

Biosafety Manual

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Pìwànak -Algonquin Centre for Science and
Innovation

Algonquin College – Ottawa Campus

<https://www.algonquincollege.com/safety-security-services/biosafety-and-laboratory-safety-at-algonquin-college/>

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1.0 Introduction

The intent of the Piwànak -Algonquin Centre for Science and Innovation's (ACSI) Biosafety Program and the purpose of this Biosafety Manual, is to guide personnel in the safe handling of biological materials that may present a hazard to people, animals, or the environment. The ACSI Biosafety Program is an institutional biosafety program maintained by The Algonquin College of Applied Arts and Technology (Algonquin College or the College) for activities conducted within ACSI laboratory facilities and applies to all Authorized Laboratory Users and Authorized User Departments operating within those facilities.

The ACSI Biosafety Program serves to:

- Identify biohazardous material;
- Reduce the risk of adverse effects from these materials for those working with them;
- Protect the community and the environment from harm by preventing the release of infectious materials or toxins;
- Promote and reinforce safe work practices, improve safety performance, and increase regulatory compliance through a combination of training, documentation, inspections, evaluation, review, and communications.

This Biosafety Manual describes the ACSI Biosafety Program in the context of the Government of Canada's guiding documents on biosafety. Algonquin College, Ottawa Campus has a Containment Level 2 (CL2) Facility that is licenced by the Public Health Agency of Canada (PHAC). This licence authorizes work with Risk Group 2 (RG2) human pathogens and toxins as well as RG2 terrestrial animal pathogens [excluding pathogens causing foreign animal diseases, emerging diseases and bee diseases] and toxins produced by animal pathogens in the ACSI labs. There are conditions to the licence; for example, work with prions and in vivo work are not permitted.

This manual outlines how the ACSI Biosafety Program meets the requirements identified in the Canadian Biosafety [Standard](#) (CBS) and [Handbook](#) (CBH).

2.0 Definitions, Classifications and Key Terms

Several terms are often used interchangeably, such as "infectious material" and "pathogen". Laboratory personnel should be aware of the specific definitions of key terms.

2.1 Key Terms in Biosafety

Biosafety is defined as the containment principles, technologies, and practices that are implemented to prevent unintentional exposure to infectious material and toxins, or their accidental release.

Biological material is defined as any material containing genetic information and capable of reproducing itself or being reproduced in a biological system. This would include tissue, blood, urine, and other body fluids. Biological material could also refer to organic material that has

come from a once-living organism. In the context of biosafety and biosecurity, biological material is defined as pathogenic and non-pathogenic microorganisms, proteins, nucleic acids, as well as any biological matter that may contain microorganisms, proteins, nucleic acids, or parts thereof.

Furthermore, biohazardous materials are material of biological origin that may be potentially harmful to humans, animals, plants, the economy or the environment. Biohazardous materials, also referred to as pathogens, include (but are not limited to):

- Pathogenic microorganisms such as certain bacteria, viruses, fungi, and parasites;
- Biological toxins from microorganisms, plants and animals;
- Materials that may contain the above-mentioned agents (e.g. cell cultures; tissue, blood and body fluids from humans and animals; environmental samples);
- Certain proteins, nucleic acids (prions, siRNA, miRNA, DNA from pathogenic organisms, oncogenes);
- Genetically modified organisms (GMO) that may be hazardous to the environment if released.

A pathogen is any biological agent that causes a disease and is infectious. The definition is broad in order to encompass the wide variety of pathogens that exist in nature. Some of these are not even living organisms, in the strictest sense of the word. Regardless of their exact characteristics and classification, pathogens must be able to establish an infection in their host and spread. In the context of the CBS, any isolate of a pathogen or any biological material that contains human or animal pathogens is referred to as "infectious material".

2.2 Biological Toxin

Toxins are neither living, nor infectious. They are poisonous substances that are the natural product of the metabolic activities of certain microorganisms, plants, fungi and animal species. They can cause adverse health effects in humans, animals or plants.

On the other hand, toxicants are artificial products created by humans, for example industrial waste products and pesticides. These substances can also be poisonous and cause health effects.

2.3 Risk Groups

The Risk Group (RG), which defines the degree of hazard associated with a particular biological material, is assessed qualitatively by:

- How likely it is to cause disease in people;
- How serious that disease is likely to be;
- Whether or not effective treatment is available.

Biological material, in the context of biosafety and biosecurity, is classified into one of four RGs based on how much potential hazard to health they pose, and how likely that hazard is to occur (see Table 2.3.1).

Table 2.3.1: Risk Groups of Biological Agents

Risk Group	Description	Usage at Algonquin
Risk Group 1 (RG1)	▪ A microorganism, nucleic acid, or protein that is either not capable of causing human/animal disease or capable but unlikely to do so ▪ Low individual risk ▪ Low community risk ▪ Not regulated by PHAC or Canadian Food Inspection Agency (CFIA) due to the low risk to public health, livestock or poultry	Permitted in ACSI Labs
Risk Group 2 (RG2)	▪ A pathogen or toxin that is able to cause serious disease in a human or animal but is unlikely to do so ▪ Pathogens and toxins that are prescribed or otherwise regulated by PHAC or CFIA as RG2 ▪ Low-moderate individual risk ▪ Low community risk ▪ Primary exposure hazards are through the ingestion, inoculation and mucous membrane routes; therefore, risk mitigation measures in the lab are designed to interrupt these routes ▪ Work to be conducted under a CL2 regulated biosafety/biosecurity permit	Permitted in CL2 zones in the ACSI Labs
Risk Group 3 (RG3)	▪ A pathogen or toxin that is likely to cause serious disease in a human or animal ▪ Pathogens and toxins that are prescribed or otherwise regulated by PHAC or CFIA as RG3 ▪ High individual risk ▪ Low community risk ▪ All work must be carried out in a Biological Safety Cabinet (BSC)	Not permitted in the ACSI Labs
Risk Group 4 (RG4)	▪ A pathogen or toxin that poses high risk to the health of individuals and a high risk to public health; likely to cause serious disease in a human or animal, which can often lead to death ▪ Pathogens and toxins that are prescribed or otherwise regulated by PHAC or CFIA as RG4 ▪ High individual risk ▪ High community risk	Not permitted in the ACSI Labs
Security Sensitive Biological Agents (SSBAs)	▪ Subset of RG3 and RG4 human pathogens and toxins which are prescribed by PHAC as SSBA ▪ A special licence is required	Not permitted in the ACSI Labs Note: There is a subset of toxins that, when present in a quantity less than or equal to a certain (trigger) quantity are not considered SSBAs but are still prescribed under the Human Pathogens and Toxins Act (HPTA). Refer to the ePATHogen Registry of Human Pathogens and Toxins. The use of prescribed toxins below trigger quantity is subject to approval according to the applicable ACSI Biosafety Program authorization process prior to acquisition or use.

2.4 Containment Levels

A system of containment levels (CL) describes the minimum physical containment and operational practices required for the safe handling of biological materials in laboratories.

