tops, however, any experiments requiring exhaust extraction may only be conducted in the designated perchloric acid fume hood located in SSB 6166. No other fume hood at SFU may be used for this acid. Please arrange with the staff of this laboratory if you must use the special stainless steel fume hood that allows the duct work and inside walls to be washed down after use.

Spill Kit

Transfer of perchloric acid to and from Science Stores must be accompanied by the perchloric acid spill kit which consists of acid neutralizer and items enabling a user to scoop the material into a metal can to be filled with water.

Incompatibilities

The following chemicals have been known to cause fires or explosions upon contact with perchloric acid; therefore, do not store perchloric acid with, or allow contact with the following chemicals:

<table>
<thead>
<tr>
<th>Acetic acid</th>
<th>glycol ethers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetic anhydride</td>
<td>hydriodic acid</td>
</tr>
<tr>
<td>Alcohols</td>
<td>hydrochloric acid</td>
</tr>
<tr>
<td>Aniline &amp; formaldehyde mixtures</td>
<td>hydrophosphites</td>
</tr>
<tr>
<td>Antimony compounds (trivalent)</td>
<td>ketones</td>
</tr>
<tr>
<td>Bismuth</td>
<td>nitrogen trioxide</td>
</tr>
<tr>
<td>Dehydrating agents</td>
<td>nitrosofhenol</td>
</tr>
<tr>
<td>Diethyl ether</td>
<td>organic matter (paper, wood)</td>
</tr>
<tr>
<td>Fluorine</td>
<td>sodium iodide</td>
</tr>
<tr>
<td>Glycerine and lead oxide mixtures</td>
<td>sulfoxides</td>
</tr>
<tr>
<td>Glycols</td>
<td>sulfur trioxide</td>
</tr>
</tbody>
</table>
Substance Specific Procedures

Guideline for Working with New Substances that have Unknown Properties and Unknown Health Hazards

Research laboratories frequently generate new substances that have unknown properties. The specific hazardous properties associated with these compounds are not known. For this reason, it is important for laboratory personnel to conduct their research under conditions that minimize the risks from substances with both known and unknown hazardous properties. The MSDS must be used for substances that have had their health hazards identified. All new compounds should be considered hazardous. This guideline outlines general work practices designed to achieve risk reduction for known but specifically for substances that have unknown properties and unknown health hazards.

Please include the following actions into your risk assessment when generating a new substance. All reagents, reaction intermediates, possible reaction byproducts and potential unknown substances must be considered during the risk assessment. If available, review MSDS [http://ccinfoweb.ccohs.ca/msds/search.html](http://ccinfoweb.ccohs.ca/msds/search.html)

Actions to take when PROPOSING a project that involves a new substance that has unknown properties and unknown health hazards:

1. You must discuss the proposed project and new substance with your supervisor.
2. Consult other principal investigators or lab personnel who may have worked with similar material(s).
3. If available, consult multiple published papers. Pay attention to the potential safety implications of subtle changes to experimental procedures (i.e. solvent, concentration, reagent (side groups, state or form) and equipment material). Subtle changes could bring unintended consequences.

Actions to take BEFORE you start working with a new substance that has unknown properties and unknown health hazards:

1. Scale down the synthesis. By minimizing the amount of material available, you reduce the risk and also increase the chance that if something goes wrong the situation will be more manageable (i.e. chemical spill or fire). When larger amounts of materials are needed, consider running parallel ‘batch’ reaction so one reaction does not contain large amounts of material.
2. Work in a fume hood. The fume hood should be clear of obstructions and unnecessary chemical containers. By working in a fume hood you minimize exposure to potentially harmful gases, vapours and fumes. The sash also provides a physical barrier that can protect you from splashes and debris from a minor explosion.
3. Wear personal protective equipment, this includes (but is not limited to) a lab coat, goggles and glove. Note: No single glove material provides effective protection for all uses. [http://www.sfu.ca/srs/ehs/research-safety/chemical-safety/exposure-control/ppe.html](http://www.sfu.ca/srs/ehs/research-safety/chemical-safety/exposure-control/ppe.html)
4. Assume that any chemical mixture will be more toxic/flammable/unstable than its toxic/flammable/unstable components.
5. Communicate to other lab personnel what you are doing (i.e. have your name and reaction written or the fume hood sash (including reagents and reaction intermediates) and discuss your project in a weekly group meeting). Members of your lab group may be able to offer guidance or may need to take precautions themselves.
6. Be prepared for an accident. Before you begin your experiment know the specific actions needed in the event of an accidental release of hazardous material.

For more information, consult [http://www.sfu.ca/srs/ehs.html](http://www.sfu.ca/srs/ehs.html) or contact EHS at local 27265
Explosive and Unstable Chemicals

Azides
Azides have the chemical formula R(N3)X. All heavy metal azides, most light metal ones, and many organic azides are explosive.

Picric Acid
Picric acid has the chemical formula C6H2(NO2)3OH. Do not open old bottles as crystals may have formed within the cap threads, creating the potential for a shock-sensitive explosion. Bottles with less than 10% water should not be touched or moved.

Other Explosive Compounds
The following compounds may detonate, decompose, or explode at normal room temperature and pressure. Some are also heat and shock sensitive.

Peroxides
A peroxide is any compound containing an O-O bond. Since these compounds can readily release oxygen, they are considered to be strong oxidizing agents and fire hazards. They are sensitive to shock, sparks and flames. The danger is increased when peroxide forming chemicals are concentrated by distillation or evaporation.

Test Every 3 Months
Test the following compounds for peroxides every 3 months, after opening, and before use. They can form explosive peroxides during storage.

Test Every 12 Months
Test the following compounds for peroxides every 12 months, after opening, and before use. They can form explosive peroxides during concentration.

Please note these lists are not exhaustive. Check the Safety Data Sheet (SDS) of all chemicals to determine if they form peroxides and for additional safe handling procedures.

Labels for Peroxide Forming Compounds
Labels for peroxide-forming compounds are available at Science Stores and on the EHS webpage at http://www.sfu.ca/srs/ehs.html.

Peroxide formers are required to have labels. Science Stores will put labels on peroxide formers kept in stock.
### Incompatible Chemicals

<table>
<thead>
<tr>
<th>Chemicals</th>
<th>Incompatible with</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetaldehyde</td>
<td>acetic anhydride, acetic acid, acetone, ethanol, sulfuric acid</td>
</tr>
<tr>
<td>acetic acid</td>
<td>chromic acid, nitric acid, hydroxyl compounds, ethylene, glycol, perchloric acid, peroxides, permanganates</td>
</tr>
<tr>
<td>acetone</td>
<td>concentrated nitric and sulfuric acid mixtures</td>
</tr>
<tr>
<td>acetylene</td>
<td>chlorine, bromine, copper, fluorine, silver, mercury</td>
</tr>
<tr>
<td>alkaline metals</td>
<td>water, carbon tetrachloride and other chlorinated hydrocarbons, carbon dioxide, halogens</td>
</tr>
<tr>
<td>ammonia (anhydrous)</td>
<td>mercury, chlorine, calcium, hypochlorite, iodine, bromine, hydrofluoric acid (anhydrous)</td>
</tr>
<tr>
<td>ammonium nitrate</td>
<td>acids, powdered metals, flammable liquids, chlorates, nitrates, sulfur, finely divided, organic or combustible materials</td>
</tr>
<tr>
<td>aniline</td>
<td>nitric acid, chromic acid, hydrogen peroxide</td>
</tr>
<tr>
<td>bromine</td>
<td>ammonia, acetylene, butadiene, butane, methane, propane (or other petroleum gases) hydrogen, sodium carbonate, turpentine, benzene, finely divided metals</td>
</tr>
<tr>
<td>carbon (activated)</td>
<td>calcium hypochlorite, all oxidizing agents</td>
</tr>
<tr>
<td>carbon tetrachloride</td>
<td>diborane, fluorine</td>
</tr>
<tr>
<td>chlorates</td>
<td>ammonium salts, acids, powdered metals, sulfur, finely divided organic or combustible materials</td>
</tr>
<tr>
<td>chromic acid and chromium trioxide</td>
<td>acetic acid, napthalene, camphor, glycerol, alcohol, turpentine, all other flammable, liquids</td>
</tr>
<tr>
<td>chlorine</td>
<td>ammonia, acetylene, butadiene, butane, methane, propane (or other petroleum gases), hydrogen, sodium carbonate, turpentine, benzene and finely divided metals</td>
</tr>
<tr>
<td>chlorine dioxide</td>
<td>ammonia, methane, phosphine, hydrogen sulfide</td>
</tr>
<tr>
<td>copper</td>
<td>acetylene, hydrogen peroxide</td>
</tr>
<tr>
<td>cumene hydroperoxide</td>
<td>acids (organic or inorganic)</td>
</tr>
<tr>
<td>cyanides</td>
<td>acids</td>
</tr>
<tr>
<td>dimethyl sulfoxide</td>
<td>perchloric acid, silver fluoride, potassium permanganate, acetylchloride, benzene, sulfonyl chloride</td>
</tr>
<tr>
<td>flammable liquids</td>
<td>ammonium nitrate, chromic acid, hydrogen peroxide, nitric acid, sodium peroxide, halogens</td>
</tr>
<tr>
<td>fluorine</td>
<td>isolate from everything</td>
</tr>
<tr>
<td>hydrocarbons (propane, benzene, gasoline, etc.)</td>
<td>fluorine, bromine, chlorine, chromic acid, sodium peroxide</td>
</tr>
<tr>
<td>hydrocyanic acid</td>
<td>nitric acid, alkali</td>
</tr>
<tr>
<td>hydrofluoric acid (anhydrous)</td>
<td>ammonia, aqueous or anhydrous</td>
</tr>
<tr>
<td>hydrogen peroxide</td>
<td>cooper, chromium, iron, most metals or their salts, alcohols, acetone, organic materials, aniline, nitromethane, flammable liquids, combustible materials</td>
</tr>
<tr>
<td>hydrogen sulfide</td>
<td>fuming nitric acid, oxidizing gases</td>
</tr>
<tr>
<td>iodine</td>
<td>acetylene, ammonia (aqueous or anhydrous), hydrogen</td>
</tr>
<tr>
<td>mercury</td>
<td>acetylene, fulminic acid, ammonia, oxalic acid</td>
</tr>
<tr>
<td>nitric acid (concentrated)</td>
<td>acetic acid, aniline, chromic acid, hydrocyanic acid, hydrogen sulfide, flammable liquids, flammable gases</td>
</tr>
<tr>
<td>oxalic acid</td>
<td>silver, mercury agents</td>
</tr>
<tr>
<td>phosphorus (white)</td>
<td>air, oxygen, alkalis, reducing</td>
</tr>
<tr>
<td>potassium</td>
<td>carbon tetrachloride, carbon dioxide, water</td>
</tr>
<tr>
<td>potassium chlorate</td>
<td>sulfuric and other acids</td>
</tr>
<tr>
<td>potassium permanganate</td>
<td>glycerol, ethylene glycol, benzaldehyde, sulfuric acid</td>
</tr>
<tr>
<td>silver</td>
<td>acetylene, oxalic acid, tartaric acid, ammonium compounds</td>
</tr>
<tr>
<td>sodium</td>
<td>carbon tetrachloride, carbon dioxide, water</td>
</tr>
<tr>
<td>sodium peroxide</td>
<td>ethyl or methyl alcohol, glacial acetic acid, acetic anhydride, benzaldehyde, carbon disulfide, glicerin, ethylene glycol, ethyl acetate, methyl acetate, furfural</td>
</tr>
<tr>
<td>sulfuric acid</td>
<td>potassium chlorate, potassium perchlorate, potassium permanganate (similar compounds of light metals such as sodium, lithium)</td>
</tr>
</tbody>
</table>
Working with Laboratory Glassware

A significant part of working safely involves hazard awareness. The most frequent laboratory glassware accidents result in minor cuts. More serious accidents include hazards associated with flying glass, fire, and chemical exposure. Wear safety goggles when working in the laboratory! Aside from injury reduction, hazard awareness can save you time (ruined reactions) and money (broken glassware and ruined reagents).

Glass Types

Glass contains silica, an element found in sand. There are three primary glass types found in laboratories: soda lime (soft), borosilicate (hard) and pure fused quartz (99% silica). Pyrex™ is a brand of hard glass. Soft, hard and quartz glass have working temperatures of up to 110, 230, and 1000°C, respectively.

Hot Glass

A problem with hot glass is that it looks the same as cool glass. Try to establish routines that allow hot glass to cool in out-of-the-way locations. For example, before removing glassware from an autoclave, crack the door and allow the glass to cool for several minutes before handling. The use of gloves and tongs can prevent burns, but they may make handling items awkward.

Preventing Cuts

Heavy gloves should be worn when washing glassware by hand. Glassware cuts are more common than you might expect and can be serious. In one accident, an Iowa State University laboratory employee suffered cuts to five wrist tendons. Fortunately, the cuts were shallow and the injury did not result in permanent impairment.

Inserting glass stems into rubber stoppers, or connecting tubing to glass nipples (as on a side arm flask) can be made safer and easier by first lubricating the glass. Laboratory grease works well, but even deionized water is better than nothing. Protect hands with gloves, rags, or a shield fashioned from wood or plastic. Then, with some type of hand protection, slowly work the tubing onto the glass nipple or the glass stem into the stopper.

When removing tubing from glassware, do not attempt to pull it off. First lay the item on the lab bench, if possible. Cut the tubing near the end of the glass. Always cut away from your body. Next, slice the tubing lengthwise and slide the material off the glass nipple.

Fittings

An alternative to barbed glass nipples are threaded fittings. Plastic tubing is typically connected via a screw cap with a plastic barb fitting and synthetic “rubber” gasket. Several manufacturers also offer “quick-connect” fittings. One piece of the connector is threaded semi-permanently into glass. The other side attaches to tubing.

The most common method of connecting laboratory glass apparatus is by ground-glass joints. Typically these are round (image) or tapered. Of the two types, round-ground-glass joints are less likely to “freeze.”

Frozen Joints

When taper joints are used, the likelihood of “freezing” can be reduced by applying grease. If grease is not an option, or if solvents remove the grease, tetrafluoroethylene (Teflon®) sleeves (inset) can be used to eliminate “freezing.”

Once a joint is frozen, try soaking it overnight. If it remains frozen, do not attempt to force it apart. It may be possible to loosen the joint with heat. A hot air gun may be used, but a bunsen burner will likely result in better outcomes. Once all flammable solvents are removed, and proper personal protective eyewear is donned, rapidly apply heat to the outer surface (try to keep the inner glass piece from heating).
While heating, apply a modest pulling force on the two pieces. Tapping lightly with a wooden stick may help. If using a bunsen burner, do not heat longer than 30 seconds. If you do not have a burner or are not interested in performing this procedure, Glass Shop staff can provide this service for you.

Pressure / Vacuum

When glass is used under pressure or vacuum, taking extra precautions is advised. Surface scratches are the most common defect causing weakness and breakage. Be sure to inspect glassware for small defects before applying pressure or vacuum.

If possible, mechanically pressurized or vacuum pump systems should be operated in a fume hood with the sash down. Pressure-relief and vacuum-relief devices can reduce hazards and improve research outcomes by reducing the chance of glass breakage.

When working with vacuum systems outside of a fume hood, consider using epoxy-coated apparatus or tape the vessel to help contain glass in the event of failure. Where practical, use a bench-top shield. Keep in mind that round vessels will tolerate more pressure or vacuum than flat-sided vessels of similar construction.

Glass Repair

Star cracks and other small defects can be “repaired” at the Glass Shop by annealing. Annealing is a process of heating glass to a specified temperature followed by slow cooling. The “harder” the glass, the higher the applied temperature.

A more insidious glassware hazard is glass stress. Glass can be stressed when heated unevenly above its strain point. It is difficult to stress quartz glass, but relatively easy to stress borosilicate (Pyrex™) glass, which has a strain point of 510°C. Additionally, thermal strain is most severe in thick glass. Glass Shop staff use polarized light to identify glass stress lines.

If you have borosilicate glass that is routinely heated (e.g., distillation equipment), you may wish to get glassware checked out regularly. Annealing removes the stress, making the glassware safer and more reliable.

Chips weaken glassware and may present an injury hazard. Chips and major breaks can be taken to the Glass Shop for economical repair. Before taking glassware in for repair, be sure to empty and clean each item. If acetone or other flammable solvents are used, rinse glassware with water and allow to dry.

Apparatus Set-up

When connecting lab apparatus, it may be necessary to clamp glass to ring stands or other supports. Care should be taken to avoid overtightening glassware clamps as this may induce mechanical strain.

Glass Disposal

Used and/or broken glassware should be free of chemical and biological hazards prior to disposal. Place glass in a broken glass container. Do not dispose of broken glass in regular garbage.

See next page for more information.
Hazardous Waste Disposal

Hazardous wastes are generated by the University through research, academic and operational activities. Environmental Health and Safety coordinates the collection, consolidation and recycling or disposal of hazardous wastes through our qualified Waste Contractor. Hazardous waste is defined as a product, substance or organism that is no longer used for its original purpose and presents a risk or potential risk to human health and/or the environment due to certain characteristics (ignitability, corrosivity, reactivity, toxicity, infectivity). Guidelines in this section do not replace the risk assessment that users must perform when working with hazardous materials to determine their safest method of disposal. This section applies to hazardous chemical waste only; for other wastes, refer to:

<table>
<thead>
<tr>
<th>Biohazardous Waste</th>
<th>pages 65-68</th>
</tr>
</thead>
</table>

Segregation

Many lab wastes that do not exhibit any of the hazardous characteristics (ignitability, corrosivity, reactivity, toxicity, infectivity) can potentially be designated as non-hazardous. Examples include certain salts (i.e., potassium chloride and sodium carbonate), natural products (i.e., sugars and amino acids) and inert materials (non-contaminated chromatography resins and gels). They can be disposed in the regular garbage if not contaminated.

When practical and safe to do so, waste segregation makes economic and environmental sense since it can significantly reduce costs associated with hazardous waste disposal and prevent non-hazardous materials from being incinerated or sent to secure landfill.