The system involves four containment levels, ranging from a basic laboratory (CL1) to the highest level of containment (CL4). The containment level and risk group of a pathogen are generally the same; however, containment levels may change when a pathogen has been modified, or the original conditions of use have changed. The following factors are considered when determining the appropriate containment level:

- **Potential for aerosol generation** by equipment or procedures. Increased containment may be required if there is potential of exposure to infectious aerosols.
- **Quantity:** Large scale processes may have different containment requirements than laboratory scale work with the same pathogen.
- **Pathogen concentration** may vary with the work being done; e.g. diagnostic specimens may contain lower pathogen concentrations than pure cultures.
- **Nature of work:** e.g. in vivo versus in vitro studies.

The Algonquin College of Applied Arts and Technology (ACSI Labs) licence allows for work with RG2 Human Pathogens and Toxins as well as RG2 Terrestrial Animal Pathogens at the CL2 level.

2.4.1 Containment Level 1 (CL1)

RG1 biological material poses a low risk to the health of individual humans and animals, and low or no risk to public health and animal populations. RG1 may pose harm to immunocompromised or immunosuppressed individuals (e.g., through medical therapy, pregnancy, diabetes, or other conditions). The Human Pathogens and Toxins Act (HPTA) and Human Pathogens and Toxins Regulations (HPTR) do not cover RG1 organisms, due to their low risk; therefore, laboratories and other facilities conducting activities with RG1 biological material are not regulated by PHAC. Nevertheless, reasonable precautions should be taken (e.g., good microbiological laboratory practices) when handling these materials. PHAC has issued the [Canadian Biosafety Guideline – Containment Level 1](#), to provide recommendations for best practices when working in CL1 labs.

2.4.2 Containment Level 2 (CL2)

CL2 builds upon the basic laboratory foundation established for CL1. Biosafety and biosecurity at CL2 are achieved through operational practices and a core subset of physical containment requirements that are proportional to the risks associated with the pathogens and toxins handled therein. Operational practices for CL2 include administrative controls (e.g. biosafety program management, training) and procedures (e.g. work practices, personal protective equipment [PPE] use, and decontamination) that mitigate the risks associated with the activities conducted within the zone. Physical containment features include facility design (e.g. location of laboratory, surface finishes, access control) and provision of biosafety equipment, such as primary containment devices (e.g. BSCs) for certain activities.

2.4.3 Containment Level 3 (CL3)

Biosafety and biosecurity at CL3 are achieved through comprehensive operational practices and physical containment requirements. CL3 requires stringent facility design and engineering controls (e.g. inward directional airflow [IDA], high efficiency particulate air [HEPA] filtration of exhaust air), as well as specialized biosafety equipment (e.g. BSCs, centrifuges with sealed rotors) to minimize the release of infectious material into the surrounding rooms inside or outside the containment zone, or the environment outside. Additional engineering controls, such as effluent decontamination systems, may be needed in some cases (e.g. RG3 non-indigenous animal pathogens) to control the risks associated with pathogen release into the environment. Operational practices at CL3 build upon those required for CL2, taking into consideration the increased risks associated with the pathogen(s) and laboratory activities being carried out with RG3 pathogens.

2.4.4 Containment Level 4 (CL4)

CL4 is the highest level of containment available. CL4 requires a highly complex facility design that is a self-contained area within a building or, when necessary, a separate building. It includes enhanced engineering controls (e.g. HEPA filtration of exhaust and supply air), specialized biosafety equipment (e.g., BSC, effluent decontamination systems), and redundant biosafety features (e.g. two stages of HEPA filtration of exhaust air). CL4 requires the maximum level of operational practices (e.g., PPE use, work practices, medical surveillance) that build upon those required at CL3. CL4 zones necessitate the use of positive-pressure suits for personnel or, as an alternative, the use of a Class III BSC line in a laboratory work area that meets the necessary CL4 requirements. There is only one CL4 facility in Canada, located in Winnipeg, Manitoba.

2.5 Security Sensitive Biological Agents (SSBAs)

SSBAs are a subset of human pathogens and toxins that have been determined to pose an increased biosecurity risk due to their potential for use as a biological weapon. SSBAs are termed “prescribed human pathogens and toxins” in the [HPTR](#), and carry increased biosecurity requirements as specified in the [CBS](#). The ACSI labs are not permitted to work with or develop SSBAs; however, according to the [HPTR](#), certain toxins, when present in a quantity less than or equal to a certain (trigger) quantity, are not considered SSBAs but are still prescribed under the HPTA. The [ePATHogen Registry of Human Pathogens and Toxins](#) indicates if a toxin is considered an SSBA, and provides the trigger quantity threshold for the particular pathogen. The use of prescribed toxins **below** the trigger quantity in ACSI labs is subject to approval by the Biological Safety Officer (BSO) and the Licence Holder Representative (LHR).

2.5.1 Dual-Use Potential

Most biological materials, laboratory techniques, technologies, and scientific information are used for legitimate purposes such as education, training, research, innovation, public health, and industry collaboration. In some cases, however, biological materials, methods, or information may also have the potential to be intentionally misused to cause harm. This concept is known as dual-use potential.

The presence of low dual-use potential does not mean an activity is inappropriate or prohibited. It means the activity may benefit from early discussion with the BSO(s) so that appropriate biosafety, biosecurity, and research security controls can be considered during the risk assessment process.

While there are various definitions of dual-use, PHAC defines dual-use potential as the qualities of a pathogen or toxin, scientific method, intellectual property, or other related asset that allow it to be either used for legitimate scientific applications (for example: commercial, medical, or research purposes) or intentionally misused to cause harm or disease (such as bioterrorism).

The definition encompasses any asset (tangible and intangible) or activity related to a biological agent that could be used for nefarious purposes, including knowledge, technologies, or products that contribute to the weaponization of a pathogen or toxin. This applies to biological materials, laboratory techniques, equipment, software, research findings, artificial intelligence tools, or other information generated through laboratory activities.

Examples of dual-use potential include:

- Biological materials themselves
- Creating or modifying genetic material
- Information that could be used to predict, design, optimize or modify a pathogen or its biological characteristics;
- Lab techniques that increase resistance to treatment or disinfection;
- Methods that alter pathogenicity, virulence, or host range;
- Developing methods that could potentially be applied to higher-risk organisms;
- Information describing weaknesses in laboratory security systems;
- Publishing detailed procedures that could reasonably be adapted for misuse.

- Technologies, including AI, that could be misused to produce or distribute harmful biological agents.

The presence of Dual-Use Potential does not mean an activity is inappropriate or unsafe. It simply indicates that the activity may benefit from additional consideration to ensure risks are appropriately managed.

Laboratory personnel should consult the BSO(s) before undertaking such activities so that an assessment can be conducted. Additionally, dual-use potential may change over time as projects evolve, new technologies become available, or new information emerges. Laboratory personnel should notify the BSO(s) if:

- Project objectives change significantly;
- New biological materials are introduced;
- New methods or technologies are adopted;
- Unexpected results are obtained;
- New collaborations are established;

- Significant external communication or publication is planned.

How the assessment of Dual-use Potential is made is outlined further in [ACSI's Risk Assessment Process \(Appendix 8\)](#). This will identify low versus high dual-use potential.

Anything identified as High Dual-use Potential is prohibited in ACSI labs.

2.6 Laboratory Acquired Infection or Intoxication (LAI)

A laboratory acquired infection or intoxication (LAI) can result from exposure to infectious material, infected animals, or toxins that are handled or stored in the containment zone. Although laboratory acquired infections do occur, they often go unrecognized because of the generalized flu-like symptoms of many illnesses. Until recently there was no obligation to report an LAI so they often went unnoticed outside the lab or institution, unless they resulted in severe illness or death.

Now, the [HPTA](#), Section 13, requires that “if a licence holder has reasonable grounds to suspect that an incident involving a human pathogen or toxin that is in their possession has, or may have, caused disease in an individual, they must report to the PHAC without delay. This reporting allows the PHAC to assess the severity of the exposure incident and assist the facility in their response, if requested or necessary.

Reporting of LAIs is further explained in this manual ([Chapter 9.0 – Medical Surveillance Program](#), [Appendix 1- Emergency Response Plan](#) and [Appendix 4 – Medical Surveillance Program](#)).

3.0 Government Safety Regulations and Policies on Biohazardous Material

People who work with biohazardous materials must know about and understand the laws and the regulations that direct what they may and may not do with those materials and how they are to work with them safely. Numerous agencies regulate activities involving human and animal pathogens and toxins including the PHAC and the CFIA, in accordance with the HPTA, HPTR, *Health of Animals Act* (HAA) and *Health of Animals Regulations* (HAR).

This biosafety manual, along with the associated ACSI processes, standards, programs and plans (available in the appendices of this document) describe the requirements, tasks and procedures that are in place to ensure that the ACSI labs at Algonquin College abide by the legislation.

3.1 Human Pathogens and Toxins Act (HPTA) and Regulations (HPTR) and Health of Animals Act (HAA) and Regulations (HAR)

In Canada, the PHAC and the CFIA, in accordance with the HPTA, the HPTR, the HAA and the HAR, regulate activities involving RG2, RG3 and RG4 human and animal pathogens and toxins.

The HPTA was developed to protect the health and safety of the public from the risks posed by human pathogens and toxins and establishes basic biosafety requirements for handling human pathogens and toxins in Canada. The HPTR are the guidelines that dictate how the provisions of the act are applied. On December 1st, 2015, the HPTA came into full force. It was subsequently

amended, receiving Royal Assent, on March 26, 2026. Administration and enforcement of the Act and Regulations are overseen by [PHAC's Centre for Biosecurity](#).

The HAR, under the authority of the HAA, is intended to protect animals and animal health. They provide for the control of diseases and toxic substances that may affect terrestrial and aquatic animals or that may be transmitted by animals to persons.

Facilities where RG2, RG3, and RG4 pathogens are handled require licences and permits from the PHAC and/or the CFIA. RG1 biological material is not regulated and as such, work with RG1 material does not require a licence.

PHAC has issued a Pathogen and Toxin Licence to The Algonquin College of Applied Arts and Technology (ACSI Labs). This licence gives permission to perform work with RG2 human pathogens and toxins as well as RG2 terrestrial animal pathogens [excluding pathogens causing foreign animal diseases, emerging diseases and bee diseases] and toxins produced by animal pathogens in the ACSI lab CL2 zones.

The licence requires that Algonquin College appoints an HPTA LHR to comply with the HPTA. It is the LHR's responsibility to ensure that the College achieves and maintains compliance with the HPTA through implementation of the ACSI Biosafety Program. Although the HPTA and HPTR apply to all activities with RG2, RG3, and RG4 human pathogens and microbial toxins, it should be noted that Algonquin College only works with RG1 and RG2 and only performs CL1 and CL2 work.

3.2 Canadian Biosafety Standard (CBS)

The third edition of the [CBS](#), released in 2022 by PHAC and the CFIA, supports the HPTA, HPTR, HAA and HAR. The CBS is a harmonized national standard for Controlled Activities with human and terrestrial animal pathogens and toxins. The CBS also describes the physical containment and operational practice requirements for facilities that fall under the HPTA, HPTR, HAA and HAR.

3.3 Canadian Biosafety Handbook (CBH)

The second edition of the [CBH](#), released in 2016, is a companion document to the CBS and provides core information and guidance on how to achieve the physical containment and operational practice requirements outlined in the CBS.

3.4 Pathogen Safety Data Sheets and ePathogen Website

Pathogen Safety Data Sheets (PSDS) are technical documents that describe the hazardous properties of certain human pathogens and provide recommendations for work involving these agents in a laboratory setting. These documents have been produced by PHAC as educational and informational resources for laboratory personnel working with infectious substances. These documents are publicly available [here](#).

PHAC also has a database (ePATHogen) that provides a list of biological agents and details the risk group, classification – human and/or animal, whether it is an SSBA, and whether it is

regulated by the CFIA, for each. This information is publicly available [here](#). It is important to note that PHAC may specify a different RG level than is advertised by common suppliers, like ATCC, so the ePATHogen database should always be referenced during the decision making and risk analysis phase before new pathogens wanted for use in the lab are acquired.

Additionally, the ePATHogen database is where the Registry of Human Pathogens and Toxins can be found. The Registry is a filterable subset of human pathogens and toxins found within the database that are subject to the HPTA. The Registry allows PHAC and the CFIA to easily update the regulatory status of a pathogen or toxin, keeping pace with the ever-evolving scientific community and any potential threats that may emerge.

4.0 Risk Assessment

Risk assessment (or risk analysis) is a mechanism that determines the likelihood of a hazardous agent or procedure to cause harm. Benefits of risk assessments include: ensuring risks are identified and mitigated, preventing the accidental release or contamination of research samples, demonstration of due diligence and compliance to regulatory requirements, identification of training and supervision needs, evaluation of procedural changes, evaluation of security controls, and evaluation of emergency planning, including spill response. Risk assessment is an essential component of a biosafety and lab safety program.

4.1 Risk Assessment in the ACSI Labs

There are several types of risk assessments that take place in the ACSI labs, including local risk assessments (LRAs), pathogen and toxin risk assessments, biosecurity risk assessment, medical surveillance risk assessment, student lab activity risk assessments, regular lab inspections, and finally, an overarching risk assessment (ORA). Each type of risk assessment aims to identify potential hazards and determine the associated risks with the goal of developing mitigation strategies.

The hierarchy of controls (see Figure 4.1) outlines the layers of controls used when considering hazard mitigation in the ACSI labs. All five control methods (elimination, substitution, engineering, administrative and PPE) are effective; however, elimination of risk is the most effective form of control, while enforcing the use of PPE is the least effective method.