Liquid Waste

Metro Vancouver, through its Sewer Use Bylaw No. 299, regulates waste discharges into all sewers in the district. Liquid waste is divided into Prohibited Waste (see Table 1), which may never be disposed down the drains, and Restricted Waste, which must meet established concentration limits (see Table 2) in order to be disposed of through the sewer system. Prohibited wastes (as shown in Table 1) or wastes which exceed maximum concentrations in Table 2 are treated as Hazardous Waste. Note: In accordance with the BC Hazardous Waste Regulation, waste may NOT be diluted for the purpose of meeting the allowable concentration limits (Table 2).

<table>
<thead>
<tr>
<th>Category</th>
<th>Waste Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organic solvent waste</td>
<td>Segregated into halogenated and non-halogenated</td>
</tr>
<tr>
<td>Aqueous waste</td>
<td>Water based liquid waste that may have a pH that falls outside the 5.5-10.5, or contains other hazardous contaminants (e.g. heavy metals)</td>
</tr>
<tr>
<td>Dry waste with residual contaminants</td>
<td>Any material, but not limited to, plastic bags, empty bottles, plastic containers, paper towel, gloves, pipette tips, filter paper etc. contaminated with hazardous residue</td>
</tr>
<tr>
<td>Surplus chemicals or experimental waste and by-products</td>
<td>Any solid or liquid in an appropriate means of containment, which exhibits one or more of the following characteristics: flammability, spontaneously combustible, dangerous when wet, oxidizer, poisonous/toxic, corrosive, environmentally hazardous, or containing polycyclic aromatic hydrocarbons</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Waste Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flammable or Explosive waste</td>
<td></td>
</tr>
<tr>
<td>Biohazardous waste</td>
<td>Refer to pages 65-68.</td>
</tr>
<tr>
<td>Radioactive waste</td>
<td>Refer to the Radiation Safety Manual.</td>
</tr>
<tr>
<td>High Temperature waste</td>
<td>Any liquid waste at a temperature higher than 65°C or any waste that will raise the temperature of waste entering a sewage facility to 40°C or more.</td>
</tr>
<tr>
<td>Corrosive waste</td>
<td>Any waste with a pH of lower than 5.5 or higher than 10.5 or any corrosive properties that may damage drain, building or sewer infrastructure.</td>
</tr>
</tbody>
</table>

Table 1: Prohibited Waste:

Solid Waste

Solid waste that is contaminated with chemicals or other hazardous materials must be collected and disposed of as hazardous waste. Examples include materials such as gloves (and other personal protective equipment), tubing, silica, drying agents, chromatography reagents and filter papers. Laboratory chemicals, in solid form, including surplus hazardous chemicals or experimental by-products, are also disposed of as hazardous waste if they exhibit one or more of the following characteristics: flammability, spontaneously combustible, dangerous when wet, oxidizers, poisonous/toxic, corrosives, environmentally hazardous or containing polycyclic aromatic hydrocarbons.

For additional information refer to: http://www.sfu.ca/srs/ehs/research-safety/chemical-safety/protocols-resources/chemical-disposal.html

Common hazardous waste streams at SFU

The following table indicates the common hazardous waste streams generated in campus laboratories:
Hazardous Waste Disposal

<table>
<thead>
<tr>
<th>Category</th>
<th>Waste Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercury waste</td>
<td>Includes any equipment containing mercury such as thermometers, barometers, blood pressure gauges, flasks of mercury, etc. as well as materials or containers contaminated with mercury</td>
</tr>
<tr>
<td>Gas cylinders</td>
<td>Any cylinder used to hold a gas or any container used to hold a liquefied gas at or above atmospheric pressure</td>
</tr>
<tr>
<td>Electrophoresis Gel waste</td>
<td>Gels containing trace amounts of chemicals (i.e. ethidium bromide gel waste).</td>
</tr>
<tr>
<td>HPLC/GC sample vials</td>
<td>Small vials containing solutions from analysis on gas chromatography (GC) or high performance liquid chromatography (HPLC) instruments</td>
</tr>
<tr>
<td>Sharps</td>
<td>Needles, syringes, blades or laboratory glass capable of causing punctures or cuts</td>
</tr>
<tr>
<td>Glass Waste</td>
<td>Contaminated broken and unbroken glass waste and empty glass containers.</td>
</tr>
<tr>
<td>Unknowns</td>
<td>A chemical where the chemical composition characteristics are unknown</td>
</tr>
<tr>
<td>Unstable/Expired</td>
<td>Chemicals that have decomposed or dried into potentially unstable compounds that may react or become explosive under certain conditions (e.g. ether or other peroxide forming compounds, picric acid).</td>
</tr>
<tr>
<td>Vacuum Pump Oil</td>
<td>Hydraulic fluids no longer required for their intended purpose or are waste products</td>
</tr>
</tbody>
</table>

Table 3: Common Hazardous waste streams

Hazardous Waste Collection and Packaging

It is the responsibility of the lab to use good judgment and safe practices if and when combining different wastes in a single container. Always wear PPE, work in a fume hood and allow any reaction to occur before capping waste containers.

Containers

Hazardous waste containers can be obtained through Science Stores. Alternatively, empty containers may be reused for waste provided that:

1. the waste and the original container material are compatible;
2. the original label is defaced; and
3. the waste container is clearly labeled with the contents.

To ensure the safety of laboratory personnel, support staff, and Hazardous Waste Contractors, it is important to consider the following when collecting hazardous waste for proper disposal:

• Always refer to Safety Data Sheets (SDS) of the different chemicals before beginning work to be aware of the specific hazards.
• Check the chemical compatibility of any hazardous waste generated. Do NOT combine incompatible hazardous waste in the same container to avoid fires, explosions and/or spills.
• Check that the waste container is made of a compatible material.

• Ensure your waste container is large enough to safely collect all hazardous waste being generated.
• Use a funnel to avoid contaminating the outside of the container.
• Do not overfill containers. Allow for expansion by filling containers to 75% of total capacity.
• Use venting caps (available from Science Stores) for aqueous waste bottles if it is possible for hazardous waste to generate gases or vapours while being stored in the laboratory.
• Ensure lids are secured to avoid spillage during transport.
• When packing several smaller containers in single box, use suitable packing material (i.e., vermiculite) to prevent breakage; ensure the use of a sufficiently sturdy outer box.

Vented caps

Vented caps are designed to relieve pressure in containers while maintaining their integrity against liquid leaks. The cap is designed to SLOWLY vent gas; the cap will not release pressure from an instantaneous reaction. Vented caps can be obtained through Science Stores. EHS recommends the caps when collecting different wastes in one container.

Labeling

Hazardous waste labels are required for hazardous chemical waste being collected from SFU laboratories. Individual labels are available from EHS and Science Stores for waste streams as outlined in Table 4.

<table>
<thead>
<tr>
<th>Waste type</th>
<th>Waste description</th>
<th>Label type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Halogenated Liquid Waste</td>
<td>Organic solvents which contain halogen atoms: chlorine (Cl), fluorine (F), bromine (Br) or iodine (I); including, but not limited to: chloroform, dichloromethane (methylene chloride), carbon tetrachloride and chlorobenzene.</td>
<td>Yellow card-stock, affix with wire twist tie or tie-wrap</td>
</tr>
<tr>
<td>Non-halogenated Flammable Liquid Waste</td>
<td>Non-halogenated solvents which do not contain halogen atoms; including, but not limited to: alcohols (methanol, ethanol, isopropanol), acetone, xylenes, ethyl acetate, hexanes and toluene.</td>
<td>White card-stock, affix with wire twist tie or tie-wrap</td>
</tr>
<tr>
<td>Chemical Waste</td>
<td>Laboratory chemicals, in solid or liquid form, or materials (i.e., gloves) that come in contact with chemicals, including surplus hazardous chemicals or experimental by-products which exhibit one or more of the following: flammability, spontaneously combustible, dangerous when wet, oxidizers, poisonous/toxic, corrosives, environmentally hazardous or containing polycyclic aromatic hydrocarbons.</td>
<td>Green self-adhesive</td>
</tr>
</tbody>
</table>

See next page for labels
Hazardous Waste Disposal

All waste containers and packages must be properly identified according to the following requirements:

1. Any non-applicable labels must be removed from waste containers and packages or otherwise defaced.
2. The label must be completed in ink and clearly legible.
3. Complete all fields on the label in full (see Figures 1, 2 and 3). Where required, write full chemical name and avoid acronyms, formulas and trade names.
4. Affix the label securely to the waste container or package. Labels for halogenated liquid waste and for non-halogenated liquid waste must be secured using wire twist ties or plastic tie-wraps (cable ties). Labels for chemical wastes are self-adhesive.
5. Peroxide forming chemicals which are being collected for disposal must also be labeled as required for peroxide-forming compounds. For more detailed information on peroxide-forming compounds, consult: http://www.sfu.ca/srs/ehs/research-safety/chemical-safety/protocols-resources/substance-specific-procedures.html

Storage

Hazardous waste should not be stockpiled in the lab but regularly removed by the Hazardous Waste Contractor. The following are guidelines to consider when storing hazardous waste:

- Do not store hazardous waste in high traffic areas, where the likelihood of a spill or knocking over a waste container is higher.
- Storage areas must be well ventilated.
- Store incompatible wastes separately, so they cannot react in the event of a spill or a leak. Consult relevant SDSs for incompatibilities.
- Use secondary containment to contain any spills or leaks.
- Fume hoods that are being used for experiments and reactions are not to be used to store hazardous waste. If a fume hood is designated as a storage for hazardous waste, it may only be used for storage (e.g., no experiments or reactions), and the fume hood must be clearly labeled as such.
- Solvent waste containers should be stored in flammable storage cabinets. The maximum volume of flammable material that may be stored outside a flammable storage cabinet is 25 liters.
- Flammable storage cabinets do not require mechanical ventilation if the safety caps remain in place and the doors remain closed. If ventilation is required for a cabinet, contact Environmental Health and Safety.

Pick up from Laboratories

Hazardous waste is collected from the Burnaby, Surrey and Vancouver campuses by SFU’s Hazardous Waste Contractor, Clean Harbors, repacked and shipped to a licensed facility for disposal. Pick up days at the Burnaby Campus are Tuesdays and Fridays, pick up at the Surrey Campus is on Thursdays, and pick up from Vancouver campuses are scheduled when required.

To request hazardous waste removal, complete a request through the online system at: https://hazmatwaste.its.sfu.ca. The following information must be provided:

- Identification of the waste to be picked up
- Quantity
- How the waste is being stored
- Location of the waste within the laboratory or work area
- Any specific instructions regarding accessing laboratories in restricted areas
- Contact information of someone familiar with the hazardous waste being picked up

The disposal form must be submitted by 3 pm on the day prior the preferred collection day. Hazardous waste generators must ensure waste containers are ready for collection and at the designated location by 9 am on the day of collection. Hazardous Waste Contractor personnel have the right to refuse to pick up waste which is inadequately packaged, improperly labeled or in containers with visible external contamination.
Chemical Containers and Glass Waste Disposal Protocol

SFU does not recycle chemical containers and laboratory glass waste. All chemical containers and glass waste contaminated with hazardous material must be **TRIPLE** rinsed prior to disposal and the washings disposed of through the appropriate waste stream. Glass waste contaminated with infectious material must be either autoclaved or soaked in bleach for an appropriate contact time prior to disposal. The non-contaminated glass waste is then accumulated in the lab as outlined below and disposed in a landfill by SFU janitorial services.

- If you are unsure about the appropriate disposal method for glass waste contaminated with radioactive material, please contact Jutta R.-Haunerland (Radiation Safety, 23506)
- For all other contaminated glass waste that poses a risk of injury when rinsing or decontaminating, please contact Mike Neudorf (EHS, 27265)

**Glass and Plastic Chemical Containers**
1. Glass and plastic chemical containers must be **TRIPLE** rinsed with water or other suitable solvent and air dried in a fume hood to ensure that it is free of liquid or other chemical residue before disposal.
2. If the glass or plastic chemical container’s rinses are classified as hazardous, the washings should be collected and disposed of as hazardous waste.
3. Remove or deface all labels and hazard warnings on the container.
   - **Small** (< 4 L) glass containers should be placed inside the plastic liner of the glass waste cardboard container (provided by SFU janitorial services).
   - **Large** (≥ 4 L) glass containers should have the label removed or defaced and marked “DISPOSE”. Place glass containers on floor beside the glass waste cardboard container (4L bottles take up a lot of space in the glass waste cardboard container).
   - All plastic containers should be placed in the garbage can.

**Other Laboratory Glassware**
Laboratory glassware NOT contaminated with biological, radioactive, or chemical hazards should be disposed of by placing inside the plastic liner of the glass waste cardboard container (e.g., broken glass, pipettes, slides, beakers, vials).

**Pick-Up Procedures**
When the glass waste cardboard container is full, tie bag and close cardboard lid. Send a request for pick up to [https://fmrequests.sfu.ca](https://fmrequests.sfu.ca). SFU janitorial services will leave a new waste container when the full one is removed. **If you are unsure of the appropriate disposal method, please contact Mike Neudorf (EHS, 27265).**
Lab Decommissioning

Purpose
A process of decommissioning is necessary for laboratories that are changing hands, are vacated or are undergoing renovations. Decommissioning provides assurance that chemical and biological health and safety hazards are minimized for all personnel involved.

Application
Decommissioning applies to the preparation of equipment for moving or servicing and to full or partial renovations of a laboratory including but not limited to any room where chemical, biological, or radioactive materials were handled or stored.

Responsibilities
Principal Investigator - Ensures that all applicable lab equipment and surfaces have been cleared of chemical, physical, biological and radiological hazards; reviews and completes the Decontamination Checklist, if applicable, and signs a Laboratory Clearance Notice or Equipment Clearance Notice; ensures emergency equipment such as eye wash stations, safety showers and fire extinguishers remain operational during the decommissioning and/or move.

Lab Administrator or Designate - Conducts a final inspection and signs the Laboratory Clearance Notice or Equipment Clearance Notice; notifies EHS prior to the lab being cleared and at the time of final inspection; ensures a copy of the Laboratory Clearance Notice or Equipment Clearance Notice is left with the equipment or lab.

Decommissioning guide and checklist
For the detailed guide to decommissioning, the checklist and the clearance notices, refer to the EHS webpage:
http://www.sfu.ca/srs/ehs/research-safety/general-lab-safety/decommissioning.html
Cryogens used on Campus

Cryogenic liquids are materials with boiling points of less than −73 °C (−100 °F). Examples for cryogenic liquids used on campus are:

- Liquid Helium: -269 °C
- Liquid Nitrogen: -196 °C
- Solid Carbon Dioxide (Dry Ice): -78 °C

Remember your ABC’s...

The primary hazards of cryogenic liquids are Asphyxiation, Boom (pressure buildup) and Cold (ABC).

Asphyxiation

Adequate ventilation is essential when working with cryogenics. A small amount of cryogenic liquid can rapidly convert to a large volume of gas and create a breathing hazard, and in the case of hydrogen, an explosive mixture. After a recorded double fatality where the victims did nothing to escape or attract attention, safety engineers identified the following physiological stages associated with reduced oxygen:

1st Stage
Oxygen reduced from 21 to 14 percent by volume - The breathing volume increases, the pulse rate is accelerated, and the ability to maintain attention and think clearly is diminished. Muscular coordination is somewhat disturbed.

2nd Stage
Oxygen reduced to between 14 and 10 percent by volume - Consciousness continues, but judgment becomes faulty. Severe injuries may cause no pain. Muscular efforts lead to rapid fatigue. Emotions, particularly ill temper, are easily aroused.

3rd Stage
Oxygen reduced to between 10 and 6 percent by volume - Nausea and vomiting may occur. Victim loses ability to perform any vigorous muscular movements or even to move at all. Up to this stage, or even in it, the person may be unaware that anything is wrong. Then his legs give way, leaving him unable to stand, walk, or even crawl. This is often the first and only warning and it comes too late. The victim may realize that he/she is dying, but he/she does not greatly care. It is all quite painless. Even if resuscitation is possible, permanent damage to the brain may result.

4th Stage
Oxygen reduced below 6 percent - Respiration consists of gasps, separated by periods of increasing duration. Convulsive movements may occur. Breathing then stops but the heart may continue to beat for a few minutes.

Hazards

As can be seen from the descriptions, any reduction in the normal content of the oxygen in the breathing atmosphere must be considered a hazard. In sudden asphyxia, such as that from inhalation of pure nitrogen, unconsciousness is immediate. The individual falls as if struck on the head and may die in a few minutes. If a person becomes groggy or loses consciousness because of displaced breathing air, get the person to a well-ventilated area immediately. If breathing has stopped, apply CPR. Whenever a person loses consciousness, call a doctor immediately.

Where cryogenics are used, a hazard assessment is required to determine the potential for an oxygen-deficient condition. Controls such as ventilation and/or gas detection systems may be required to safeguard personnel.

BOOM- Pressure Buildup

Venting

Containers or pipes containing cryogenic gases need to be vented to limit pressure buildup.

LHe, LN2 and dry ice all expand by a factor of about 1000 upon warming. If confined this would lead to pressures of up to 15,000 psi ... BOOM.

Beware of warming up of cryopumped materials.

Ice and Air Plugs

Never leave a dewar open to the air.

Liquid Helium can freeze air and cause a plug in the dewar neck leading to pressure buildup.

Ice plugs can also form in liquid nitrogen dewars.

Water

Water can freeze valves and vents when dewars are repeatedly used. This is caused by frost building up and melting, causing water to run into the valve stem. If this occurs and the valve is stuck open, vent the dewar to relieve pressure.

Oxygen Enrichment

Oxygen in the air will condense on to liquid nitrogen cooled surfaces. Collection of liquid oxygen in organic insulation results in an explosive mixture. Cryotrapped organic compounds mixed with oxygen from an air leak creates an explosive mixture. Liquid oxygen-methane mixtures can be detonated with light. As liquid air evaporates it becomes enriched in oxygen.
**Cold**

Contact with cold surfaces can cause cryogenic burns.

Cryogenic Burns: Immediately place affected part in warm water bath (40-46°C) and get help!

Contact with cryogenic gases can occur from splashing when the cryogenic liquid boils. The vapor that boils off from a liquid can cause the same problems as the liquid itself. Never allow any unprotected part of your body to touch uninsulated pipes or apparatus.