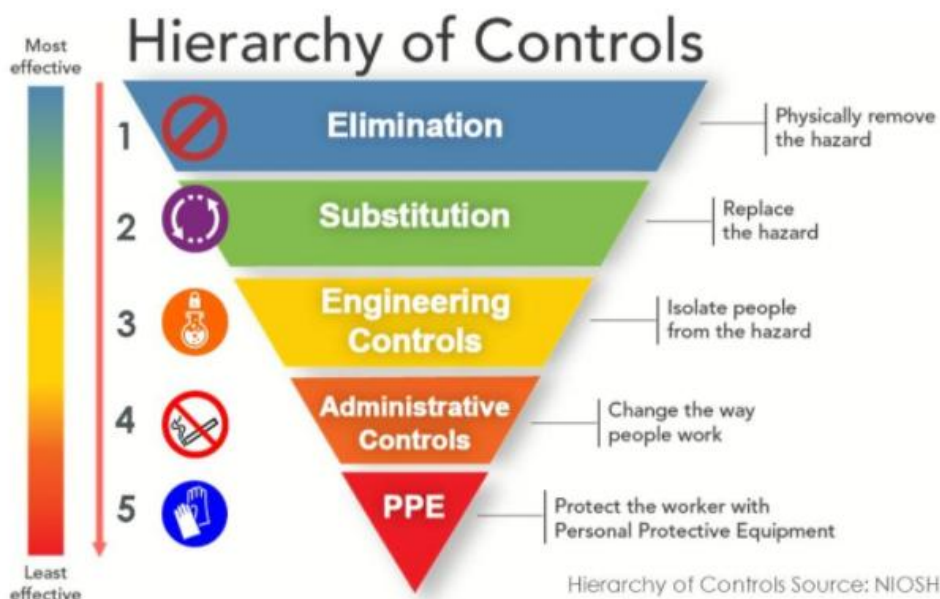


Figure 4.1: The Hierarchy of Controls

Reference: <https://www.cdc.gov/niosh/media/images/FY24NIOSSHOCMain508photocreditDFEMain1.png>

Events that can trigger a risk assessment can include:

1. A new procedure or process
2. A change, substitution or deletion of chemicals used in a procedure
3. Failure of any equipment used in the process
4. Unexpected test results – review how the new result impacts safety practices
5. If staff become ill, suspect exposure, detect a chemical odour or suspect a failure of any safeguards
6. A change in PHAC risk group designation of an organism
7. A change in the physical environment where the work is being done
8. A potential risk or hazard that was not initially assessed is identified
9. An unintentional result is achieved that may present concerns
10. A laboratory incident occurs
11. The introduction of genetic modification techniques to lab activities that could alter the dual-use potential from a low to high risk level.
12. Synthetic biology activities
13. AI-assisted biological design tools
14. Projects generating information with potential security implications
15. Significant changes to research objectives

4.2. ACSI's Overarching Risk Assessment (ORA)

An ORA is a broad risk assessment that supports the ACSI Biosafety Program as a whole and covers the CL2 zone at the Ottawa campus. An ORA, which includes the identification of risks/hazards as well as mitigation strategies to control those hazards has been completed for the ACSI Biosafety Program. The ORA is reviewed annually by the IBSC.

4.3 ACSI's Medical Surveillance Risk Assessment (MSRA)

A MSRA, which includes the identification of risks/hazards as well as mitigation strategies to control those hazards has been completed for the ACSI Biosafety program. Employees, students, researchers and contractors must complete medical surveillance, prior to working in the labs. The MSRA is reviewed annually by the IBSC. Refer to ACSI's Medical Surveillance Program ([Appendix 3](#)) for more information.

4.4 ACSI's Biosecurity Risk Assessment (BRA)

A BRA, which includes the identification of risks/hazards as well as mitigation strategies to control these hazards has been completed as part of the ACSI Biosafety program. Annual review of the BRA by the IBSC helps ensure that biosafety, biosecurity, and research security considerations remain appropriate throughout the lifecycle of an activity. Refer to ACSI's Biosecurity Plan ([Appendix 2](#)) for more information.

4.5 Lab Inspections of the ACSI Labs

An additional form of risk identification is the inspection of the working area. The workplace or safety inspection is one of the most important activities related to hazard recognition. Through the inspection process, hazardous conditions are brought forward to the attention of the LHR so that a response to remediate the hazardous conditions can be dealt with as soon as possible, where necessary.

When accomplished regularly, inspections can contribute significantly to ensuring hazardous conditions are identified and corrected before they cause an injury or illness. Lab inspections are reviewed by the LHR and the BSOs on an ongoing basis and are also reviewed annually by the IBSC. Refer to ACSI's Inspection Guidelines ([Appendix 9](#)) for more information.

4.6 ACSI's Pathogen and Toxin Risk Assessment

When RG2 pathogens or toxins are being considered for purchase, a Pathogen and Toxin Risk Assessment is conducted by the BSO(s). Generally, pathogens are acquired from companies who distribute ATCC (American Type Culture Collection) products. This means that these pathogens are well characterized and come with a safety data sheet (SDS) from ATCC (or other global biological resource centres and standards organizations). Since they are well characterized and the SDS is provided, risk assessments are generally quite simple. For other situations (e.g. growing samples from sewage, soil, transfer of samples from other labs, etc.), a more detailed risk assessment is required. Refer to ACSI's Biological Safety Standards ([Appendix 10](#)) for more information.

4.7 Local Risk Assessment (LRA)

LRAs determine whether the existing physical containment and operational practices are sufficient to mitigate the risks to acceptable levels, or if additional measures are needed. In addition, since the CBS requirements are risk-based, the LRA is used to determine the way that many of the CBS requirements are implemented. For example, the CBS requires that the appropriate dedicated PPE specific to each containment zone be donned in accordance with

entry procedures; however, the PPE used and how and where it is donned and doffed is determined by an LRA.

LRAs have been completed for the hazardous work that takes place in the ACSI labs. Generally, the result of these LRAs is mitigation strategies that are included in ACSI lab guidelines. For example, the pipetting of pathogens can create aerosols that can transfer into a human host and cause illness. An LRA for the task of pipetting has been conducted, the result being risk mitigation strategies for pipetting that have been added into ACSI's Biological Safety Standards ([Appendix 10](#)). Information on safe pipetting techniques is outlined in this document, and staff and students are trained to it.

If additional hazards are found in the ACSI labs, LRAs are conducted with the results generally being placed into ACSI lab guideline documents.

4.8 ACSI's Lab Activity Risk Assessment

Laboratory course protocols (i.e. teaching activities completed by students during regularly scheduled student lab courses) are risk assessed prior to the commencement of any work by students. Biological, chemical and physical hazards are all assessed by the risk assessment process. All lab protocols are reviewed by the BSO(s) every 5 years, or when significant changes occur. Any modifications to lab protocols must be approved by the BSO(s), prior to students performing the lab activity. Refer to ACSI's Risk Assessment Process ([Appendix 8](#)) for more information.

4.9 ACSI's Research Project Risk Assessment (RPRA)

Generally, student research projects begin each September, and new activities may be created that support those projects. If the work/task that accompanies a new activity is not already included in an ACSI lab guideline, a local risk assessment (LRA) must be completed prior to the activity proceeding. Research projects should consider both biosafety risks and potential biosecurity or research security implications. All research projects undergo initial and continual review by the students, faculty member(s), and BSO(s). Refer to ACSI's Risk Assessment Process ([Appendix 8](#)) for more information.

Research security refers to the protection of research materials, technologies, information, and other assets from theft, misuse, unauthorized access, or inappropriate disclosure. While biosafety focuses on preventing accidental exposure or release, research security focuses on preventing intentional misuse of materials, technologies, or information. Examples of information that may require additional protection include:

- Detailed pathogen manipulation procedures;
- Sensitive genetic sequence information;
- Laboratory access-control information;
- Security system details;
- Facility engineering specifications;
- Information that may identify vulnerabilities in laboratory operations.

Laboratory personnel are expected to handle such information responsibly and share it only with authorized individuals who have a legitimate operational, educational, or research need.

This review may include the biological materials involved, the techniques being used, the information expected to be generated, the potential benefits of the activity, the potential consequences if the information or materials were intentionally misused (changes to dual-use potential), and the existing biosafety and biosecurity controls.

4.9.1 Publications, Presentations, and Sharing Information

Research findings are an important part of scientific and educational activity. However, in some situations, information generated through laboratory activities may have security implications. Before publicly sharing information relating to activities with identified dual-use potential, personnel may be asked to consult the BSO(s) to determine whether any additional review is needed. This may apply to:

- Publications;
- Conference presentations;
- Project reports;
- Posters;
- Public websites;
- Social media communications.

The goal is not to restrict legitimate communication, but rather to encourage responsible sharing of information where security concerns may exist.

4.10 Other Risk Assessments in the ACSI Labs

All special projects, for example partnerships with external parties, must have an LRA completed before activities take place. These risk assessments occur on a case-by-case basis prior to the commencement of lab activities, including the purchase of biological materials, and continue for the duration of the project. Refer to ACSI's Risk Assessment Process ([Appendix 8](#)) for more information.

5.0 Biosafety Program Governance and Administration

The ACSI Biosafety Program is an institutional program maintained by Algonquin College for activities conducted within ACSI laboratory facilities. The program applies to all Authorized User Departments and Authorized Laboratory Users operating within ACSI laboratories. Governance oversight is provided through the Institutional Biosafety Committee (IBSC), while day-to-day administration is coordinated through the BSO(s) and designated program authorities.

The Algonquin College of Applied Arts and Technology (ACSI labs) shall maintain and disseminate the ACSI Biosafety Program in accordance with the HPTA, HAA and their associated regulations. The ACSI Biosafety Program shall consist of the following components:

1. Senior Management Letter of Commitment

2. Overarching Risk Assessment
3. Algonquin's Plan for Administrative Oversight of Pathogens and Toxins
4. Biosafety Manual, including:
 - Emergency Response Plan;
 - Biosecurity Plan;
 - Medical Surveillance Plan;
 - Institutional Biosafety Committee (IBSC) Terms of Reference;
 - Risk Assessment Guidelines (including Dual-Use Potential assessment);
 - Inspection Guidelines;
 - Biological Safety Standards.
5. ACSI Labs' Biosafety Training Program

These are governing documents that are approved by Algonquin College. Many of these documents are found on the [Algonquin College Biosafety website](#) and are updated continuously as changes are approved by the relevant institutional stakeholders.

5.1 Institutional Biosafety Committee (IBSC)

The College is responsible for establishing an IBSC to oversee the development and implementation of the ACSI Biosafety Program. The committee is empowered to advise the Licence Holder on matters pertaining to Biosafety policy, procedures and any other measures relevant to the administration of the ACSI Biosafety Program at Algonquin College. The IBSC will generally meet semi-annually or as needed to deal with safety issues, concerns, policy/protocol improvements or other matters that may be of a biological safety nature.

The IBSC reports to the Risk Management Department through the Manager, Occupational Health and Safety and Emergency Preparedness (Manager, OHS), and to the academic leadership through the LHR. The LHR is the Manager, Laboratory and Clinical Sciences (Manager, LCS), who reports to the Dean, School of Health Sciences, and ultimately to the Senior Vice President, Academic.

The BSO(s) support the implementation and administration of the ACSI Biosafety Program. The BSO(s) are employed within the LCS Department and report to the Manager, LCS. In carrying out their biosafety responsibilities, the BSO(s) work closely with the LHR, the IBSC, the Manager, OHS, and any additional Authorized User Departments operating within ACSI laboratory facilities.

The Manager, OHS is a member of the IBSC and maintains a working relationship with the BSO(s). The Manager, OHS is also a member of the Joint Occupational Health and Safety Committee (JOHSC) at Algonquin College – Ottawa Campus, a college-wide committee whose primary responsibilities include conducting workplace inspections, monitoring the reporting of serious injuries, and making recommendations to the College regarding measures and procedures that reduce hazards and enhance safety.

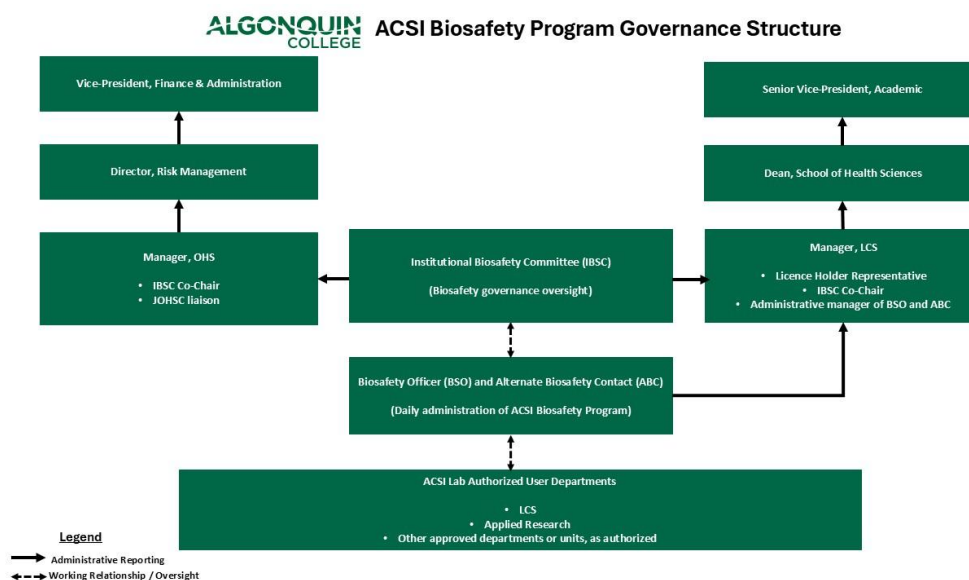


Figure 5.1.1: ACSI Biosafety Program Governance Structure

The IBSC is comprised of members of the College community with experience and training that enables them to advise on the containment principles, technologies, and operational practices to prevent unintentional exposure to pathogens or toxins. Members of the committee will be appointed by the LHR in consultation with the Manager, OHS.

Compulsory members of the IBSC include the following:

1. Co-Chair
 - Academic Chair (Manager), Laboratory and Clinical Sciences (LCS)
 - Licence Holder Representative (LHR) under the HPTA
2. Co-Chair
 - Manager, OHS
 - Training in Industrial Hygiene
3. Biosafety Officer(s) (BSO and ABC)
 - Diploma or degree in Biology/Biochemistry/Biotechnology or a closely related field
 - Biology and microbiology training

Additional members of the IBSC are appointed by the Co-Chairs of the IBSC and may include the following:

4. Director of Applied Research, or designate.
5. Additional Authorized User Department Managers
6. Faculty Member(s)
 - Subject-matter expert(s) in Biology/Biochemistry/Biotechnology or a closely related field

7. Laboratory Technologist(s)

The appointment of any additional members of the IBSC shall be reviewed annually by the IBSC Co-Chairs. Specific duties and details of the committee are outlined in the Biosafety Committee Terms of Reference document ([Appendix 5](#)).