Pour slowly to avoid splashing and stand clear of boiling or splashing liquids

There are two types of boiling which can cause uncontrollable movement of the cryogenic liquid:

Vigorous boiling

Occurs on contact with room temperature objects (mostly for liquid nitrogen).

Film boiling

Room temperature objects are so hot that liquid nitrogen does not wet them but rather floats on a film of nitrogen vapour. There is no friction, and the heat transfer rate is moderate until the liquid wets the surface.

Note: wet objects, don’t stick your tongue on the tracks.

Low temperature baths (dry ice acetone): No gas film forms so cold liquid sticks to your body.

Embrittlement of Structural Material

Cold can also cause the embrittlement of structural materials. Materials that are pliable under normal conditions can become brittle at low temperatures. Rubber hoses can shatter so ensure you will not be hit with liquid nitrogen if the hose breaks or falls off.

High pressure cylinders may explode if cooled.

**Personal Protective Equipment must be worn when handling cryogenic liquids**

Goggles and face shield: Wear eye protection for the job, chemical splash goggles and a face shield are recommended when handling cryogenic liquids.

Gloves: Gloves must be insulated, impervious to the fluid being handled, and loose enough to be tossed off easily in case the cryogenic liquid becomes trapped close to the skin. Never wear tight gloves when working with cryogenic liquid.

Footwear: High top shoes recommended, you don’t want liquid nitrogen soaking into your socks.

**Dewar Recommendations**

Given that large Dewars are heavy enough to cause significant injuries if they tip over, it is recommended that:

1. When moving a wheeled Dewar along a route which will present a tipping hazard the use of no fewer than two personnel to maintain the stability of the Dewar.
2. For future purchases of Dewars larger wheels and wider bases should be selected if possible.

Acknowledging that there is a significant risk of asphyxiation by the large volumes of gas contained in these Dewars, it is recommended that:

1. If more than 1 liter of cryogen (He, LN2 or Dry Ice) per 20 m^3 of air volume is evaporated than precautions must be taken to prevent the creation of an Oxygen depleted atmosphere.
2. If more than 0.1 liter of Dry Ice (CO2) per 20 m^3 of air volume is evaporated than precautions must be taken to prevent Carbon Dioxide poisoning.
3. Due to the small air volume in an elevator and the restricted access, no actively venting Dewars should be moved in an elevator. Also, the liquid and gas valves must remain closed while in the elevator. Small wheels can become lodged in the gap at the elevator threshold. so when loading the Dewar on the elevator, carefully pull the Dewar so that one wheel passes the gap at a time.
4. Two people are required when moving a Dewar by elevator. After the Dewar is placed inside, the first person should remain outside the elevator and send the elevator to the receiving floor. The second person is stationed at the receiving floor to remove the Dewar. Additional signage is recommended to restrict access while the Dewar is moving between floors.

**Superconducting Magnets:**

Large forces on ferromagnetic objects (Iron)
A magnet quench can boil all of the liquid helium releasing large amounts of cold gas.
Cryogenic vial safety

Cryogenic vial safety
An incident involving the explosion of several cryogenic vials is an important reminder that personnel working with cryogenic vials wear the necessary PPE, i.e. cryogenic gloves, lab coat, safety glasses (not prescription eye glasses), and a full face shield with neck protection.

Cryogenic vial specifications
Cryogenic vials should be internally threaded with a silicone gasket (do not over tighten). Glass vials should not be used.

Source: Corning website

Storage of cryogenic vials in liquid nitrogen Dewars
Cryogenic vials should be stored in the gas phase of the liquid nitrogen storage Dewar. Storage by immersion in liquid nitrogen is not advised as liquid can enter the vials and when the vials are removed from the Dewar and warmed up, the liquid nitrogen will expand by a factor of 700 times. Over pressurization of the vial resulting in an explosion could occur.

Source: Columbia University

If feasible (based on pathogenicity of the material), loosen the lid on the cryogenic vial immediately after removing the vial from the liquid nitrogen storage Dewar.
Thawing of cryogenic vials should take place immediately in a thick-walled container or a fume hood or biosafety cabinet.
It is recomended that cryogenic vials are not reused.

Retrieval and thawing of cryogenic vials
Cryogenic vials stored in the liquid phase of the liquid nitrogen storage Dewar should be moved and stored in the gas phase of the Dewar for at least 24hr - 48hr to allow for any liquid nitrogen inside the vial to evaporate.
Compressed Gases & Gas Regulators

Compressed Gas Cylinders
Compressed gas cylinders are very heavy. Don’t become injured trying to stop a cylinder from falling. Stand back and let it fall.

Purchase of Cylinders
Before purchasing cylinders, check your lab’s current inventory to prevent unnecessary stockpiling. Do not accept a gas cylinder that does not identify its contents legibly by name.

Transporting Cylinders
The cap must be on while transporting. If the valve is knocked off of a full cylinder it will take off like a rocket. Do not drag, roll or slide gas cylinders, they must be transported on a specially designed cart, with retaining straps or chains.

Storage of Cylinders
The following general precautions should be taken when storing compressed gas cylinders or lecture bottles:

- Always label cylinders with their contents; do not depend on the manufacturer’s color code. They may vary across companies.
- Cylinders must always be securely restrained. Securely strap or chain gas cylinders to a wall or benchtop. In seismically active areas, use more than one strap or chain. EHS recommends using two restraints chains at the levels of 1/3 and 2/3 the height of a K sized cylinder.
- When cylinders are no longer in use, shut the valves, relieve the pressure in the gas regulators, remove the regulators, and cap the cylinders.
- Segregate gas cylinder storage from the storage of other chemicals.
- Do not store corrosives near gas cylinders or lecture bottles. Corrosive vapors from mineral acids can deface markings and damage valves.
- Keep incompatible classes of gases stored separately. Keep flammables away from reactives, which include oxidizers and corrosives.
- Keep in mind the physical state—compressed, cryogenic, or liquefied—of the gases.
- Store compressed gas cylinders in a cool, dry area, away from flammable materials, sparks, flames, excessive heat, and sources of potential physical damage, electrical contact or corrosion.

The protection cap should be left in place until the gas cylinder is secured and ready for use.

Removing the cap
Be careful not to open the valve when removing a tight cylinder cap.

CGA Fittings
There are a large number of different connections used on the cylinders and regulators. These connections vary in diameter, some are male and some are female, and some are right-handed threads and some are left-handed threads. This is done to prevent mixing of incompatible gases or the use of unsuitable regulators.

Venting
The system should have a properly vented relief valve. Vent pressure-relief devices protecting equipment that is attached to cylinders of flammable, toxic, or otherwise hazardous gases to a safe place.

Sudden Release
Would you be safe if there was a sudden release of gas? Know what hazards the gas presents:

Is it toxic? Flammable? Reactive?

Adiabatic Compression & Oxygen/Reactive Gas Hazards
Never allow any lubricant to contact with compressed oxygen.

Open valves slowly. High velocities or rapid compression of the gas in the pipe can ignite the tubing (even stainless steel).
Hydrogen requires special care due to its wide flammability limits.

Never lay an acetylene cylinder on its side.

**Consult the Praxair catalogue for more information on the specific hazards of the compressed gas you are working with.**

http://catalogs.praxairdirect.com/i/34012/47

### Pressure Regulators

Pressure regulators are required to reduce a high-pressure supplied gas to a desirable lower pressure and to maintain a satisfactory delivery pressure and flow level for the required operating conditions.

Under no circumstances should oil or grease be used on regulator valves or cylinder valves because these substances may react with some gases (e.g., oxygen).

With the regulator in hand, make certain the pressure adjustment knob is turned counterclockwise as far as it will go. Make sure the on-off valve is in the off position. Tighten the regulator onto the cylinder with a wrench, using no more force than you can exert with two fingers on the end of the wrench.

Stand to the side so that you are not in front of or behind the pressure gauge. Slowly open the cylinder valve, a quarter turn at first, until steady pressure is shown on the inlet gauge. Then open the valve all the way and back it off a half turn. In that way, someone can later sense the position of the valve. A valve that’s open all the way feels the same as one that’s stuck in the closed position. (Acetylene cylinder valves are opened only a quarter turn and no further). Turn the pressure-adjusting knob slowly clockwise until the desired delivery pressure is observed on the process pressure gauge.

Check the entire regulator, including the gauge connections, for leaks. If leaks appear, turn off the cylinder, repair the leaks, and turn it on again. If the body of the regulator leaks, call your supplier.

Fully open the on-off valve. Check all downstream fittings, including the on-off valve. Do not tamper with the packing nut on the on-off valve. Only a qualified mechanic should do any repairs to the pressure regulator.

To shut down the system, first turn off the cylinder or the main cylinder valve. Allow the pressure gauge to vent, then back out the adjusting valve counterclockwise and, finally, slowly disconnect the cylinder valve and the system. Slowly disconnect the process or instrument fitting. Slowly remove the regulator from the cylinder, bearing in mind that a small amount of gas might be trapped in the fitting. Recap the cylinder.

**What is the difference between a Single Stage and Two Stage regulator?**

Single-stage pressure regulators reduce the cylinder pressure to the delivery or outlet pressure in one step. Two-stage pressure regulators reduce the cylinder pressure to a working level in two steps.

The best recommended action is to determine how you intend to use the pressure regulator. Generally a single-stage regulator is good for short duration applications; a two-stage regulator is good for long duration applications, such as gas chromatography.

### Two-Stage regulator

**Single Stage Regulator**

Note: The output of a single stage regulator will rise as the tank drains.

---

**Disposal of cylinders**

Do not abandon cylinders in the dock storage areas.

Return cylinders to the supplier when you are finished with them, for more information contact Science Stores.

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Biosafety
### Working with Biohazards

#### Definitions

**SFU Policy R20.02**

Biohazards are defined as biological agents and materials which are potentially hazardous to humans, animals and other forms of life. They include known pathogens and infectious agents including bacteria and their plasmids and phages, viruses, fungi, mycoplasmas, and parasites; cell lines, animal remains, and laboratory animals including insects which might harbor such infectious agents; and primate body fluids. Also included are potentially biohazardous organisms used in procedures such as recombinant DNA and genetic manipulations. Biohazards will be classified according to risk levels requiring appropriate containment.

#### Who regulates biosafety work in Canada?

The Human Pathogens and Toxins Act (HPTA) (2009) “establishes legal prohibitions and authorities to govern human pathogens and toxins in Canada. It is designed to protect the health and safety of the public against the risks posed by human pathogens and toxins, while allowing science and research to progress.”

The Public Health Agency of Canada (PHAC) and the Canadian Food Inspection Agency (CFIA) released the 2nd edition of the Canadian Biosafety Standards (CBS). The CBS 2nd edition, 2015, replaces the following biosafety standards and guidelines for human and terrestrial animal pathogens:

- Laboratory Biosafety Guidelines 3rd Edition, 2004 (PHAC)
- Containment Standards for Laboratories, Animal Facilities and Post Mortem Rooms Handling Prion Disease Agents, 2005 (CFIA)

CFIA also regulates use of plants with novel traits (PNT), e.g., transgenic plants as well as aquatic animal pathogens.

#### Know Which Risk Group you are Working with

If the organism is already in the lab, your supervisor should know the risk group, because it is on the permit.


If it isn’t on that list you must ask the Public Health Agency of Canada - email: biosafety_biosecurity@phac-aspc.gc.ca

For a good guess, or to know where it stands in the USA (for import purposes) check with the American Type Culture Collection website: [www.atcc.org](http://www.atcc.org). However the official regulations are in the websites of the CDC and NIH ([www.cdc.gov/biosafety/publications/bmbls/index](http://www.cdc.gov/biosafety/publications/bmbls/index))

You will need import permits from PHAC and/or the CFIA to purchase or receive any level 2 organism (or soil) from outside of Canada.

You need to follow special packaging instructions to ship one of your strains to a colleague, and follow international rules for level 2 and up. Material transfer agreements may also be required (even for UBC).

#### Pathogen Safety Data Sheets

These can be found for microorganisms of risk level 2 and above, on the PHAC website at: [www.phac-aspc.gc.ca/lab-bio/res/psds-ftss/index-eng.php](http://www.phac-aspc.gc.ca/lab-bio/res/psds-ftss/index-eng.php)

These are designed with the safety of laboratory workers in mind, and list such useful information as: symptoms of infection, mode of transmission, infectious dose (how many organisms it takes to start an infection), host range, incubation period, which disinfectants work, whether heat treatment kills the organism, and how to clean spills.

#### Risk Groups = Containment levels

<table>
<thead>
<tr>
<th>Risk Group</th>
<th>Individual Risk</th>
<th>Community Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Low Unlikely to cause disease in healthy workers</td>
<td>Low [e.g. many E.Coli types]</td>
</tr>
<tr>
<td>2</td>
<td>Low Can cause disease that is easily treatable</td>
<td>Low Not easily spread [e.g. Legionella spp.]</td>
</tr>
<tr>
<td>3</td>
<td>High Can cause serious disease that is treatable</td>
<td>Low Not easily spread by casual contact [e.g. Bacillus anthracis]</td>
</tr>
<tr>
<td>4</td>
<td>High Can cause serious, often untreatable disease</td>
<td>High Is easily transmitted by casual contact [e.g. Ebola]</td>
</tr>
</tbody>
</table>

#### SFU Biosafety Permits

If you are working with a biohazard, your supervisor must have a permit issued by the university Biosafety committee that lists that hazard and describes the work.

Before you start the work (or obtain the organism) the permit must be approved.

For information about permits, please see the EHS website: [http://www.sfu.ca/srs/ehs/research-safety/biosafety/biosafety-permit-application.html](http://www.sfu.ca/srs/ehs/research-safety/biosafety/biosafety-permit-application.html)
Working with Biohazards continued

Use Personal Protective Equipment

Personal Protective Equipment is the last line of defense against exposure to hazardous materials. It should only be worn if all other exposure control strategies (e.g., elimination/substitution, engineering controls, administrative controls) are not effective in reducing exposure. If you have any questions regarding the selection of appropriate personal protective equipment, please contact Monica Szczepina at 778-782-6740.

Types of Personal Protective Equipment (PPE)

1. Safety glasses/goggles
2. Gloves
3. Lab Coats
4. Appropriate footwear
5. Respirator

PPE: Lab Coats

SFU requires lab coats to be worn in labs when hazardous materials are present; appropriate laboratory coats should be worn, buttoned, with the sleeves rolled down. Be sure that your lab coat is appropriate for the hazard you are working with, contact EHS if you are not sure which lab coat is the most appropriate.

Lab coats should be left in the laboratory to minimize the possibility of spreading hazardous material to public assembly, eating, or office areas, and clean them regularly. For information on lab coat rental and laundering contact Science Stores.

Consequences of Exposure to Biohazards

How about illness and death?

Infections from

1. Microorganisms under study (plague).
2. Microbial contamination of other biological samples (viruses in tissue culture).

Poisoning from microbial toxins (botox).

Allergies many toxins and some organisms are allergenic (mold allergy).

Working with Risk group 1 organisms in the Research Laboratory

If it can’t hurt me, why do I need to be careful?

1. If you culture an organism, the concentration and potential dose to you can be very high, perhaps \(10^9\) microorganisms/ml.
2. Microorganisms may gain direct entry to the body during a laboratory accident.

3. You may not be growing the intended CL1 organism, but a pathogenic contaminant.
4. Some organisms are not fully characterized and pose unknown hazards.
5. Precautions must be increased above those taught in this course when working in a large scale, (>10L) even with a well characterized organism. There are excellent books in the SFU library on this topic.
Biohazard Exposure Routes

Statistics on Laboratory Accidents

Only 20% of the time was exposure obvious to the worker

**Wounds:** scalpel nicks, culture tube breaks, opening freeze-dried ampoules.

**Ingestion:** mouth pipetting, dirty hands touch mouth, pen in mouth, coffee cup on lab bench where it can be splashed (all can be easily avoided).

**Injection:** needle sticks while injecting animals with organisms, or recapping a used needle.

**Inhalation:** dropped flask, splashes while pouring, heat-cracked glassware, lid off centrifuge tube, exploding cryovials.

**Eye contact:** splashes, hand to eye, or aerosols. Some organisms enter via the conjunctivae.

Other 80% of the time exposure was less obvious to the worker

**Small aerosols:** entry is the same as above, but less expected to have caused a problem, small aerosols are encountered during many routine procedures such as:
- flaming a loop with culture on it
- careless loading of autoclave bags
- pouring supernatant from a centrifuge tubes
- pipetting up and down, or ejecting pipette tips
- loading slides with culture, catalase test (bubbles)
- opening tubes or petri dishes where the caps have been wetted

**Inadequate hand washing**

**Minor skin abrasions:** cuts, dermatitis, eczema, the skin does not provide a proper barrier to organisms in these situations.

**Poor technique:** can spread biohazards beyond the immediate work area via spills on racks, pens, lab books and from there onto desks and bench tops. As most organisms are viable on surfaces, they can affect co-workers, custodians, or even those who we live with.

**Immune Status**

Fortunately, your immune system can generally handle small exposures in the lab. However, some of your co-workers could have suppressed immune systems: e.g, pregnant women, those with mononucleosis, those being treated with steroids and those undergoing cancer treatment.

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Exposure Control Plan

**Biohazard Exposure Control Plan**

**Exposure**

**Splash to face or eyes**
1. Advise lab occupants
2. Rinse for 15 minutes with water at eye-wash station
3. Remove contaminated clothing or lab coats for autoclaving (fold them inwards)
4. Proceed with emergency treatment below

**Needle sticks or cuts**
1. Advise lab occupants
2. Wash with soap and water
3. Apply a bandage if necessary
4. Proceed with emergency treatment below

**Emergency treatment**
- If worker cannot move, call 911
- If possible, retain the product causing the exposure for testing purposes
- Proceed to SFU health services in the Maggie Benston building (open Monday-Thursday 8:30 – 5:30 and Fri 8:30-4:30).
- Otherwise, attend the Emergency Room at:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Royal Columbian</strong></td>
<td>330 East Columbia, New Westminster</td>
</tr>
<tr>
<td><strong>Burnaby General</strong></td>
<td>3935 Kinkaid, Burnaby</td>
</tr>
<tr>
<td><strong>Eagle Ridge</strong></td>
<td>475 Guilford Way, Port Moody</td>
</tr>
</tbody>
</table>

  - Indicate to the Admitting Clerk the possibility of a biohazard infection
  - Provide personal history to the health nurse
  - Blood may be examined, and a physician may recommend anti-viral pills
  - Further blood work and counseling may be required throughout the year
  - Have your supervisor complete a WorkSafeBC Form 7, and an SFU incident report

**Vaccinations**

If you suspect you will be working with a virus for which a vaccine is available, you may be entitled to have the cost of your vaccinations covered by your department. You will be required to acknowledge that a vaccine has been made available to you.
Safety Techniques

Reduce or Contain Aerosols

1. Dry contaminated metal inoculating loops before flaming or use plastic loops.
2. Spread and pipette in a controlled manner.
3. Mix by vortexing where possible. Use tightly closed caps on tubes.
4. Cap all solutions for the centrifuge and do not overfill.
5. Sonicate cells in a biosafety cabinet.
6. Carry tubes and flasks in the proper racks, or on trays.
7. Contain dry spores by working on a damp mat in a biosafety cabinet. Discard waste into a sealed container, such as a Ziploc bag, before adding to (open) biohazard bags.
8. Use a biosafety cabinet (never a laminar flow hood) when aerosols are generated.
9. Use a properly fitted respirator, if none of the above will provide adequate protection.