5.2 Members of ACSI Biosafety Program Governance Structure

Chair (Manager), LCS Department

- Co-Chair, IBSC
- Licence Holder Representative (LHR) under the HPTA
- Academic administrator responsible for operational elements of the ACSI Biosafety Program at Algonquin College
- Manager of BSO(s) at Algonquin College

Manager, OHS

- Co-Chair, IBSC
- Training/expertise: training in Industrial Hygiene

Director, Risk Management

- Responsible for college-wide risk assessment and monitoring
- The Risk Management Department is tasked with the development, implementation, review and revision of College risk management policies and procedures to identify, assess, control, monitor and measure College risk, maintain oversight on the development and implementation of specific College management initiatives such as emergency management

Vice-President Finance & Administration

- Reporting Executive for the Risk Management Department
- Signatory on the Senior Management Letter of Commitment regarding the ACSI Biosafety Program at Algonquin College

Senior Vice-President Academic

- Executive sponsor and senior manager responsible for all matters related to academic programming and activity at Algonquin College
- Signatory on the AC Senior Management Letter of Commitment regarding the ACSI Biosafety Program at Algonquin College

5.3 Biosafety Officer(s) (BSOs)

According to the HPTA, the Licence Holder of a Human Pathogen and Toxins licence, by action of the LHR, is responsible for designating a BSO. Additionally, an Alternate Biosafety Contact (ABC) can be appointed to support the LHR and BSO in their duties under the HPTA. A BSO and ABC have been appointed at the College, however for ease of documentation they are both referred to as BSO in the context of this manual.

The BSO(s) work within the LCS Department on behalf of the Licence Holder, and LHR, to develop and implement the ACSI Biosafety Program. The BSO(s) are responsible for the day-to-day operations of the ACSI Biosafety Program including, but not limited to, the following:

1. To oversee biosafety practices, provide advice and guidance on biosafety program issues, and act as the primary point of contact with the PHAC and the CFIA.
2. To oversee biosafety and biosecurity practices and develop and implement the biosafety program.
3. To assist the LHR in developing policies and implementing effective procedures to ensure compliance with the CBS, PHAC, and CFIA standards and guidelines.
4. To monitor compliance by conducting risk assessments and internal inspections/audits.
5. To assist in the development and maintenance of the biosafety manual and standard operating procedures related to biosafety and biosecurity.
6. To develop, oversee, and document biosafety-related training.
7. To promote and monitor compliance with applicable legislation (HPTA, HPTR, HAA, HAR), conditions of the licence, the biosafety manual and standard operating procedures.
8. To assist with the internal investigations of incidents.
9. To notify the PHAC of any LAIs, inadvertent possession of human toxins and pathogens not received as expected.
10. To inform the LHR of any non-compliance by a person conducting activities under the licence.
11. To keep abreast of legislation concerning biohazardous materials and advise the IBSC about potential impacts on the College.
12. To determine the containment requirements and list any safety concerns of materials before purchasing/transferring biohazardous materials.
13. To assist the LHR in investigations of any incidents related to accidents, injury, and/or noncompliance related to biosafety.
14. To compile and provide any reports/documentation as required by the regulatory agencies.
15. To verify the accuracy and completeness of licence applications or renewals.
16. To advise personnel regarding approved risk assessed activities and identify areas where those activities may generate a change to the dual-use potential, biosecurity assessments, and their approvals.
17. To work collaboratively with management, employees, students, and external agents as it relates to the continual improvement of the biosafety program.

5.4 Authorized User Departments

Authorized User Departments are Algonquin College academic departments, operational units, research groups, or other approved entities that have been authorized to conduct activities

within ACSI laboratory facilities under the requirements of the ACSI Biosafety Program. The ACSI Biosafety Program applies to all Authorized User Departments and their personnel conducting activities within ACSI laboratory facilities.

Examples of Authorized User Departments may include departments conducting instructional laboratory activities, applied research activities, or other approved projects within ACSI laboratory facilities. The list of current Authorized User Departments is maintained separately as a controlled document and may be updated independently of this manual.

The responsibilities of the Authorized User Departments are to:

- Ensure that personnel conduct activities only within the scope of approved laboratory activities, risk assessments, and containment requirements;
- Ensure that personnel complete the training, orientation, supervision, and authorization requirements applicable to their activities;
- Support compliance with the requirements of the ACSI Biosafety Program;
- Notify the BSO(s) of new activities, significant changes to approved activities, incidents, near misses, or changes that may affect biosafety, biosecurity, or regulatory compliance;
- Support investigations, corrective actions, and continuous improvement activities related to health and safety, biosafety and biosecurity;
- Work collaboratively with the LHR, BSO(s), and IBSC to maintain safe laboratory operations.

5.5 Authorized ACSI Laboratory Users Operating Under Supervision

Authorized Laboratory Users Operating Under Supervision are individuals who conduct laboratory activities under the supervision of authorized personnel and who are not granted independent laboratory access. Examples of individuals in this group include:

- Students participating in CL1 laboratory activities
- Students participating in CL2 laboratory activities
- Visitors participating in approved laboratory activities under the Visitor Policy
- Other individuals conducting laboratory activities under supervision

5.5.1 CL1 Laboratory Users

Examples of individuals in this training sub-group include:

- Students enrolled in instructional laboratory courses operating in CL1 labs only
- Students working only with approved CL1 materials and procedures

Responsibilities of CL1 Laboratory Users are:

- To follow laboratory safety, biosafety, and emergency procedures;
- To complete training required for their authorized activities as per the TNAM ([Appendix 7](#));

- To follow instructions provided by instructors, supervisors, laboratory personnel, and the BSO(s);
- To use biological materials, equipment, and laboratory spaces only as authorized;
- To report incidents, accidents, spills, exposures, near-misses, or unsafe conditions to their supervisor.

5.5.2 CL2 Laboratory Users

Examples of individuals in this training sub-group include:

- Students participating in CL2 laboratory activities
- Students conducting approved projects within the CL2 containment zone

In addition to the requirements for CL1 Laboratory Users, the responsibilities of CL2 Laboratory Users are:

- To complete the mandatory biosafety training and authorization requirements, as well as annual refresher training, established by the ACSI Biosafety Training Program (see the TNAM in [Appendix 7](#));
- To follow all CL2 operational practices, containment requirements, and laboratory procedures, as indicated in this Biosafety Manual, as well as any other relevant processes, protocols, and guidelines established for work in the containment zone;
- To work only under the supervision level specified for the activity;
- To immediately report incidents, exposures, spills, releases from containment, theft, loss, or security concerns;
- To report to the BSO(s) and the LHR when an unauthorized human pathogen is inadvertently produced or otherwise comes into your possession;
- To inform the BSO(s) if there is a health status change so that a review of the implications for the hazards with which they work can be discussed, risk mitigation measures re-evaluated, and medical advice sought as necessary.