Reduce the Spread of Biohazards

1. Keep required waste containers in your immediate work area.
2. Disinfect or use secondary containment for any biohazardous materials that may leave the labs. This could be anything from wastes to equipment that may leave the lab for repair.

Avoid Injection Injuries

1. Use syringes/needles only when no other method of transfer will work.
2. Use Safety Engineered Sharps (SES) when possible and NEVER Recap needles; discard in the red plastic biohazard sharps containers with the syringe attached.
3. When opening sealed glass ampules containing biohazardous materials, score the glass with a file, wrap the vial in paper towel and wear sturdy gloves before breaking the ampule.
4. When working with pipettes insert the pipette into a pipette-aid or bulb, by grasp the upper part of the pipette. Plastic pipettes are safer than glass.
5. Use proper glass test tubes if working with pathogens; not disposable glass which has a greater probability of breakage. Disposable plastic culture tubes are safer than glass.

Biohazardous Waste Stream

Glass Waste

Broken glassware, glass tubes, vials, ampoules, Pasteur pipettes, microscope slides and microscope cover slips contaminated with biohazards should be autoclaved or bleached in a sturdy means of containment, then disposed of with regular broken glassware (see page 28).

If it’s not possible to safely decontaminate, dispose of the glass in the appropriate biohazardous sharps containers, as per risk group (RG) level. Glass waste contaminated with RG1 material would be treated as Biohazardous Level 1 sharps waste and glass waste contaminated with RG2 material would be treated as Biohazardous Level 2 sharps waste. Please see the “sharps container table” on page 68 for more information.

Microscope slides with fixed material are no longer biohazardous and can be disposed of with regular broken glassware (see page 28). If the material is live/frozen then the slides are still considered biohazardous. If the material is not sealed behind the coverslip, the slides may be autoclaved or bleached. If the material on the slide is sealed, then the slides may be disposed of in an appropriate biohazardous sharps container, as per RG level.

Liquids

Liquids can be autoclaved or bleached (all bleached to 20% v/v), allow for off-gassing to occur in fumehood. If liquids are to be aspirated into a trap, the pump or aspirator must be protected by a secondary trap and/or autoclavable in-line filter.

Nucleic Acids

Microorganisms in the environment are capable of incorporating genes from naked nucleic acids. Many of the genes that researchers work with at SFU are potentially harmful in the environment (e.g., antibiotic resistance genes, pathogenicity genes and transgenic plant genes). The safest policy is to dispose of nucleic acids as biohazardous materials. The flow chart on the following page should be followed for disposal of nucleic acids on campus.
Level 1 and Level 2 Biohazardous Waste Disposal Guidelines

SFU has protocols for disposing of Level 1 and 2 biohazardous waste through two distinct waste streams. These protocols are specific to SFU and have been implemented to prevent adverse ecological and environmental impacts attributed to poor hazardous waste disposal practices, and to enhance personal safety. By improperly disposing of biohazardous waste, the university can be liable for costs due to environmental contamination and non-compliance from regulatory agencies. The Biosafety Permit held by the Principal Investigator will dictate which procedure you must follow. If you’re unsure whether to follow the Level 1 or Level 2 procedure, ask your supervisor.

LEVEL 1 BIOHAZARDOUS WASTE PROCEDURE
1. Collect Level 1 waste in the colorless autoclave bags (available at Science Stores). When full, seal the bag loosely with “hatched” autoclave tape.
2. Decontaminate the outside of the bag with a suitable disinfectant and affix a label to the bag indicating that it is Level 1 biohazardous waste.
3. Place the bag in your lab’s designated bin for hazardous waste pickup.
4. Use the online request system to request pickup: hazmatwaste.its.sfu.ca. Requests may be made for a single pickup or a recurring (weekly) pickup.

Hazardous waste collection is scheduled at Burnaby campus every Tuesday and Friday between 10:00 am and noon. Surrey campus collection is every Thursday between 10:00 am and noon and Vancouver campus pickups are scheduled as needed. In order to have a timely pickup, ensure that a contact person is available on the requested pickup day and time.

LEVEL 2 BIOHAZARDOUS WASTE PROCEDURE
1. Collect Level 2 waste in the orange autoclave bags (available at Science Stores). The bag must be placed in a labeled bag holder with a biohazard sign.
2. When full, seal the bag loosely with autoclave tape. Tape with the word "autoclaved" must be used for all Level 2 waste.
3. Decontaminate the outside of the bag with a suitable disinfectant and take the bag to your lab’s designated autoclave room using appropriate secondary containment.
4. All Level 2 biohazardous waste must be autoclaved and then placed in the designated bins in each autoclave room for pickup by the waste disposal company. Follow the department procedure for autoclaving Level 2 biohazardous waste. If you do not know the procedure or have not been trained in autoclave use, ASK FOR HELP!

The following is a list of department contacts for each autoclave:

<table>
<thead>
<tr>
<th>Autoclave</th>
<th>Department</th>
<th>Contact</th>
<th>Local</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSB 6113</td>
<td>MBB</td>
<td>Deidre de Jong-Wong</td>
<td>24318</td>
<td><a href="mailto:deidre@sfu.ca">deidre@sfu.ca</a></td>
</tr>
<tr>
<td>SCB-B8213</td>
<td>Biology</td>
<td>David Qu</td>
<td>23785</td>
<td><a href="mailto:dqu@sfu.ca">dqu@sfu.ca</a></td>
</tr>
<tr>
<td>SCK-K9605</td>
<td>BPK</td>
<td>Deidre de Jong-Wong</td>
<td>24318</td>
<td><a href="mailto:deidre@sfu.ca">deidre@sfu.ca</a></td>
</tr>
<tr>
<td>BLU-9805</td>
<td>Health Science</td>
<td>Lingling Zhang</td>
<td>28627</td>
<td><a href="mailto:lza43@sfu.ca">lza43@sfu.ca</a></td>
</tr>
</tbody>
</table>

For more information, please consult the SFU Biosafety Manual or contact EHRS at local 27265.
The Biohazardous Waste Stream continued

Blood, Body Fluids and Biomedical Waste

Blood and body fluids may contain viruses and therefore may be treated as biohazards, depending on the animal from which they originated. For example, clean samples from humans are treated as biohazard level 2 as are many samples from birds. However, fluids from uninfected fish are not treated as biohazards. Protocols for handling and disposal of these potentially infectious samples may be obtained upon consultation with EHS. Specific lab protocols will need to be established to receive the required permits.

Biomedical and pathological waste that is generated in Health Services must be treated as biohazardous waste if it is heavily soiled (e.g. bandages or dressings which are dripping blood). This waste must be collected in orange autoclave bags, autoclaved on site (there is an autoclave in Health Services) and stored in a plastic bin for pick-up by the waste disposal company.

Anatomical Biohazardous Waste

Animal and fish tissues should be placed in heavy (high mil number) plastic bags and stored in a designated tissue freezer. Staff from the Animal Resource Centre will pick up the packaged tissues directly from the freezer and will arrange for their disposal.

Radioactive tissues must be held for decay before disposal. When adequately decayed, the radioactive symbols should be removed.

Biohazardous Material Waste Labelling

Hazardous waste labels are required for biohazardous waste being collected from SFU laboratories. Individual labels are available from EHS and Science Stores for the following waste streams:

<table>
<thead>
<tr>
<th>Waste type</th>
<th>Waste description</th>
<th>Label type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 Biohazardous Waste</td>
<td>Laboratory solid waste which has come into contact with Risk Group 1 biohazards and is collected in clear autoclave bags. Note: No label is required for Level 2 biohazardous waste that is collected in orange autoclave bags.</td>
<td>Blue-grey, self-adhesive</td>
</tr>
<tr>
<td>Anatomical Biohazardous Waste</td>
<td>Animal and fish tissues which are collected in black heavy mil bags and can be classified as either level 1 or level 2 biohazardous waste and designated as such on the label</td>
<td>Blue-grey, self-adhesive</td>
</tr>
</tbody>
</table>

All waste containers and packages must be properly identified according to the following requirements:
1. Any non-applicable labels must be removed from waste containers and packages or otherwise defaced.
2. The label must be completed in ink and clearly legible.
3. Complete all fields on the label in full (see Figures 1 and 2).
4. Affix the label securely to the waste container or package. Labels for are self-adhesive.

Figure 1 – Level 1 Biohazardous Waste
(NB: actual label size is approx. 6 cm x 10 cm)

*Note: No label is required for Level 2 biohazardous waste that is collected in orange autoclave bags.*

Figure 2 – Anatomical Biohazardous Waste
(NB: actual label size is approx. 8.5 cm x 10 cm)
The Biohazardous Waste Stream continued

Sharps and Needles

Sharps containers are designed to contain needles, scalpel blades, razor blades, and similar items. All used sharps must be placed in the appropriate sharps container. Sharps contaminated with biohazardous materials (level 1 and 2) should be placed in the red sharps containers. For sharps contaminated with radioisotopes contact the Hot Lab (SBB-B7249). Sharps which are neither biohazardous or radioactive should be placed in the yellow sharps containers. The following sharps container table provides more information.

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Container Type</th>
<th>Required Word or Symbol</th>
<th>Available at</th>
<th>To be Autoclaved</th>
<th>Disposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biohazardous Level 1</td>
<td>Designated red plastic</td>
<td>Sharps, Biohazard</td>
<td>Science Stores</td>
<td>NO</td>
<td>Weekly pick-up by waste company</td>
</tr>
<tr>
<td>Biohazardous Level 2</td>
<td>Designated red plastic</td>
<td>Sharps, Biohazard</td>
<td>Science Stores</td>
<td>YES</td>
<td>Placed in bin in autoclave room after autoclaving</td>
</tr>
<tr>
<td>Biohazardous and Radioactive</td>
<td>Designated red plastic</td>
<td>Sharps, Biohazard, Radioactive</td>
<td>Science Stores</td>
<td>NO</td>
<td>Contact the Biosafety Officer and Radiation Safety Technician</td>
</tr>
<tr>
<td>Radioactive Only</td>
<td>Designated yellow plastic</td>
<td>Sharps, Radioactive</td>
<td>Hot Lab B7249</td>
<td>NO</td>
<td>Contact the Radiation Safety Technician</td>
</tr>
<tr>
<td>Non Biohazardous AND Non Radioactive</td>
<td>Designated yellow plastic</td>
<td>Sharps</td>
<td>Science Stores</td>
<td>NO</td>
<td>Weekly pick-up by waste company</td>
</tr>
</tbody>
</table>

Before autoclaving, place autoclave tape on top of the sharps container – do not cover holes. **Do not autoclave biohazardous radioactive sharps, this can cause the autoclave to be contaminated with radioactive material.** Please consult the Biosafety Officer and Radiation Safety Technician for disposal.

Mixed Biohazards

Biohazardous and Radioactive Waste

**Do not autoclave radioactive materials.** Please consult the Radiation Safety Technician for information on disposal of radioactive materials.

**Disposing of Radioactive Biohazards**

**Do not autoclave radioactive biohazards.** For disposal of radioactive biohazards, please contact the Biosafety Officer and Radiation Safety Technician; an assessment will be made to determine which hazard to deal with first.

Biohazardous and Chemically Toxic Waste

Toxic and/or volatile chemicals should not be autoclaved (e.g., Ethidium Bromide, bleach). Biohazardous materials that are contaminated with chemicals should be destroyed first by sterilizing with bleach in a fume hood. The inactivated biohazardous waste can now be treated as chemical waste. If bleach cannot be used for sterilization, please consult EHS.
## Disinfectants

<table>
<thead>
<tr>
<th></th>
<th>Quaternary ammonium</th>
<th>Phenols</th>
<th>Chlorinated</th>
<th>Iodophors</th>
<th>Alcohols</th>
<th>Formaldehyde</th>
<th>Glutaraldehyde</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disinfecting Properties</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bacteria</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Bacterial spores</td>
<td>-</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Fungi</td>
<td>~</td>
<td>~</td>
<td>(+)</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Viruses</td>
<td>+</td>
<td>~</td>
<td>+</td>
<td>+</td>
<td>~</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Lipo-viruses</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>

### Chemical Properties

<table>
<thead>
<tr>
<th>Active concentration</th>
<th>0.1-2%</th>
<th>1-5%</th>
<th>500 ppm*</th>
<th>25-1600 ppm</th>
<th>70-85%</th>
<th>0.2-8%</th>
<th>2%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelf life (diluted)</td>
<td>week</td>
<td>week</td>
<td>1 day</td>
<td>week</td>
<td>week</td>
<td>week</td>
<td>week</td>
</tr>
<tr>
<td>Corrosive</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Flammable</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Inactivated by organic matter</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>-</td>
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</tr>
<tr>
<td>Skin irritant</td>
<td>+</td>
<td>+</td>
<td>+</td>
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<td>Eye irritant</td>
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<td>+</td>
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<td>+</td>
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<td>-</td>
<td>+</td>
<td>-</td>
<td>-</td>
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<td>-</td>
</tr>
<tr>
<td>Toxic</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>For use with liquid waste</td>
<td>-</td>
<td>-</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>For use on glassware</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>For use on surfaces</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
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</tbody>
</table>

### Examples

<table>
<thead>
<tr>
<th></th>
<th>hyamine</th>
<th>lysol</th>
<th>bleach**</th>
<th>ioprep</th>
<th>ethanol/isopropanol</th>
<th>sterac</th>
<th>cidex</th>
</tr>
</thead>
</table>

*500 ppm available chlorine

** use 20% for disinfectant baths and 2% to disinfect counters. To kill supernatants, add bleach to 20% final conc

### Standard use of disinfectants:

- Clean counters and metal surfaces with mild detergent followed by 70% alcohol
- Use bleach to kill liquid cultures or traps. Bleach is also OK on spills but it corrodes metal, so be sure to rinse the area well after cleaning up a spill with bleach.
- If using bleach to sanitize surfaces, surfaces should be cleaned with detergent and water first, then wiped with 2% bleach solution
- Phenolics are sometimes used in disinfectant baths
- Glutaraldehyde is used to disinfect delicate equipment (hospital use)
- Formaldehyde gas is used to disinfect an entire sealed room

Please note: Bleach must be disinfecting bleach which has sodium hypochlorite concentration of 5.5%. Be sure that the bleach being used has the word “disinfecting” on the bottle.
Biohazard Spills

The Spill Kit should be geared toward the type of biohazards you are working with and should include, but is not limited to:

- Biohazard Spill Clean-up instructions (photocopy from the Lab Safety Manual or more specific instructions based on this design.)
- Gloves, goggles, and face mask for 2 people
- Disposable shoe covers (booties or large plastic bags + strings).
- Absorbent paper towels, or other absorbent material.
- All-purpose disinfectant, such as bleach.
- Bucket (can be used to store the spill kit)
- Tongs and/or forceps for picking up broken glass or contaminated sharps.
- Sharps container if you use sharps frequently
- Sturdy plastic bags (6 mill), autoclave bag.
- Biohazard spill warning signs, and flagging tape.
- All non disposable items should be compatible with the disinfectant to be used or autoclavable. The items should also fit in bags for disinfection or in the autoclave bag.

Biohazard Spill Procedure

Initial Response

1. If switches are accessible, shut off air conditioning units and ceiling fans.
2. Evacuate the lab if there is potential for aerosol generation from the spilled material. Spills in biosafety cabinets will likely be contained within the cabinet.
3. Post a “do not enter” sign on the door.
4. Secure corridor near lab entrance with “do not enter” tape.
5. Assess whether people or clothing require treatment for exposure to hazardous organisms.
6. Consult with supervisor.
7. Consult with lab coordinator.
8. Allow 60 minutes for aerosols to settle before initiating clean-up.

Clean Up

1. Wearing gloves, mark the spill perimeter with a grease pen or masking tape. Remember that some evaporation may have occurred on flat and vertical surfaces.
2. If spill is in a piece of equipment, unplug it, and post a notice.
3. Set up the disposal bucket with a plastic bag liner.
4. Do not recap or bend needles; using tongs, place them in a sharps container.
5. Remove broken glass with tongs into an autoclavable container for autoclaving.
6. If practicable, begin cleaning upper surfaces and vertical surfaces before floors.
7. Soak paper towel in decontaminant such as bleach and lay them over the perimeter of the spill. Continue laying soaked paper towels, moving towards the centre of the spill.
8. Place dry paper towels on top to soak up remaining liquid and apply more disinfectant. Keep spill area covered with decontaminant for 30 minutes.
9. Remove paper towels to lined bucket and wipe up until all material is absorbed and the area is dry.
10. Add more bleach to the bucket to ensure organism kill.
11. Place bucket in a fume hood for venting for 24 hours and wash hands.
12. After 24 hours, lift out bag and while standing over a sink with running water, poke a hole in the bottom of the plastic bag to drain the bleach.
13. Place the drained plastic bag with solids into the waste basket.
14. Wash hands.

Documentation

If an employee visited a physician, or was absent beyond the day of the incident (due to the incident), then the supervisor completes a WorkSafeBC Form 7.
Working in Biosafety Cabinets

Before using a BSC

- If equipped with a UV (purple) light, ensure it is turned off.
- Decontaminate work surfaces with a suitable disinfectant.
- Place all materials needed for a procedure inside the cabinet before starting.
- Place supplies, equipment and absorbent towels so that air intake or exhaust grills are not obstructed.
- If the cabinet is not turned on, allow the fan to operate for 15 minutes to reach the proper operating speed and to remove the particle load in the cabinet. Check the magnahelic gauge to know where your cabinet operates at.
- Place your gloves over the cuff of your lab coat.

Using a BSC

- Movement of arms and materials in and out of a BSC may disrupt the “curtain of air” which may cause exposure of bioaerosols.
- Vortexes and mixers should be placed toward the rear of the cabinet.
- Work at least 4-6 inches inside the cabinet window. Do not block the front grill.
- Clean up spills as soon as they occur; remove and disinfect the grill if contaminated.
- Minimizing active motions behind you will minimize disruption of the air curtain that protects you.
- Your head should be above the front opening.

After using a BSC

- Leave blower on for at least five minutes to purge the cabinet.
- Remove and decontaminate equipment and materials, and disinfect cabinet surfaces.
- Turn off the fan and fluorescent lamp, and turn on the UV light to help decontaminate surfaces.

<table>
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<tr>
<th>Type of Equipment</th>
<th>Chemical fume hood</th>
<th>Laminar flow hood (clean bench)</th>
<th>Biosafety Cabinet Class</th>
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<tr>
<td>Old Classes</td>
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<td>I IIA IIB1 IIB2 IIB3 III</td>
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<td>New Classes*</td>
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<td></td>
<td>I A1 B1 B2 A2 III</td>
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</table>

<table>
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<td>yes</td>
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<td>yes</td>
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<td>not appl</td>
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<td>70</td>
<td>30-50</td>
<td>0</td>
<td>70</td>
<td>0</td>
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<tr>
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<td>not appl</td>
<td>not appl</td>
<td>1</td>
<td>2</td>
<td>not appl</td>
<td>1</td>
<td>not appl</td>
</tr>
<tr>
<td>Number of HEPA filters that &quot;contaminated&quot; air passes through prior to discharge to duct or room</td>
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<td>not appl</td>
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<td>2</td>
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<td>Relative cost (1-low, 5-high)</td>
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<td>2</td>
<td>4</td>
<td>3</td>
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<td>5</td>
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</table>

* In accordance with NSF/ANSI Standard 49-2002
** Airflow into cabinet may be increased from 75 fpm to 100 fpm, permitting the use of small quantities of radioisotopes or chemicals

Adapted from Laboratory Control and Safety Solutions Application Guide, Landis & Gyr 1993, and from Biosafety in Microbiological and Biomedical Laboratories, US Dept of Health, 1999
Autoclaves

Locations
Autoclaves can be found in several locations around campus. The four main locations are B8213 (Biology), SSB 6113 (MBB), K9605 (Kinesiology) and BH 9805 (Health Sciences). There are several others that belong to specific research or teaching labs. You need permission of the operators to use these.

How they Work
Autoclaves are devices which use moist heat (steam) under pressure to destroy microorganisms by denaturing proteins and nucleic acids. This is the fastest and one of the most effective means of sterilization available, although it is not suitable for all materials. Organisms are killed in an exponential fashion, and so the exposure time required depends on the rapidity with which the steam is able to penetrate and heat the material, as well as the overall microbial load.

General Operation
There are two types of cycles, liquid and dry (labeled “wrapped” on the autoclave). It is important to choose the cycle wisely. Autoclave tape which develops words or stripes is used as a communication tool to be certain which items have been through the procedure.

Dry cycles
The temperature and pressure mount rapidly to 121°C/15 psi and hold for the desired time. At the end of this “exposure” time the pressure drops rapidly until the autoclave is in a state of vacuum. It remains in a vacuum during the drying stage of the cycle. This can damage fragile containers, cause liquids to boil over or loose particles to be drawn into the plumbing. Therefore it should only be used for sturdy materials that have no loose or liquid components, such as empty glass, polypropylene and metal.

Liquid Cycles
The temperature and pressure rise slowly to 121°C/15 psi and are held for the exposure period. The autoclave returns slowly to ambient pressure and unlocks at approximately 100°C. This cycle is the safest for all materials, but particularly liquids, garbage (especially agar which becomes liquid with heating or plastics which melt) and soils. The average cycle with an exposure time of 20 minutes, will take an hour to complete.

Load preparation
1. Solutions: there are two main cautions here: Don’t overfill the containers, or they will boil over (2/3 full is the maximum; if there is a stir bar in it, only half full). Don’t forget to loosen the lids or the bottles will explode.
2. Use foil over opening of graduated cylinders, flasks etc.
3. Plastic containers with lids may melt/deform and form a vacuum inside if the lids are too tight; these containers should just have the lids taped on and foil placed over that. They may survive a liquid cycle better than dry.
4. Put autoclave tape on each item; this will indicate whether your load has been sterilized. Label the items with your name or room number.
5. Never leave materials in the autoclave overnight – they stay hot and many loads are ruined this way.

Wastes
This applies to level 2 wastes at this time.
Disposable plastic ware is collected into autoclave bags for sterilization before disposal. Do not tape them tightly shut – steam must be able to enter/escape.
Do not overfill large bags – they will not fit into the autoclave, and the weight can be difficult for smaller researchers to lift.
Sterilized level two wastes are collected into the designated bins for pickup.

Operator Safety - Burn Prevention
1. Stand to the side when opening the door – steam escapes at face level.
2. Use heavy heat-proof gloves to remove items.
3. Occasionally liquids are super heated and may boil over explosively especially if a stir bar is autoclaved in the liquid. Stir bars can be autoclaved in screw cap tubes.
4. All items should be loosely capped – the pressure may cause tightly capped bottles to explode.

Equipment Protection
Materials which spill into the autoclave and are pulled through the drain can block the plumbing. The chief culprit is agar, which solidifies as it cools in the drains, and the greatest damage is caused by liquefied plastics. Soil or sand in the plumbing is also hard to clear. For this reason, as well as for convenience, metal bins are provided to contain all the items to be sterilized. Boil overs occur even without operator errors, so it is important to keep the bins clean so the media from lab A is not transferred to the pipettor tips of lab B.

Testing
Every week ampules containing endospores of a difficult to kill organism, (Bacillus stearothermophilus) are autoclaved and cultured. The results are recorded, and are available to inspection agencies such as Health Canada and the Canadian Food Inspection Agency.
**Autoclaves continued**

**Required Orientation**

Anyone intending to use the autoclaves must be trained. Molecular Biology and Biochemistry (MBB) and Biology offer group training every semester. Kinesiology offers training by appointment. These are given at the beginning of each semester and you will be notified about them via email.

**Contacts**

<table>
<thead>
<tr>
<th>Where</th>
<th>Who</th>
<th>Room</th>
<th>Local</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>MBB</td>
<td>Deidre de Jong-Wong</td>
<td>SSB 6156</td>
<td>24318</td>
<td><a href="mailto:deidre@sfu.ca">deidre@sfu.ca</a></td>
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<tr>
<td>Biology</td>
<td>David Qu</td>
<td>B 8206.1</td>
<td>23785</td>
<td><a href="mailto:dqu@sfu.ca">dqu@sfu.ca</a></td>
</tr>
<tr>
<td>Kinesology</td>
<td>Deidre de Jong-Wong</td>
<td>SSB 6156</td>
<td>24318</td>
<td><a href="mailto:deidre@sfu.ca">deidre@sfu.ca</a></td>
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<tr>
<td>Health Sciences</td>
<td>Lingling Zhang</td>
<td>BH 9610.1</td>
<td>28627</td>
<td><a href="mailto:lza43@sfu.ca">lza43@sfu.ca</a></td>
</tr>
</tbody>
</table>

**Centrifuges**

**Training**

You must be trained before using a high speed centrifuge. Find the person in charge of the centrifuge you wish to use and arrange for them to show you the protocols and proper use of the machine. This applies to everyone regardless of whether you have used a centrifuge elsewhere.

**Rotor cleaning**

Always rinse with distilled water and turn upside down to dry. If a spill containing a microorganism or biohazard occurs, use ethanol to rinse the rotor and wipe the inside of the machine. For radioisotope spills, contact the person in charge of that machine to help you clean it up. Never use Decon for radioactive materials as it damages the rotor surface.

**Tube removal**

If a tube is stuck DO NOT pry it out with a metal implement. Try using a hemostat or contact the person in charge of the machine to help you.

**Metal fatigue**

Weak rotors can split. If you notice pitting, deep scratches, or cracks on the rotor DO NOT use it! Contact the person in charge of the machine if you are uncertain or have questions.

**Rotor documentation and retirement**

Damaged and old rotors must be retired and are very expensive to replace. Help prolong their lives and document use so we can ensure we have no major accidents.

**Microwave Ovens**

**Locations**

Do not use microwaves in common eating areas to heat your solution and vice versa, never heat your lunch in the microwave in your lab. You do not want EtBr in your lunch.

**Loose lids**

Always loosen lids on containers and bottles before heating them up. Expanding liquid and air can create a build-up of pressure and possibly cause an explosion.

**Metal components**

Do not place metals or items containing inner metal components into a microwave.

**Superheating liquids**

All liquids can superheat (reach temperatures above the boiling point without boiling). A bump can cause it to suddenly boil, spill over, and cause severe burns. Always wear insulating gloves when handling the container.

**Ultra Violet (UV) Light**

Ultraviolet light (UV) is extremely hazardous. The shorter the wavelength, the greater the damage that is done and in a much shorter time. For example, at a couple inches from the transilluminator of a 300 nm light source, WorkSafeBC suggests you have about 1 second of exposure in an 8 hour day before your skin or eyes begin getting damaged. With a 360 nm transilluminator the time increases to about 5 minutes.

Always take protective measures to ensure your eyes and skin do not get burned. Use UV opaque eyewear or a shield when taking a picture. If you are working on the transilluminator, you will also need to wear gloves and long sleeves to protect your hands and arms.

Exposure to UV light can cause short term blindness, detached lenses, cataracts, and other eye problems. Since it can burn skin, it can also generate skin cancer; so protect yourself.

A face-shield can be tested for UV blockage. If a certain gel is placed on the inside of the shield, then exposed to UV light, it will glow if UV rays penetrate the shield.
Phenols

Phenol is used extensively at low concentrations in some medications such as Chloroseptic and Blistix lip balm. It is also used in common cleaning reagents such as Lysol. At the low concentration found in these products, phenol is beneficial and basically harmless. At the concentrations used in laboratories, phenol can be very hazardous and care must be taken when using it.

Precautions

- Wear shoes, not sandals.
- Wear a lab coat.
- Wear good gloves (no holes).
- Wear protective eyewear. NOTE: all organic solvents will dissolve soft contact lenses. If you get these chemicals in your eye, the lens will melt onto your eyeballs!
- Use a workspace with plenty of room to move and work without knocking anything over.
- Be prepared in case a spill or splash occurs. Have paper towels, ETOH, water, and hand soap available.

Spill Clean Up

Phenol has anesthetic properties so you may not realize you’ve spilled some on yourself or may think it isn’t as bad as you have been lead to believe. So be aware of what you are doing and don’t be fooled, it will start burning in about 30 seconds.

- Don’t panic.
- Dab up the spill and rinse well with water, then ethanol. Everything can go in the trash or down the drain.
- If you have cleaned the spill area well, you won’t be able to smell any phenol.

Phenol on you

- Don’t panic.
- If you spill it on your clothing, immediately remove the clothing.
- Wash skin gently but well with soap and water. Soap changes the properties of phenol so it is no longer able to permeate your skin. Use hand soap not dish soap we have for lab glassware which is too harsh and can worsen the problem.
- Smell the contaminated area, there should be no phenol scent. If you can still smell it continue to wash to remove the phenol from your skin.
- If you have a large spill on yourself, use the lab shower or eyewash to quickly remove the phenol, and shout for help. Don’t be shy! Accidents happen, don’t make it worse by not taking care of the problem properly.

Ethidium Bromide

Ethidium Bromide Solids and Solutions

Although Ethidium Bromide (EtBr) is not regulated as a hazardous waste, its mutagenic properties may present a human health hazard if it is placed in the trash or poured down the sanitary sewer system. The following procedures should be followed when disposing of EtBr solutions, gels and EtBr contaminated materials.

EtBr Solutions

Do not discard EtBr gels or EtBr solutions containing organic solvents or alcohol down the sewer. Aqueous solutions containing < 10 μg/ml (10 ppm) may be released to the sanitary sewer.

Aqueous solutions containing > 10μg/ml EtBr and EtBr solutions that contain organic solvents or alcohol must be collected in a properly labeled container and may be disposed of via the University’s Chemical Waste Program.

Gels Containing EtBr

Place gels in sturdy plastic bag or container. Use a Chemical Waste label, identify as "Ethidium Bromide gel", and fill out a eReq through Science Stores for waste pickup.

Gloves and Contaminated Debris

Gloves and paper towels that are visibly contaminated with EtBr should be placed in a bag or container. Label the container to identify the material and and fill out a eReq through Science Stores for waste pickup.

Spills

Spills of dilute EtBr liquid (about 0.5 ug/ml) can be wiped up with paper towels, and then cleaned with ethanol. Everything can be thrown into the regular trash.

Spills of higher concentration liquids can be cleaned the same way as the dilute solutions but the cleaning materials must be be disposed of via the University’s Chemical Waste Program. After wiping up all the liquid, sprinkle activated charcoal onto the area and let it sit overnight to absorb any remaining EtBr from the surface.

Other dyes

When disposing of dyes such as SybrGreen and Gel Red, please use the proper handling and disposal procedures. If you have any questions or are unsure of the procedure please ask your supervisor or contact the EHS department.
Policy

Biosafety Committee Terms of Reference

Biosafety Program Inspection Protocol

1. Purpose

To ensure the safety of students, faculty, staff, the community and the environment when using biohazardous materials under the auspices of Simon Fraser University, and to facilitate research, teaching and testing in compliance with the applicable regulations and standards outlined below.

2. Definitions

Biological Materials

a. “Biohazardous Materials” are defined as biological agents and materials that are potentially hazardous to humans, animals and other forms of life. They include known pathogens and infectious agents including bacteria and their plasmids and phages, viruses, fungi, mycoplasmas, and parasites; cell lines, animal remains, and laboratory animals (including insects) which might harbor such infectious agents, primate body fluids and plant materials. Also included are nucleic acids used in procedures such as recombinant DNA and genetic manipulations;

b. “Human materials” are defined as human blood, blood products, blood components, body fluids, tissues or organs;

c. “Animal materials” are defined as animal blood, blood products, blood components, body fluids, tissue or organs;

d. “Plant materials” are defined as plant pathogens, transgenic plants, plant toxins and exotic plants;

e. “Recombinant DNA” are defined as molecules constructed by joining natural or synthetic DNA or RNA segments to DNA or RNA molecules, able to replicate in a living cell.

Biosafety Containment Levels

Biosafety containment levels are described in general terms. Health Canada Laboratory Biosafety Guidelines apply except in cases where the research is funded by institutions which require containment practices that conform to those specified by the US CDC.

f. “CL1” applies to a basic microbiology laboratory, where work may be done on an open bench top;

g. “CL2” applies to a laboratory that handles agents requiring containment level 2. The primary exposure routes associated with organisms requiring level 2 containment are ingestion, inoculation, and mucous membranes. Although these agents are less commonly transmitted by airborne routes, the generation of aerosols must be avoided through use of biosafety cabinets, sealed rotor centrifuges as well as appropriate personal protective equipment;

h. “CL3” applies to a laboratory that handles agents requiring containment level 3. These agents may be transmitted by the airborne route, often have a low infectious dose to produce effects and can cause life threatening disease. Containment level 3 emphasizes additional primary and secondary barriers to minimize the release of infectious organisms into the immediate laboratory and the environment, such as HEPA filtration of exhausted laboratory air and controlled laboratory access.

Regulators

i. “PHAC” Public Health Agency of Canada;

j. “CFIA” Canadian Food Inspection Agency;

k. “NIH” National Institutes of Health;

l. “TDG” Transportation of Dangerous Goods

m. “WorkSafeBC” WorkSafeBC, Occupational Health and Safety Regulation;

n. Metro Vancouver.

Administrative Requirement

o. “Biosafety Permit” is defined as the document certifying approval by the Biosafety Committee for use of biohazardous materials under specified conditions. Biosafety Permits are granted to SFU faculty or adjunct faculty members proposing to carry out research or teaching involving biohazardous material.

Personnel

p. “Principal Investigator (PI)” is defined as the SFU faculty member (or acceptable equivalent as defined in other SFU policies) in charge of a research or teaching project;

q. “Biosafety Officer” shall be appointed by the Vice President, Research, shall be qualified to assume responsibility for the SFU Biosafety Program, and give technical advice on projects and laboratory facilities involving biohazards;

r. “Certified User” is defined as the individual whose name appears on the approved Biosafety Permit;

s. “Laboratory Workers” are defined as all employees, students and visitors conducting research or educational activities under the auspices of SFU in SFU laboratories involving “biohazardous materials” as defined above.

3. Scope

This policy applies to all research, teaching and testing involving biohazardous material that is undertaken under the auspices of SFU and/or using the resources of SFU. All projects must have an SFU faculty member (or equivalent as defined in 2p above) as PI. Where the SFU Biosafety Com-
Biosafety Committee (R20.02)

mittee grants “in principle” approval for research involving biohazards at another institution, a copy of that institution’s permit, for the research, must be filed at SFU.