5.6 Personnel with Independent ACSI Laboratory Access

Personnel with Independent Laboratory Access are authorized to enter designated laboratory facilities without direct supervision and may hold additional operational, supervisory, or project responsibilities. Examples of individuals in this group include:

- Faculty members
- Laboratory Technologists
- Laboratory Technicians
- Researchers
- Applied Research personnel
- Other personnel granted independent access to laboratory facilities

5.6.1 ACSI CL1 Trained Personnel

Examples of individuals in this training sub-group include:

- Faculty teaching only in CL1 labs
- Personnel authorized only for CL1 laboratory access

Responsibilities of ACSI CL1 Trained Personnel are:

- To comply with applicable ACSI Biosafety Program requirements;
- To follow laboratory safety, biosafety, and emergency procedures;
- To complete training required for their authorized activities and access level as per the TNAM ([Appendix 7](#));
- To supervise students and laboratory users ~~as required~~ to correct work errors or deficiencies in conditions that could pose a risk to themselves, others, or the environment, or that could result in noncompliance with the regulations and guidelines pertaining to ACSI lab activities or protocols;
- To ensure activities are conducted according to approved procedures and risk assessments;
- To use biological materials, equipment, and laboratory spaces only as authorized;
- To report incidents, accidents, spills, exposures, near-misses, or unsafe conditions to their supervisor and BSO(s).

5.6.2 ACSI CL2 Trained Personnel

Examples of individuals in this training sub-group include:

- Faculty teaching in CL2 labs
- Lab Technologists
- Researchers
- Personnel authorized for independent CL2 access

In addition to the responsibilities for ACSI CL1 Trained Personnel, personnel that are ACSI CL2 trained are also required:

- To complete the mandatory biosafety training and authorization requirements, as well as annual refresher training, established by the ACSI Biosafety Training Program (see the TNAM in [Appendix 7](#));
- To be familiar with the Biosafety Manual and applicable ACSI Biosafety Program documents;
- To follow all CL2 operational practices, containment requirements, and laboratory procedures, as indicated in this Biosafety Manual, as well as any other relevant processes, protocols, and guidelines established for work in the containment zone;
- To submit activities, protocols, or projects for review by the BSO(s) where required;
- To ensure laboratory activities are conducted according to approved procedures and risk assessments;
- To report, in writing, incidents, exposures, spills, releases from containment, theft, loss, or security concerns to the BSO(s) within 24 hours of occurrence;
- To report to the BSO(s) and the LHR when an unauthorized human pathogen is inadvertently produced or otherwise comes into your possession;
- To work with the BSO(s) to support implementation and continuous improvement of the ACSI Biosafety Program.

- To inform the BSO(s) if there is a health status change so that a review of the implications for the hazards with which they work can be discussed, risk mitigation measures re-evaluated, and medical advice sought as necessary.

5.7 Personnel Entering ACSI Laboratory Facilities for Non-Laboratory Activities

There are personnel whose operational role requires either occasional or routine access into the ACSI labs. Examples of these individuals are:

- Facilities personnel
- Security personnel
- Custodial personnel
- Contractors
- Equipment service technicians
- Emergency responders

These personnel are responsible for:

- Following applicable access restrictions, entry requirements, and safety procedures;
- Completing any orientation or training required for their role as per the TNAM (see [Appendix 7](#));
- Following instructions provided by laboratory personnel and the BSO(s);
- Wearing required PPE when entering laboratory areas;
- Restricting activities to those authorized for their role;
- Reporting spills, equipment damage, security concerns, suspicious activity, or unsafe conditions to the BSO(s);
- Not handling lab equipment, chemicals, or biological materials unless specifically trained and authorized.

5.8 Algonquin College Policies, Procedures and Safety Standards

The ACSI labs have programs, plans and guidelines in place to protect employees and students.

5.8.1 ACSI Laboratory Guidelines, Programs and Plans

The ACSI lab facilities have established processes, standards, programs and plans which outline the College's commitment to administratively manage and control biosafety and biosecurity risks in accordance with the applicable legislation, regulations and standards. These documents serve to protect members of the College community, the public, and the environment when biohazardous materials are used in education, applied research, or any other College activity. Most of these documents are available in the appendices of this manual.

Furthermore, this Biosafety Manual, that outlines laboratory practices and procedures which serve to reduce hazards and enhance safety, has been developed as a guiding document under the ACSI Biosafety Program. The official versions of these documents are found on the [Algonquin College Biosafety website](#) and are updated continuously as changes are approved by the IBSC.

5.9 Internal Inspections and Audit Guidelines

Routine lab inspection is an important component of a lab safety program and the BSO(s) ensure that lab inspections take place on a regular basis. Generally, lab inspections take place once per month, or at longest once per term, and the BSO(s) are responsible for conducting these inspections following the ACSI Lab Inspection Process ([Appendix 9](#)). The BSO(s) will follow up with the LHR to discuss any non-compliance. Egregious deficiencies are reported to the IBSC for discussion and recommendations and the LHR is responsible for follow up with corrective actions until these deficiencies are resolved. If deemed necessary, the deficiencies are reported to the Risk Management Department and JOHSC for review.

6.0 Biosafety Training

The ACSI Biosafety Program requires that all laboratory personnel have detailed training in the handling of biohazardous materials, including awareness of biosecurity, dual-use potential, and responsible handling of sensitive biological information where appropriate to the individual's role. A TNAM ([Appendix 7](#)) has been developed as part of the ACSI Biosafety Training process. Training completion records are maintained by the BSO(s), and it is the responsibility of the LHR, BSO(s), Authorized User Department Managers, Faculty, Researchers and Technologists (in their capacity as supervisor of a class, laboratory or college-sponsored activity) to ensure that they and all individuals involved with biohazardous materials receive the necessary biosafety training.

6.1. Student Biosafety Training

Students who work in the CL2 zone must complete biosafety training as part of their regular curriculum. In addition, students receive in-person introductory lab training; this includes details related to biosafety, lab safety and emergency response. Records of training are documented.

6.2 Employee Biosafety Training

ACSI Lab Employees who work in the CL2 zone must complete both in-person lab familiarization and online biosafety training prior to working in the lab. This training is mandatory for all employees and researchers (and in some circumstances for volunteers and visitors) who work directly with biohazardous materials in the ACSI labs. The training provides an overview of biosafety to promote awareness in research and teaching labs where biohazardous materials are handled or stored, and to protect faculty, staff, researchers, students, the public and the environment from potential exposure to biohazardous materials. Records of training are documented.

Other staff members, for example custodial staff, receive biosafety training that is modified based on their role in the ACSI labs.

6.3 Emergency Response Training

All staff, students, and researchers in the ACSI labs receive training on emergency response procedures appropriate to their role.

- **Staff and researchers** complete both online and in-person ERP training, with an **annual refresher** typically delivered at the start of the fall semester.

- **Students** are introduced to emergency response procedures through a **lab familiarization session** at the beginning of each lab course, each semester. This includes reference to key ERP topics relevant to their activities. Students always work under the supervision of trained staff.

6.4 Safe Use of Biosafety Laboratory Equipment

All staff and students who work with biohazardous materials in the CL2 labs must be properly trained to operate biosafety-related equipment relevant to the work performed.

LRAs have been conducted for specific tasks and equipment that are biosafety-related (e.g. use of equipment such as biosafety cabinets, autoclaves, centrifuges and pipetting of biohazardous materials), the result being risk mitigation strategies that have been added into ACSI's Biological Safety Standards ([Appendix 10](#)). ACSI laboratory staff and students are trained to these standards.