4. Standards
The University adopts standards compliant with:

a. the Memorandum of Understanding between the three Canadian federal granting agencies and Institutions that receive their awards;
b. the policies and procedures of SFU and the SFU Biosafety Committee;
c. all relevant federal and provincial regulations (Public Health Agency of Canada, Canadian Food Inspection Agency);
d. the National Institutes of Health;
e. WorkSafeBC; and
f. Transportation of Dangerous Goods

5. Policy

a. Authority
The SFU Biosafety Committee has the authority, on behalf of the Vice-President, Research, to:

i. stop immediately any use of biohazardous material which deviates from the approval outlined in the Biosafety Permit or is deemed to be in non-compliance with the applicable standards as in part 4.

b. Responsibility

i. The day-to-day requirement to comply with safe use of biohazardous materials in research and teaching under the auspices of SFU is the responsibility of the PI.

ii. All lab workers using biohazardous materials in research or teaching must have the necessary expertise and appropriate training in accordance with the policies of SFU and Standards outlined in part 4. The Biosafety Officer in consultation with the SFU Biosafety Committee will decide upon the appropriate methods of achieving the appropriate expertise and training levels.

iii. The acquisition of all biohazardous materials (by purchase, culture or transfer from another source) must be arranged in accordance with protocols approved by the SFU Biosafety Committee.

iv. The disposal of all biohazardous materials must be in accordance with protocols approved by the SFU Biosafety Committee and in compliance with all relevant federal, provincial and Metro Vancouver regulations and guidelines.

v. The Biosafety Officer, in close collaboration with and support of the SFU Biosafety Committee, is responsible for monitoring the compliance of researchers and instructors with SFU policy and the terms of the approval of their projects. If the Biosafety Officer observes or becomes aware that relevant regulations or guidelines are not being followed in any teaching program or research study, she/he advises the Principal Investigator so that prompt remedial action can be taken. In the event that this is not done to her/his satisfaction, the Biosafety Officer will alert and consult with the SFU Biosafety Committee. In circumstances where the Biosafety Officer is of the opinion that the situation presents an immediate significant risk, the Biosafety Officer may take whatever action she/he considers necessary to remedy the situation. The Biosafety Officer keeps the SFU Biosafety Committee Chair and the Vice President, Research fully informed of such incidents and the reason for the action taken. She/he may also, at her/his discretion, seek the advice of PHAC, CFIA, or other experts as may be appropriate.

vi. The Biosafety Officer maintains up-to-date records of all Biosafety Permits, approved locations, certified users, containment equipment, equipment certifications and personnel training. The Biosafety Officer reports, at least yearly to the Chair of the SFU Biosafety Committee with a summary of such records, and granting agencies as required.

vii. The SFU Biosafety Committee ensures that researchers use appropriate containment facilities for the proposed research involving biohazardous materials.

viii. All proposals involving the use of biohazardous materials in research and teaching require the prior approval of the SFU Biosafety Committee. The detailed responsibilities and powers of the SFU Biosafety Committee are those set out in its Terms of Reference and its Procedures. These are published and may be modified from time to time under the authority of the Vice-President, Research. The current procedures for consideration of Biosafety Permit application for the use of biohazardous materials are attached to this policy.
Biosafety Committee (R20.02)

ix. The Biosafety Officer shall undertake continuing education and training opportunities in bioccontainment and security of biohazardous materials.

c. SFU Biosafety Committee membership

The SFU Biosafety Committee members will be appointed by the Vice-President, Research for renewable terms of three to four years. The committee membership should include:

i. five faculty members drawn from key units where faculty members hold biosafety permits. Expertise of the faculty must encompass microbiology, plant or animal pathogens, recombinant DNA, and containment principles;

ii. the Director of the Animal Resources Centre;

iii. one member representing laboratory technical staff;

iv. two members representing community interests and concerns, with appropriate expertise in biosafety, and who have no affiliation with the University.

v. the Biosafety Officer;

vi. a graduate student representative;

vii. the Director of Environmental Health and Safety as non-voting resource member;

viii. the SFU Biosafety committee must have a Vice Chair who can become designated Chair as required; and

ix. a quorum of two thirds of the members should be established for the SFU Biosafety Committee meetings.

d. Standard Operating Procedures (SOPs)

SOPs and other guidelines for compliance inspections, acquisition, use, storage, and disposal of biohazardous materials are developed and published by the Biosafety Officer after having been approved by the SFU Biosafety Committee.

6. Interpretation

Questions of interpretation or application of this policy or its procedures shall be referred to the VP Research, whose decision shall be final.

PROCEDURES

Consideration of Application to Use Biohazardous Materials

The Principal Investigator (PI) submits a completed form entitled “Application for a Biosafety Permit for Research or Teaching” to the Biosafety Officer at least eight weeks before the planned commencement of the project. In certain cases, such as teaching protocols, the Biosafety Officer may agree to a different time scale. In all cases sufficient time must be allowed for the review of the procedures to be employed in the project. It is recommended that the application be reviewed by the Biosafety Officer prior to submission to the SFU Biosafety Committee. The application form is available from the Biosafety Officer or from EHS, and SFU Research Services web site. The PI must review their research permit applications annually and renew their biosafety permits every four years. In the case of teaching protocols, the permits must be renewed every semester. Any changes to the application must be submitted as an amendment and approved before implementation. Major changes may warrant submission of a new application.

a. As part of the application, the PIs assign the risk group for each organism they propose to work with. Information on risk groups can be obtained by contacting the Biosafety Officer or Safety Advisors in Environmental Health and Safety.

b. Upon receipt by the Biosafety Officer, she/he reviews the application for consistency with the SFU Biosafety Committee Terms of Reference, assigns a permit number and considers the following:

i. the determination of whether the proposed handling of biohazardous materials conforms to the standards specified in this Policy; and

ii. the availability of required containment facilities and containment equipment.

c. For CL 1 and 2 projects:

i. After review by the Biosafety Officer, the application is forwarded to the Chair of the SFU Biosafety Committee for review and decision. If a decision cannot be made, the permit application is forwarded to the SFU Biosafety Committee for the final decision.

ii. The SFU Biosafety Committee is informed of all decisions made by the Chair at the next SFU Biosafety Committee meeting.

d. For CL 3 projects and for projects described under section c(i) above that were not approved by the Chair:

i. After a review is made by the Biosafety Officer, the application is sent to all SFU Biosafety Committee members for review. A decision by majority vote is made by the SFU Biosafety Committee at their next
committee meeting. The Chair does not normally vote except to create or break a tie.

ii. For all CL 3 projects, or any protocols of concern to the SFU Biosafety Committee, a presentation by the PI is required at the SFU Biosafety Committee meeting at which the application is considered.

e. For Biosafety Permit renewals:

i. The application is forwarded to the Biosafety Officer and if necessary to the Biosafety Committee Chair.

ii. The SFU Biosafety Committee is informed of all renewals made by the Biosafety Officer or Chair at the next SFU Biosafety Committee meeting.

f. The Chair of the SFU Biosafety Committee informs the PI of the SFU Biosafety Committee decision in writing.

g. If the project is approved, the Biosafety Permit information will be made available to the Office of Research Services. The Environmental Health and Safety Department retain signed copies of all approved applications and permits.

h. If the project is not approved, the PI is asked for more information, and may be required to submit a revised project proposal for review by members of the SFU Biosafety Committee.

i. If these actions fail to lead to approval of the project, the Chair of the SFU Biosafety Committee provides the PI with a written statement of reason for non-approval of the project.

j. The PI may ask for a hearing before the SFU Biosafety Committee to appeal the decision. In the event the appeal is not successful, the PI may appeal to the Vice President, Research who may appoint an appeal committee. The decision of that committee, if ratified by the Vice President, Research, would be final. Health Canada may be called upon for information purposes; however, appeals cannot be directed to Health Canada.

BIOSAFETY COMMITTEE TERMS OF REFERENCE

The Simon Fraser University Biosafety Committee is authorized to oversee the University’s Biosafety Program, provide policy direction and recommend changes to the Vice President, Research for all teaching, research and testing activities involving the use of biohazardous materials. The Committee reviews biosafety permit applications for teaching, research and testing, issues permits, and monitors activities involving the use of biohazardous materials to confirm compliance with the standards outlined in the Biosafety Policy R20.02. These standards include Public Health Agency of Canada (PHAC), Canadian Food Inspection Agency (CFIA) National Institutes of Health (NIH), Occupational Health and Safety Regulation of BC (WorkSafeBC), SFU Policies and SFU Biosafety Committee (SFUBC) Procedures.

Mandate

Administrative:

• Issues and renews Biosafety Permits for the use of all biohazardous materials and specifies appropriate procedural and physical laboratory containment requirements, and as required, implementation of health surveillance program;

• Reviews and, as required, amends containment level one, two and three permits issued by the Biosafety Committee Chair;

• Reviews and, as required, amends permit renewals issued by the Biosafety Officer;

• Advises the Vice President, Research of any perceived need for additional resources to establish, maintain, or improve the Biosafety Program.

Compliance & Conformance:

• Suspends Biosafety Permits in cases of non-compliance or in cases of emergencies involving loss or potential loss of containment;

• Monitors certification and re-certification of containment level 3 laboratories;

• Monitors movement of biohazardous materials within the University and for compliance with Transportation of Dangerous Goods Regulations when shipping or receiving biohazardous materials;

• Reviews summary results of external and internal inspections and recommends appropriate action;

• Reviews reports of incidents involving biohazardous materials and ensures appropriate action is taken to prevent reoccurrence.

Lab Containment & Security:

• Investigates and ensures remediation of containment failure;

• Ensures appropriate access control of containment level 2 and 3 laboratories and secure storage of potentially biohazardous materials.
Biosafety Committee (R20.02)

Advisement:

- Advises on policies and protocols relating to the Biosafety Program to promote safe and environmentally appropriate practices, in support of compliance with regulatory and University requirements;

- On a three-year cycle, undertakes a formal review of the Biosafety Policy;

- Reviews research and teaching proposals involving the procurement, use, storage, transfer, and disposal of biohazardous materials to assess risk, containment requirements, proposed procedures, training and expertise of personnel;

- In consultation with the University Biosafety Officer, reviews, recommends and acts as an expert resource for biosafety education and training programs for University employees and researchers, and monitors training activity.

Reporting:

- Reports to the appropriate regulatory body substantial problems or violations of guidelines, and significant accidents or illnesses;

- Provides an annual report of its activities in the previous year and compliance status to the Vice President, Research each April.

Membership

All members are appointed by the Vice President, Research for a three-year renewable term. When deemed necessary for specific expertise, *ad hoc* consultants will be brought in.

The committee membership shall be as outlined in the Biosafety Policy R20.02:

- Five faculty drawn from key units where faculty members hold biosafety permits. Expertise of the committee must encompass microbiology, plant or animal pathogens, recombinant DNA, and containment principles;

- The Director of the Animal Resources Centre;

- One member representing laboratory technical staff;

- Two members representing community interests and concerns with appropriate expertise in biosafety, and who have no affiliation with the University;

- Biosafety Officer; and

- Graduate Student Representative.

Non-Voting resource members:

- Director of Environmental Health and Safety (EHS).

Chair

The chair shall be nominated and elected by the members for a three-year term.

The chair will also be responsible for encouraging all committee members to attend an orientation session, organized by the Biosafety Officer, on the duties of the committee and protocol of biosafety review.

Quorum

For voting purposes, two thirds of voting members must be present.

Voting Privileges

The Chair does not normally vote, except to create or break a tie. All other duly appointed members have voting privileges. Resource persons, as listed, are non-voting members of the committee.

Secretariat

EHS shall provide an individual to act as secretary. The secretary shall be responsible for:

- Recording minutes of the meetings and related correspondence;

- Issuing notices of meetings after consultation with the chair;

- Circulating meeting minutes to the members and Vice President Research; and

- Maintaining all biosafety committee documentation.

Meetings

The committee shall meet at least semesternally. To deal with any critical issues, the chair may call special meetings.

BIOSAFETY PROGRAM INSPECTION PROTOCOL

Regulations

Regulations pertaining to biohazard safety include 1) those from Canadian Federal Agencies, 2) those from agencies that provide funding, 3) WorkSafeBC, 4) transport regulations including vehicle, marine, and aircraft, 5) University requirements, and 6) codes of best practice.

PI (Principal Investigator) Inspection Responsibilities

- Completes the biosafety checklist each month and posts a copy. Although the PI may delegate responsibilities, the PI remains accountable for all activities occurring in his/her laboratory and common rooms.
Biosafety Committee (R20.02)

- Reports significant problems, illnesses suspected of originating from biohazard work, incidents, or instances of non-compliance / non-conformance.

- PI may delegate inspection responsibilities to other lab personnel.

- The Biosafety Officer is available for consultation and guidance.

Simon Fraser University Biosafety Committee Responsibilities

- The Simon Fraser University Biosafety Committee (hereafter referred to as the committee) will investigate and report on incidents relating to biosafety brought to its attention whenever it is believed or suspected that any breach of compliance or conformance or other safety hazard may have occurred or is occurring.

- Committee members and Environmental Health and Safety employees who are trained in biosafety to the satisfaction of the committee may enter any containment level 1 or 2 laboratory or its related premises under the jurisdiction of SFU, at any time, to examine items related to biosafety operational procedures or physical containment. Inspection of containment level 3 facilities will be pre-arranged with laboratory personnel.

- The committee may decide to not grant a biosafety permit where previous indications of non-compliance / non-conformance either at SFU or other institutions indicates an unacceptable risk.

- The committee is responsible for conducting and/or delegating inspections.

- Inspections will be regularly conducted and of such frequency so as to provide an assurance to the University that all labs are reasonably believed to be in compliance and conformance at least once every year.

EHS Responsibilities

- Promote and monitor compliance with policies, regulations and procedures for safe use, handling, monitoring, storage, transport, and disposal of biohazardous materials.

- Advise the Vice-President, Research and the committee on matters related to non-compliance / non-conformance.

- Be available for consultation on problems.

- Ensure proper maintenance of records.

- Investigate reports of biosafety non-compliance / non-conformance in consultation with the committee.

1st Formal Inspection

- Inspections will identify items requiring attention and a written list of these items will be made available to the PI.

- Items that were rectified during the inspection will be noted.

- Items that cannot be rectified immediately will necessitate a 2nd inspection.

2nd Formal Inspection

Will be conducted to determine whether the items requiring rectification were addressed in a timely fashion. A summary of the inspection results will be made available to the PI and to the committee. The committee, upon reviewing the 2nd inspection results, may:

- file a report in EHS and notify the PI that the laboratory or area is in compliance / conformance; or

- issue a notice to the PI requesting a written response to indicate either 1) how compliance / conformance will be attained and / or 2) why the PI believes the laboratory and personnel are in full compliance / conformance.

Review of Written Response

If the committee has requested a written response, the committee will review that response and:

- if the committee concurs that the laboratory or area is in compliance / conformance, the committee will so notify the PI and Environmental Health and Safety;

- if the committee believes that the written proposed actions will suitably address the non-compliance / non-conformance, the committee will so notify the PI, and schedule a 3rd inspection for verification; or

- if the committee believes that the laboratory or its personnel will remain in a state of non-compliance / non-conformance, the committee will engage in communication with the PI until such time as the committee deems that a 3rd inspection or alternate action (such as permit suspension) is appropriate. If the permit is suspended, the committee will notify the Vice President, Research and the granting agencies.

3rd Formal Inspection

Will be conducted under the conditions noted above. A summary of results will be made available to the PI and to the committee. The committee upon reviewing the 3rd inspection results may:
• file a report in EHS and notify the PI that the laboratory or area is in compliance / conformance; or

• if the committee believes that the laboratory or its personnel remain in a state of non-compliance / non-conformance, notify the PI and engage in communication with the PI until such time as the committee deems that alternate action is appropriate.

Consultation Outcome

• file a report in EHS and notify the PI that the laboratory or area is in compliance / conformance; or

• notify the Vice President, Research, the PI and granting agencies that the permit is suspended.

SFU Permit Suspension
If the committee has deemed it necessary to suspend an SFU biosafety permit, the committee will request records of non-compliance / non-conformance be held on a PI’s record for four years.

Immediate Dangers
If an immediate danger to people or the environment is observed, the committee may immediately suspend the SFU biosafety permit for that work and require the cessation of that work. The committee will notify the Vice President, Research and Environmental Health and Safety of the suspension.

Interpretation
Questions of interpretation or application of inspection procedures shall be referred to the committee.

Appeals
Decisions of the committee may be appealed to the Vice President, Research.
Transfer of Regulated Biohazardous Material

Controlled Activities

In Canada, any controlled activity that involves human and animal pathogens and toxins is regulated by two federal agencies:

1) the Public Health Agency of Canada (PHAC) and
2) the Canadian Food Inspection Agency (CFIA).

The regulations defined by these agencies fall under the authority of:

- the Human Pathogens and Toxins Act (HPTA, 2009);
- the Human Pathogens and Toxins Regulations (HPTR);
- the Health of Animals Act (HAA) and
- the Health of Animals Regulations (HAR).

Controlled activities include possessing, handling, using, producing, storing, transferring or importing a pathogen as defined by PHAC and/or CFIA.

SFU has a licence from PHAC to permit SFU personnel to conduct these controlled activities with regulated biohazardous materials, provided they have an SFU-issued Biosafety Permit.

PHAC and CFIA regulate the importation and transfer of human and animal pathogens into Canada. Depending on the nature of material to be imported or transferred, different regulations may apply. As a condition of SFU's licence to conduct controlled activities with regulated biohazardous materials, the BSO must be notified before arrangements are made to do the following:

- import a human pathogen or toxin;
- receive a human pathogen or toxin from another facility;
- transfer a human pathogen or toxin from another facility.

Please contact the BSO (http://www.sfu.ca/srs/ehs/research-safety/biosafety.html) if you plan on importing or transferring regulated materials.

Imports

SFU users must have a copy of the current SFU license in order to import regulated human pathogens and toxins, and terrestrial animal pathogens from another country, or order them from some domestic suppliers. If a pathogen affects terrestrial animals, a CFIA-issued Compliance Letter may be required. Contact the SFU BSO for assistance.

Please be aware that a separate importation permit from the Canadian Food Inspection Agency (CFIA) is required for the following pathogens (these are not regulated by PHAC):

- pathogens that cause a foreign animal disease,
- an emerging animal disease, or
- any terrestrial animal pathogen when imported in a live animal, animal product, or by-product (e.g., blood, serum, tissue, cell line).

Domestic Transfers

SFU users must have an SFU-issued Biosafety Permit in order to transfer (receive or supply) regulated human pathogens and toxins, and terrestrial animal pathogens. To transfer human/animal pathogens either from SFU to another Canadian facility/institution, or from another Canadian facility/institution to SFU, the PI must complete the Biohazardous Agent Transfer Notification Form.

This form must be signed by the SFU PI, the SFU BSO, the recipient institution PI and the recipient institution’s BSO. A copy of completed forms must be forwarded to SFU’s BSO.
Monthly Inspections

In accordance with the Canadian Biosafety Standards and Guidelines, please ensure you complete this self-check in your laboratory monthly:

- All lab members have received all appropriate training.
- All lab members are knowledgeable of emergency procedures.
- All doors to the containment zone are kept closed.
- Street clothing is kept separate from laboratory coats.
- Paperwork is kept separate from biohazard work areas.
- PPE is worn when required in the lab, but is not worn in the hallways or common areas.
- Guidelines for handling biohazards safely are employed.
- Hazardous materials are labelled, stored and disposed of as per SFU protocols.
- Hazardous materials are stored & transferred in leak-proof, impact resistant containers & secondary containment is used.
- Effective disinfectants are available and used properly.
- Equipment (i.e. BSC and centrifuge/rotors) is inspected before use and disinfected after use.
- Gas cylinders stored upright and secured from tipping.
- Electrical hazards are minimized.
- All incidents are reported to the supervisor and EHS.

Annual Inspections

CL1 Laboratories at SFU

Departments will inspect level one biohazard labs on an annual basis. Principal Investigators are expected to self-inspect on an annual basis as part of their annual biosafety permit review.

CL2 Laboratories at SFU

The Environmental Health and Safety Department conducts inspections of all level 2 biohazard labs on campus on an annual basis. See pages 84 to 90 for CL2 laboratory requirements.
## Containment Level 1 Lab - Self-Inspection Checklist

<table>
<thead>
<tr>
<th>Lab room number:</th>
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<tbody>
<tr>
<td>Principal investigator (PI):</td>
<td></td>
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<tr>
<td>Biosafety permit number(s):</td>
<td></td>
</tr>
<tr>
<td>Containment level:</td>
<td></td>
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<tr>
<td>Audit date:</td>
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<tr>
<td>Auditor:</td>
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<tr>
<td>PI's signature:</td>
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### PHYSICAL REQUIREMENTS - CL1

#### Laboratory Location and Access

<table>
<thead>
<tr>
<th>CBS Req #</th>
<th>Yes/No</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the lab separated from public areas by a door?</td>
<td>3.1.1</td>
<td></td>
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</table>

#### Containment Perimeter

<table>
<thead>
<tr>
<th>CBS Req #</th>
<th>Yes/No</th>
<th>COMMENTS</th>
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</thead>
<tbody>
<tr>
<td>Is all biohazardous waste disposed of as per SFU protocols, see <a href="http://www.sfu.ca/srs/ehs/research-safety/waste-management/biohazardous-waste.html">http://www.sfu.ca/srs/ehs/research-safety/waste-management/biohazardous-waste.html</a></td>
<td>3.7.11</td>
<td></td>
</tr>
<tr>
<td>If windows that can be opened are present in the lab, are they protected by screens? If not, are the windows kept closed?</td>
<td>3.2.1</td>
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</tbody>
</table>

#### Laboratory Services

<table>
<thead>
<tr>
<th>CBS Req #</th>
<th>Yes/No</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are hooks provided for lab coats at the lab entrance? Are street and laboratory clothing areas separated?</td>
<td>4.5.10</td>
<td></td>
</tr>
<tr>
<td>Are handwashing sinks available in the lab? Is liquid soap provided?</td>
<td>3.6.4</td>
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</tr>
</tbody>
</table>

This inspection checklist summarizes the physical requirements as dictated by the Canadian Biosafety Standards (CBS), 2nd Ed. (2015).
## Containment Level 1 Lab - Self-Inspection Checklist

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<tr>
<th>Lab room number:</th>
<th>CBS Req #</th>
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<tr>
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<tr>
<td>PI’s signature:</td>
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</table>

### Training

- **A documented procedural (safety) manual should be available for all lab personnel, and its requirements followed. It is acceptable to use the Laboratory Safety Training Manual prepared by EHS, however, lab specific procedures should also be documented.**
  - CBS Req #: 4.1.10

- **Have all lab personnel attended the Lab Safety Training presentations hosted by EHS?**
  - CBS Req #: 4.1.9

- **In addition to the training mentioned above, lab personnel must receive lab-specific training on the potential hazards associated with their own research and the necessary precautions to prevent exposure to infectious agents and the release of contained material. A record should be maintained of this training.**
  - CBS Req #: 4.3.2

- **All persons entering the containment area must be trained and know and follow the operational protocols for the project in process; trainees must be accompanied by a trained staff member. Visitors must also be provided with training and/or supervision commensurate with their anticipated activities in the containment area.**
  - CBS Req #: 4.3.6

### Emergency Procedures

- **All spills, accidents, or exposures to infectious materials and losses of containment must be reported immediately to the lab supervisor. An SFU incident report form must be filled out and sent to EHS.**
  - CBS Req #: 4.9.7
## CL1 Laboratory Requirements

### Access

<table>
<thead>
<tr>
<th>Access</th>
<th>CBS Req #</th>
<th>Yes/No</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to laboratory should be limited to authorized personnel (e.g., laboratory staff, maintenance staff, and other persons on official business).</td>
<td>3.3.1</td>
<td></td>
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<tr>
<td>The doors to lab must be kept closed (this does not apply to an open area within a laboratory).</td>
<td>3.1.1</td>
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<tr>
<td>Entry/exit protocols must be written, posted and followed.</td>
<td>4.5.4</td>
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</table>

### Housekeeping

<table>
<thead>
<tr>
<th>Housekeeping</th>
<th>CBS Req #</th>
<th>Yes/No</th>
<th>COMMENTS</th>
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</thead>
<tbody>
<tr>
<td>Eating, drinking, smoking, storing of either food, personal belongings, or utensils, applying cosmetics, inserting ear buds, and inserting or removing contact lenses are not permitted in any laboratory.</td>
<td>4.6.1</td>
<td></td>
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<tr>
<td>Oral pipetting of any substance is prohibited.</td>
<td>4.6.5</td>
<td></td>
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<tr>
<td>Long hair is to be tied back or restrained so that it cannot come into contact with hands, specimens, containers or equipment.</td>
<td>4.6.2</td>
<td></td>
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</tr>
<tr>
<td>Open wounds, cuts, scratches and grazes should be covered with waterproof dressings.</td>
<td>4.6.6</td>
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</tr>
<tr>
<td>Laboratories are to be kept clean and tidy. Storage of materials that are not pertinent to the work and cannot be easily decontaminated (e.g., journals, books, correspondence) should be minimized; paperwork and report writing should be kept separate from such biohazardous materials work areas.</td>
<td>4.6.8</td>
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</tr>
<tr>
<td>If you are working with a virus for which a vaccine is available, it must be offered to employees free of charge. Please contact EHS for a copy of the Vaccination form.</td>
<td>4.1.12</td>
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</tbody>
</table>
### Safe Operating Procedures

<table>
<thead>
<tr>
<th>CBS Req #</th>
<th>Yes/No</th>
<th>COMMENTS</th>
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<tr>
<td>4.5.15 and 4.6.27</td>
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<tr>
<td>4.6.31</td>
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<td>4.6.7</td>
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<tr>
<td>4.6.9 and 4.6.10</td>
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</table>

- Hands must be washed after gloves have been removed, before leaving the laboratory and at any time after handling materials known or suspected to be contaminated.
- Containers which are leak-proof, puncture resistant, and capable of being securely closed should be used for the transport of infectious materials within facilities (e.g., between labs, to the autoclave room). These containers should be labelled with a biohazard symbol (when in use).
- Traffic flow patterns from clean to dirty areas must be established and adhered to (i.e. move from least to most contaminated areas).
- The use of needles, syringes and other sharp objects should be strictly limited. Caution should be used when handling needles and syringes to avoid auto-inoculation and the generation of aerosols during use and disposal. Needles should not be bent, sheared, recapped or removed from the syringe; they should be promptly placed in a puncture-resistant sharps container before disposal.

### Personal Protective Equipment

<table>
<thead>
<tr>
<th>CBS Req #</th>
<th>Yes/No</th>
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<td>4.4.1</td>
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<tr>
<td>4.4.1</td>
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<td>4.4.2</td>
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<tr>
<td>4.4.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Protective laboratory clothing (including lab coats), properly fastened, must be worn by all personnel, including visitors, trainees and others entering or working in the laboratory. Suitable footwear with closed toes must be worn at all times in the lab.
- Protective lab clothing must not be worn in non-lab areas (e.g., lunch room). Lab clothing must not be stored in contact with street clothing.
- Where there is a known or potential risk of exposure to splashes or flying objects, eye and face protection must be used. Careful consideration should be given to the identification of procedures requiring eye and face protection.
- Gloves (e.g., latex, vinyl, co-polymer) must be worn for all procedures that might involve direct skin contact with biohazardous material or infected animals. Gloves are to be removed when leaving the laboratory and decontaminated with other laboratory wastes before disposal.
## Decontamination Procedures

<table>
<thead>
<tr>
<th>CBS Req #</th>
<th>Yes/No</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.6.11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.8.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7.11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.8.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.8.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Work surfaces** must be cleaned and decontaminated with a suitable disinfectant at the end of the day and after any spill of potentially biohazardous material. Work surfaces that have become permeable (i.e., cracked, chipped, loose) to biohazardous material must be replaced or repaired.

**Contaminated materials and equipment** leaving the laboratory for servicing or disposal must be appropriately decontaminated and labelled as such.

All contaminated materials, solid or liquid, must be decontaminated before disposal or reuse. The material must be contained in such a way as to prevent the release of the contaminated contents during removal.

Disinfectants effective against the agents in use must be available at all times within the areas where the biohazardous material is handled or stored. **Name the disinfectant(s) used.**

Contaminated clothing must be decontaminated prior to laundering.

---

This inspection checklist summarizes the operational requirements as dictated by the Canadian Biosafety Standards (CBS), 2nd Ed. (2015).
# CL2 Laboratory Requirements

Requirements for CL2 laboratories at SFU as per Canadian Biosafety Standards (CBS) 2nd Edition (2015)

http://canadianbiosafetystandards.collaboration.gc.ca/cbs-ncb/index-eng.php

## Containment Level 2 Lab Inspection Checklist

<table>
<thead>
<tr>
<th>Lab room number:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal investigator (PI):</td>
<td></td>
</tr>
<tr>
<td>Biosafety permit number(s):</td>
<td></td>
</tr>
<tr>
<td>Containment level:</td>
<td></td>
</tr>
<tr>
<td>Audit date:</td>
<td></td>
</tr>
<tr>
<td>Auditor:</td>
<td></td>
</tr>
</tbody>
</table>

### PHYSICAL REQUIREMENTS - CL2

#### Structure and Location

<table>
<thead>
<tr>
<th>CBS Req #</th>
<th>Yes/No</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Containment zones to be separated from public and administrative areas by a door.</td>
<td>3.1.1</td>
<td></td>
</tr>
<tr>
<td>Dedicated paper/computer work stations within the containment zone to be segregated from laboratory work stations.</td>
<td>3.1.2</td>
<td></td>
</tr>
</tbody>
</table>

#### Containment Barrier

<table>
<thead>
<tr>
<th>CBS Req #</th>
<th>Yes/No</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Openable windows positioned on the containment barrier are to include effective pest control and security.</td>
<td>3.2.1</td>
<td></td>
</tr>
</tbody>
</table>

#### Access

<table>
<thead>
<tr>
<th>CBS Req #</th>
<th>Yes/No</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doors to the containment zone to be lockable.</td>
<td>3.3.1</td>
<td></td>
</tr>
<tr>
<td>Biohazard warning signage (including the international biohazard warning symbol, wet-mop sign, containment level, name and telephone number(s) of contact person, and entry requirements) to be posted at the containment zone point(s) of entry.</td>
<td>3.3.2</td>
<td></td>
</tr>
<tr>
<td>Space to be provided for the storage of PPE in use.</td>
<td>3.3.9</td>
<td></td>
</tr>
</tbody>
</table>

#### Surface Finishes and Casework

<table>
<thead>
<tr>
<th>CBS Req #</th>
<th>Yes/No</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surfaces and interior coatings, including but not limited to, floors, ceilings, walls, doors, frames, casework, benchtops, and furniture, to be cleanable, non-absorbent, and resistant to scratches, stains, moisture, chemicals, heat, impact, repeated decontamination, and high pressure washing, in accordance with function.</td>
<td>3.4.1</td>
<td></td>
</tr>
<tr>
<td>Floors to be slip-resistant in accordance with function.</td>
<td>3.4.5</td>
<td></td>
</tr>
</tbody>
</table>
### Air Handling

<table>
<thead>
<tr>
<th>CBS Req #</th>
<th>Yes/No</th>
<th>COMMENTS</th>
</tr>
</thead>
</table>
| Inward directional airflow (IDA) to be provided where:  
  • pathogens that are primarily infectious through inhalation are handled; or  
  • infectious aerosols or aerosolized toxins may be generated by procedures in use. | 3.5.1 | |
| Where (IDA) is provided, exhaust air to be:  
  • passed through a filter that prevents the release of infectious material or toxins; or  
  • 100% exhausted directly to the outdoors. | 3.5.10 | |

### Facility Services

<table>
<thead>
<tr>
<th>CBS Req #</th>
<th>Yes/No</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sinks to be provided and located to facilitate handwashing upon exit from the containment zone.</td>
<td>3.6.4</td>
<td></td>
</tr>
<tr>
<td>Emergency eyewash and shower equipment to be provided in accordance with containment zone activities.</td>
<td>3.6.6</td>
<td></td>
</tr>
</tbody>
</table>

### Essential Biosafety Equipment

<table>
<thead>
<tr>
<th>CBS Req #</th>
<th>Yes/No</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified BSCs and other primary containment devices to be provided, based on work activities.</td>
<td>3.7.1</td>
<td></td>
</tr>
<tr>
<td>Process equipment, <strong>closed systems</strong>, and other primary containment devices to be designed to prevent the release of infectious material or toxins.</td>
<td>3.7.4</td>
<td></td>
</tr>
<tr>
<td>BSCs, where present, to be located as far as possible from high traffic areas, doors, openable windows, and air supply/exhaust diffusers</td>
<td>3.7.6</td>
<td></td>
</tr>
<tr>
<td>Decontamination technologies for the decontamination of materials to be provided within the containment zone, or standard operating procedures (SOPs) to be in place to safely and securely move or transport waste out of the containment zone to a designated decontamination area. (Autoclaves)</td>
<td>3.7.11</td>
<td></td>
</tr>
<tr>
<td>Vacuum systems to be equipped with a mechanism that prevents internal contamination. (Aspirators)</td>
<td>3.7.17</td>
<td></td>
</tr>
</tbody>
</table>
## CL2 Laboratory Requirements

### OPERATIONAL REQUIREMENTS - CL2

#### Biosafety Program Management

<table>
<thead>
<tr>
<th>CBS Req #</th>
<th>Yes/No</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1.13</td>
<td></td>
<td></td>
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<tr>
<td>4.1.10</td>
<td></td>
<td></td>
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<tr>
<td>4.1.11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **A local risk assessment (LRA) to be conducted to examine each task involving infectious material or toxins so that the risks are identified and safe work practices developed and documented.**
- **A respiratory protection program to be in place when respirators are in use.**
- **The Biosafety Manual to be supplemented and updated with SOPs specific to the nature of the work being conducted in the containment zone and to each project or activity, as applicable. (Lab Safety Manual)**
- **A biosecurity plan, based on a biosecurity risk assessment, to be implemented, evaluated and improved as necessary, and kept up to date.**
- **Inventory of infectious material and toxins handled or stored in the containment zone to be maintained, and kept up to date. Infectious material or toxins stored outside the CL2 and/or CL3 zones to be included in the inventory.**
- **Records pertaining to importation requirements to be kept for 2 years following the date of disposal, complete transfer or inactivation of the imported infectious material or toxin, and made available upon request.**

#### Medical Surveillance Program

<table>
<thead>
<tr>
<th>CBS Req #</th>
<th>Yes/No</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2.2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **A medical surveillance program, based on an overarching risk assessment and LRAs, to be developed, implemented, and kept up to date.**
- **Containment zone personnel to immediately notify their supervisor of any illness caused by, or that may have been caused by, the infectious material or toxins being handled or stored. (Laboratory Acquired Infection (LAI))**

#### Training Program

<table>
<thead>
<tr>
<th>CBS Req #</th>
<th>Yes/No</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3.1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **A training needs assessment to be conducted.**
- **A training program, based on a training needs assessment, to be implemented, evaluated and improved as necessary, and kept up to date.**
- **Personnel to be trained on the relevant components of the Biosafety Manual/SOPs, as determined by the training needs assessment.**
## CL2 Laboratory Requirements

### Training Program

| Personnel to be trained on the potential hazards associated with the work involved, including the signs and symptoms of disease caused by the infectious material or toxins in use and the necessary precautions to prevent exposure to, release of, infectious material or toxins. | 4.3.2 |
| Personnel to be trained on the relevant physical operation and design of the containment zone and systems. | 4.3.3 |
| Personnel to be trained on the correct use and operation of lab equipment, including primary containment devices. | 4.3.4 |
| Visitors, maintenance/janitorial staff, contractors, and others who require temporary access to the containment zone to be trained and/or accompanied in accordance with their anticipated activities in the containment zone. | 4.3.6 |
| Personnel to demonstrate knowledge of and proficiency in the SOPs on which they were trained. | 4.3.7 |
| Trainees to be supervised by **authorized personnel** when engaging in activities with infectious material and toxins until they have fulfilled the training requirements. | 4.3.8 |
| Review of training needs assessment to be conducted, at minimum, annually. Additional or refresher training to be provided as determined by the review process or when warranted by a change in the biosafety program. | 4.3.9 |
| Refresher training on emergency response procedures to be provided annually. | 4.3.10 |
| Training and refresher training to be documented; records to be kept on file. | 4.10.1 |

### Personal Protective Equipment

| Appropriate dedicated PPE (gloves, eye protection, lab coats etc…) specific to each containment zone, to be donned in accordance with entry procedures and to be exclusively worn and stored in the containment zone. | 4.4.1 |
| Face protection to be used where there is a risk of exposure to splashes or flying objects. | 4.4.2 |
| Gloves to be worn when handling infectious material, toxins, or infected animals. | 4.4.4 |
## CL2 Laboratory Requirements

### Entry and Exit of Personnel, Animals, and Materials

<table>
<thead>
<tr>
<th>Entry and Exit of Personnel, Animals, and Materials</th>
<th>CBS Req #</th>
<th>Yes/No</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Containment zone doors to be kept closed.</td>
<td>4.5.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to containment zone to be limited to authorized personnel and authorized visitors.</td>
<td>4.5.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current entry requirements to be posted at entry to containment zone.</td>
<td>4.5.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal clothing (including backpacks and purses) to be stored separately from dedicated PPE.</td>
<td>4.5.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal belongings to be kept separate from areas where infectious material or toxins are handled or stored.</td>
<td>4.5.11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel to doff dedicated PPE (in accordance with SOPs) in a manner that minimizes contamination of the skin and hair when exiting the containment zone.</td>
<td>4.5.14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel to wash hands after handling infectious materials or toxins, and when exiting the containment zone. (One Glove Rule)</td>
<td>4.5.15 and 4.6.27</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Work Practices

<table>
<thead>
<tr>
<th>Work Practices</th>
<th>CBS Req #</th>
<th>Yes/No</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact of the face or mucous membranes with items contaminated or potentially contaminated with infectious material or toxins to be prohibited.</td>
<td>4.6.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hair that may become contaminated when working in the containment zone to be restrained or covered.</td>
<td>4.6.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of footwear worn to be selected to prevent injuries and incidents (LRA), in accordance with containment zone function.</td>
<td>4.6.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral pipetting of any substance to be prohibited.</td>
<td>4.6.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open wounds, cuts, scratches, and grazes to be covered with waterproof dressings.</td>
<td>4.6.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traffic flow patterns from clean to dirty areas to be established and followed, as determined by an LRA.</td>
<td>4.6.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dedicated paper/computer work areas to be utilized for paperwork and report writing.</td>
<td>4.6.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of needles, syringes, and other sharp objects to be strictly limited and avoided when suitable alternatives are available.</td>
<td>4.6.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bending, shearing, re-cAPPING, or removing needles from syringes to be avoided, and, when necessary, performed in accordance with SOPs.</td>
<td>4.6.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work surfaces to be cleaned and decontaminated with a disinfectant effective against the infectious material in use, or a neutralizing chemical effective against the toxins in use at a frequency to minimize the potential of exposure to infectious material or toxins.</td>
<td>4.6.11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### CL2 Laboratory Requirements

<table>
<thead>
<tr>
<th>Work Practices</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BSCs, where present, to be certified upon initial installation, annually, and after any repairs or relocation. Certification to include verification of correct operation by <em>in situ</em> testing in accordance with NSF/ANSI 49, or, where not applicable, with manufacturer specifications.</td>
<td></td>
</tr>
<tr>
<td>Good microbiological lab practices to be employed.</td>
<td>4.6.18</td>
</tr>
<tr>
<td>Samples of infectious material or toxins to be opened only in containment zones that meet the containment level requirements to which that infectious material or toxin has been assigned. (RG2 used in CL2)</td>
<td></td>
</tr>
<tr>
<td>Containers of infectious material or toxins stored outside the containment zone to be labelled, leakproof, impact resistant, and kept either in locked storage equipment or within an area with limited access.</td>
<td></td>
</tr>
<tr>
<td>A certified BSC to be used for procedures that:</td>
<td>4.6.24</td>
</tr>
<tr>
<td>• may produce infectious aerosols or aerosolized toxins, when <em>aerosol generation</em> cannot be contained through other methods;</td>
<td></td>
</tr>
<tr>
<td>• involve <em>high concentrations</em> of infectious material or toxins; or</td>
<td></td>
</tr>
<tr>
<td>• involve <em>large volumes</em> of infectious material or toxins.</td>
<td></td>
</tr>
<tr>
<td>Gloves to be removed before exiting the BSC.</td>
<td>4.6.26</td>
</tr>
<tr>
<td>Centrifugation of infectious material where inhalation is the primary route of infection, to be carried out in sealed safety cups (or rotors) that are unloaded in a BSC.</td>
<td></td>
</tr>
<tr>
<td>Sustained open flames to be prohibited in a BSC; on-demand open flames to be avoided.</td>
<td>4.6.30</td>
</tr>
<tr>
<td>Procedures, based on an LRA and in accordance with SOPs, to be in place to prevent a leak, drop, spill, or similar event, during the movement of infectious material or toxins within the containment zone, or between containment zones within a building.</td>
<td></td>
</tr>
<tr>
<td>Large scale cultures of infectious material or toxins to be contained within a closed system or other primary containment device.</td>
<td></td>
</tr>
<tr>
<td>Sample collection, addition of materials, or transfer of culture fluids from one closed system to another to be performed in a manner that prevents the release of aerosols or the contamination of exposed surfaces.</td>
<td></td>
</tr>
<tr>
<td>Experimentally infecting cells or other specimens derived from the person conducting the experiment is prohibited.</td>
<td>4.6.34</td>
</tr>
<tr>
<td>Containment zone (floors) to be kept clean, free from obstructions, and free from materials that are in excess, not required, or that cannot be easily decontaminated.</td>
<td></td>
</tr>
<tr>
<td>An effective rodent and insect control program to be maintained.</td>
<td>4.6.37</td>
</tr>
</tbody>
</table>
## CL2 Laboratory Requirements

### Work Practices

| Personnel to conduct regular visual (monthly) inspections of the containment zone to identify faults and/or deterioration; when found, corrective actions to be taken. | 5.1.2 |
| Records of regular inspections of the containment zone and corrective actions to be kept on file. | 4.10.5 |
| Records of building and equipment maintenance, repair, inspection, testing or certification, in accordance with containment zone function, to be kept on file. | 4.10.6 |

### Decontamination and Waste Management

<table>
<thead>
<tr>
<th>CBS Req #</th>
<th>Yes/No</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross contamination</td>
<td>4.8.1</td>
<td>to be removed prior to decontamination of surfaces and equipment, and disposed of in accordance with SOPs.</td>
</tr>
<tr>
<td>Disinfectants effective against the infectious material and neutralizing chemicals effective against the toxins to be available and used in the containment zone.</td>
<td>4.8.2</td>
<td></td>
</tr>
<tr>
<td>Sharps to be discarded in containers that are leakproof, puncture-resistant, fitted with lids, and specifically designed for sharps waste.</td>
<td>4.8.3</td>
<td></td>
</tr>
<tr>
<td>Primary containment devices to be decontaminated prior to maintenance.</td>
<td>4.8.4</td>
<td></td>
</tr>
<tr>
<td>All clothing and PPE to be decontaminated when a known or suspected exposure has occurred.</td>
<td>4.8.5</td>
<td></td>
</tr>
<tr>
<td>Contaminated liquids to be decontaminated prior to release into sanitary sewers.</td>
<td>4.8.7</td>
<td></td>
</tr>
<tr>
<td>Contaminated materials and equipment to be decontaminated and, in accordance with SOPs, labelled as decontaminated prior to cleaning, disposal, or removal from the containment zone.</td>
<td>4.8.8</td>
<td></td>
</tr>
<tr>
<td>Decontamination equipment and processes to be validated (in accordance with SOPs) using representative loads, and routinely verified using application-specific biological indicators, chemical integrators, and/or parametric monitoring devices (e.g., temperature, pressure, concentration) consistent with the technology/method used. (Autoclaves)</td>
<td>4.8.10</td>
<td></td>
</tr>
<tr>
<td>Verification of decontamination equipment and processes to be performed routinely, based on an LRA, and records of these actions to be kept on file. (BIs)</td>
<td>4.8.11</td>
<td></td>
</tr>
</tbody>
</table>
### CL2 Laboratory Requirements

<table>
<thead>
<tr>
<th>Item</th>
<th>CBS Req #</th>
<th>Yes/No</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidents involving infectious material, toxins, other regulated infectious material, or infected animals, or involving failure of containment systems to be reported immediately to appropriate personnel.</td>
<td>4.9.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incident investigation to be conducted and documented for any incident involving pathogens, toxins, other regulated infectious material, infected animals, or failure of containment systems or control systems, in order to determine the root cause(s).</td>
<td>4.9.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Records of incidents involving pathogens, toxins, other regulated infectious material, infected animals, or losses of containment to be kept on file.</td>
<td>4.10.11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This inspection checklist summarizes the operational and physical requirements as dictated by the Canadian Biosafety Standards (CBS), 2nd Ed. (2015).
Material Transfer Agreements

What is an MTA?
Material Transfer Agreements (MTA’s) are legal documents (or agreements) used for SFU to assume responsibility for the use of material that is transferred to the campus from another research institution or supply house.

When do I need one?
An MTA is required when another institution requests it prior to sending material to SFU, or when a research material is being sent from SFU.

Who signs them?
These legal documents can only be signed by the Director of Research Services on behalf of the University. Do not sign them yourself. Research Services can also provide you with material transfer agreement templates and can review agreements sent to you from a colleague elsewhere. A copy of the signed agreement will be sent to you for your records.

What do I need to do?
SFU faculty should ensure they have completed the MTA Application available from Research Services which is available on their website.

Biohazard Transport

Transport Between Labs
This includes any transport on campus in corridors, stairways, and elevators.

Primary container: The primary container must be sealed, leak-proof, and puncture resistant.

Secondary container (see picture below): The secondary container must contain enough absorbent material to completely retain all of the contents of the primary container(s). It must be leak proof, puncture resistant, and capable of being securely closed. Please label this container with a biohazard symbol when in use.

Transport to/from SFU
Transportation of Dangerous Goods regulations likely apply. Please contact EHS or your department’s TDG representative. This may include transport by road, ferry, or aircraft and may include field samples or the transfer of material from other institutions. See the EHS website for more information on TDG Training http://www.sfu.ca/srs/ehs/research-safety/hazardous-material-management/transportation-dangerous-goods.html
Overview and context of the ARC (Animal Resource Centre)

Some research conducted at SFU involves animals. These studies can be observational (e.g. diversity of birds in different types of forests, feeding behaviour of snow geese) or invasive where blood samples may be extracted from an animal through a catheter (permanent tube) implanted in an animal. Most of this research is conducted in our centralized Animal Resource Centre.

Species used in research include rats and mice, rabbits, hamsters, fish and also wild species of birds and mammals. These animals are managed under strict standards that ensure their health and humane treatment. These standards are specified by a federal agency, Canadian Council of Animal Care, as well as, the university’s own policies that are administered by the Director of Animal Care and the University Animal Care Committee (UACC).

Standards of animal care are strictly enforced and adherence to standards is monitored.

If your project uses animals (essentially vertebrates) then your faculty supervisor must apply to use animals for the project.

The application form and instructions are available on the web. The form is completed and signed by the faculty member (Principal Investigator) and sent to the Director of the ARC. Then you wait until the form is processed by the Director and the University Animal Care Committee.

Depending on the nature of your project and the level of invasiveness (category A-E), the application is assessed by the Director and Chair of the UACC or by the Director and whole UACC. This process takes time; the UACC generally meets monthly.

After a project has been approved the ordering of animals can occur. This has to be done through the Animal Resource Centre.

Project monitoring: approval is given for 1 year and then you need annual renewals for 3 more years.

Amendments have to be approved (by written form) for changes in protocol (procedures), change in personnel, additional animals required, additional species, or strains of a species. Please contact us if you have any questions about changes in protocol and the amendment procedure.
Working with Animals

Safety while working with animals

Handling live animals
During routine studies you will likely have to:
- Transfer animals
- Conduct procedures
- Take blood samples
- Perform euthanasia

Rats and mice are lifted by the base of the tail. Rabbits are held by the scruff of the neck and supported underneath. Let their head tuck in under your arm - this keeps them calm while moving them.

To reduce the likelihood of being bitten or scratched, the following precautions are recommended:
1. Frequent handling to condition the animal;
2. Handle the animals properly;
3. Ensure your finger is not available;
4. Offer something other than your finger.

We try to maintain socialization of animals by keeping them together. We provide environmental enrichment so that the animal is more relaxed and less likely to bite.

Talk in a soft voice, when approaching the cage and handling animals. This alerts the animal that you are present and tends to calm them.

When you first begin working with your animals you will be shown how to handle them. Please do not be afraid to ask for help or repeated demonstration of handling procedures. We want to ensure that all animals are handled correctly at all times for their well-being and yours.

Blood sampling and other procedures are often performed by our certified technicians. This will vary slightly from project to project. Approved surgery procedures are only performed by trained individuals. If you are going to be learning how to do surgery then someone trained in the procedure must be present at all times. Initially, such training sessions will be supervised and it will be decided whether an individual possesses the necessary skills to be learning the procedures in question. In order to remain compliant with CCAC there must be minimal stress and discomfort to all animals at all times. This policy is strictly adhered to with no exceptions.

Training
An online training module is available for students, staff and faculty who will be participating in animal based research. Please contact Nicole Belanger in Animal Care Services if you believe you require this training.

Instruments and equipment
Working with fish requires attention to hazards associated with operating electrical equipment in close proximity to tanks. Please ensure that the area around your tank is free of such hazards. In some instances appropriate protective clothing may be required.

Bites and scratches
If you are bitten or badly scratched, you should report the incident to your supervisor. If this occurs at the ARC, you will be asked to log the incident in our logbook and will have to fill out an accident report form. If the injury is serious, you should seek medical attention from Health Services or your family physician. They may suggest a tetanus vaccination.

Diseases and Zoonosis
Diseases can be spread in many ways including the following: through open skin wounds, inhalation of aerosolized spores, bacteria, viruses, ingestion due to poor hygiene practices, and by contact with urine or saliva (bite wounds). Remember to always wash your hands after working with animals, avoid contact with feces and urine where possible, and cover open wounds. A zoonotic disease is one that is transmitted from human to animal and vice versa. The animals we work with these days are very "clean" with rare occurrences of disease being transmitted to us. Of more concern is the potential for a human to transmit disease to the "clean" animals or to be a carrier between the research animals and their own pets. If you are working with a species that is the same as or similar to your own animals you should ask about measures you can take to decrease the risk of transmitting disease between the two.

Allergies
When working around animals there is always the potential to develop allergies. For those with existing allergies you should take precautions to limit your exposure to animals you know you are allergic to and consider taking the necessary medications before contacting the animals if your work requires you to be in contact with them.

Final comment
The safe approach is to always ask when you don't know. Safer for you, kinder to the animal.
Laboratory Waste Handling Guide

For waste that fits in more than one category (e.g., radioactive & biohazardous), contact EHS for guidance ehrs.sfu@sfu.ca.

Non-Hazardous Waste

**Paper & Cardboard**
- Non-contaminated
- Glass (broken/unbroken)
- Regular garbage cans
- Paper recycling bin

**Glass waste boxes**
- Glass waste boxes
- Regular garbage cans
- Paper recycling bin

**Disposal**
- Regular pick up by Janitors
- Submit Facilities Service Request for pick up by janitors http://fmrequests.sfu.ca

Radiological Waste

**Low level solids**
- Only for materials that can be detected with Geiger counter and are less than twice background

**High level solids**
- Clear plastic bag + ID tag + Low level waste can

**Empty vial**
- Clear, colourless, 2 mil plastic bag (max 10 kg) + ID tag

**Animal & fish carcasses, bedding**
- Appropriate container in clear plastic bag + ID tag

**Liquids**
- SFU solvent waste container + ID tag

**Sharps**
- Sharps Container + ID tag

Biohazardous Waste

**Liquids**
- Animal & fish carcasses
  - "non-radioactive"

**Solids**
- Sharps
  - Level 2
  - Level 1

**Sharps**
- Yellow Sharps container
  - appropriated sterile container
  - SFU solvent waste container
  - SFU solvent waste container

**Solids**
- Yellow pail at Science Stores
  - Regular pick up by Facilities staff

**Cylinders**
- Lecture size
  - Re-fillable

**Batteries**
- Yellow pail at Science Stores
  - Regular pick up by Facilities staff

Disinfection/Labeling*

**Disposal**
- Decon with appropriate disinfectant (e.g., 10% bleach for 30 min) or autoclave
- Autoclave
- Do not autoclave

**Autoclave**

**Animal & fish carcasses**
- Animal Care + Biohazard
  - Animal Care (AC) arranges pickup for BISC and AC.
  - tel. 2-5905 or email acf@sfu.ca for assistance

**Animal Care + Biohazard**

Hazardous waste collection:
- BBY every Tuesday and Friday | SRY every 2nd Thursday | VAN as needed
- Request single or recurring (weekly) pickup
  - http://hazmatwaste.its.sfu.ca

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For more information, contact EHS at ehrs_sfu@sfu.ca.
**EMERGENCY PROCEDURES**

**IN AN EMERGENCY CALL 911**

**FIRE**
- Pull the nearest fire alarm, leave the area and close the door
- Evacuate the building via the nearest exit, do not use elevators
- Proceed to the assembly area
- Do not re-enter until authorized by Fire Department or Campus Security

**EARTHQUAKE**
- Drop, cover, hold on under a heavy desk or table, interior wall, or corner
- Wait 60 seconds after the shaking stops
- Proceed to the designated assembly area

**ACTIVE THREAT**
- Run - Evacuate the area if it is safe to do so
- Hide - Lockdown and hide yourself if you cannot evacuate safely
- Take action - As a last resort, commit yourself to delay, block or overcome the threat

**CARDIAC ARREST**
- Phone 911 and shout for an AED.
- AED locations: www.sfu.ca/aed
- Push hard and fast in the centre of the chest
- Use an AED following the automated verbal instructions

**SEVERE WEATHER**
- Know before you go. Visit www.sfu.ca and follow @SFU on Twitter

**SHELTER-IN-PLACE**
During hazardous outdoor environments:
- Seek shelter indoors
- Close exterior doors and windows
- Stay indoors until officially advised

**CAMPUSS SECURITY**
**EMERGENCY/ FIRST AID LINE**
778.782.4500

**NON-EMERGENCY/ SAFEWALK LINE**
778.782-7991

**EMERGENCY NOTIFICATIONS**
WWW.SFU.CA/SFUALERTS
- In an emergency, visit www.sfu.ca and follow @SFU on Twitter.
- Download the SFU snap app

**SEE SOMETHING, SAY SOMETHING**
- Report suspicious persons/objects to Campus Security.

**REPORT SAFETY HAZARDS AND INCIDENTS**
WWW.SFU.CA/EMERGENCY

SFU SAFETY AND RISK SERVICES