7.0 Physical Containment Requirements and Engineering Controls

It is an important basic tenet of safety that engineering controls (lab design and containment equipment), including proper laboratory ventilation, should be used as a first line of defense against the exposure or release of biohazards and only then supplemented with personal protective equipment (PPE) and operational controls.

At Algonquin College, containment laboratories must meet the design requirements of the [CBS, 3rd Edition, 2022](#); and, where applicable, other requirements that might be imposed by the PHAC, the CFIA or other regulatory authorities. It is the responsibility of the LHR to ensure that the required essential biosafety equipment (which is independent of the building infrastructure) is in place and used according to the manufacturer's recommendations. The BSO(s) are responsible for developing and maintaining the necessary equipment SOPs. The requirements for essential biosafety equipment such as BSCs may be discussed with members of the IBSC.

7.1 Lab Design

In building or renovating science laboratories, the College's intention is to develop laboratories that are versatile and meet the changing needs of users over the service life of the facility. Any changes in lab design or location must be approved by the BSO(s) and final sign-off approval must be obtained from the LHR as well as the Manager, OHS.

It should be noted that a laboratory's HVAC system is not designed to control or exhaust biohazards or volatile or toxic chemicals; these must be handled in BSCs, chemical fume hoods or other containment enclosures. HVAC systems only dilute indoor air contaminants and maintain comfort parameters of temperature, humidity and air circulation.

7.1.1 ACSI's Containment Level 1 Labs

General Physical Design Features of Biosafety Containment Level 1 labs:

- Laboratory work areas are separated from public and administrative areas by a door;

- Whenever possible, dedicated paper/computer workstations are segregated from workstations where RG1 biological material (e.g., samples, specimens) are handled;
- Windows are kept closed at all times (i.e. there is no hardware to open the windows);
- Space is provided for the storage of PPE in use (note: students may leave lab coats on chairs when briefly exiting the lab; lab coats are to be placed into plastic bags (to prevent cross-contamination) and stored in students lockers);
- Floors, walls, benchtops and furniture are non-absorbent and resistant to scratches, moisture, and impact, to allow decontamination and cleaning, in accordance with function;
- Benchtops and other work surfaces do not have open seams, to allow for cleaning and decontamination;
- Backsplashes that are installed tight to a wall are sealed at the wall-bench junction, to allow cleaning and decontamination;
- Floors are slip-resistant, in accordance with function (i.e. slip-resistant wax is used);
- Sinks are provided for handwashing;
- Emergency eyewash and shower stations are provided;
- Have telephone or alternate emergency communication;
- Have emergency lighting;
- Have all appropriate door signage;
- Employ good microbiological laboratory practices when handling biological samples or biohazardous materials;
- Employ good general laboratory practices that include the use of appropriate PPE.

Note: detailed information regarding physical design for CL1 labs is available [here](#).

7.1.2 ACSI's Containment Level 2 Labs

Biosafety Containment Level 2 involves enhanced practices to avoid splashes, the generation of aerosols and environmental contamination. Due to Biosecurity considerations, delineation of the current CL2 zone in the ACSI labs is maintained as a restricted document by the LHR and the BSO(s).

General Physical Design Features of Biosafety Containment Level 2 labs:

- Meet all the facility requirements described above for Biosafety Containment Level 1 laboratories;
- Biohazard warning signage to be posted at points of entry to the containment zone;
- Biohazard warning signage to include:
 - International biohazard warning symbol;
 - Containment level;
 - Required PPE;
 - Entry requirements (i.e. Visitor's Policy) and
 - Emergency contact information.
- Doors must be kept locked at all times with access limited to authorized personnel only;
- Where possible, it is recommended that all labs have directional air flow into the lab (i.e. lab under negative pressure relative to the corridor);

- Containment zones to be separated from public and administrative areas by a lockable door;
- Space to be provided inside the containment zone for dedicated PPE that has to be worn and may be reused;
- In accordance with function, surfaces and coatings, including floors, ceilings, walls, doors, frames, casework, benchtops and furniture to be:
 - Cleanable;
 - Non-absorbent;
 - Resistant to physical damage and resistant to damage caused by decontamination procedures and products.
- Surfaces that may come in contact with regulated materials to be continuous with adjacent and overlapping materials;
- Sinks to be provided to facilitate handwashing;
- BSCs (or other primary containment devices) to be provided, depending on a risk assessment;
- Decontamination technologies to be provided within the containment zone (i.e. autoclave);
- Decontamination technologies to be equipped with monitoring devices and recording mechanisms that capture operating parameters;
- Mechanisms to be provided to prevent contamination of vacuum systems and the release of regulated materials;
- Adherence to standard operating procedures/processes related specifically to work conducted in a CL2 setting (e.g. proper use of BSC).

Note: detailed information regarding physical design for CL2 labs is available in the [CBS](#).

7.2 Containment Barriers and Access

A lab's containment barrier is what physically prevents unauthorized personnel from being able to enter facilities that use infectious or potentially infectious materials. The barrier is intended to prevent hazardous exposures and unauthorized use of pathogens.

Only Authorized Laboratory Users are able to gain access to CL2 zones. This is controlled through the use of electronic access cards. These cards are issued to each individual lab user (generally employees only) upon successful completion of Biosafety training as prescribed and delivered according to the ACSI Biosafety Program. These electronic access cards are unique to each individual staff member and a record of each card's usage is logged in an electronic database under the management of Security Services at Algonquin College. Generally, laboratory visitors must be granted authorization by the LHR and must be supervised at all times in accordance with established laboratory safety standards and operating procedures. A visitor's policy notice is posted on the outside of all laboratory doors, indicating the requirements in order for visitors to access the labs.

7.3 Essential Biosafety Equipment and Supplies

Laboratory Equipment must be used correctly and must be properly maintained to provide the intended protection.

7.3.1 Biological Safety Cabinets

BSCs are designed to reduce the risk of infections by isolating the activities in the BSC from the laboratory environment. They are also used for maintaining an aseptic environment when working with infectious material or performing mammalian cell culture. BSCs provide effective primary containment for work with pathogens and toxins when properly maintained and used in combination with good microbiological practices (GMP).

Aerosols are fine droplets of liquid that can carry infectious organisms and stay suspended in the air for various periods of time depending on the size of the droplet. Aerosols are produced when force is applied to a liquid (e.g., pipetting, blending, stirring, sonicating, vortexing, centrifugation, pulling needles out of septums, filling a syringe, flaming loops or slides, opening snap cap tubes and pouring liquids). BSCs reduce the risk of airborne exposure to infectious material, by preventing the escape of aerosolized biohazardous agents into the laboratory environment. BSCs should be used for procedures that have the potential to produce infectious aerosols and for work involving high concentrations or large volumes of infectious material.

Refer to the BSC Standard Operating Procedure (SOP) for detailed information regarding the use of BSCs. The CBS dictates that the BSCs must be inspected annually.

7.3.1.1 HEPA filters

HEPA filters are essential components of BSCs, with particle removal efficiencies of 99.97% or better for 0.3 μm diameter particles. A particle size of 0.3 μm is used as the basis for filter definition because it is the most difficult size to remove; particles that are larger or smaller are removed with greater efficiency.

A HEPA filter is comprised of a single sheet of fiber paper, which is pleated over rigid corrugated separators (to prevent the pleats from collapsing in the airstream) and glued onto a wood, metal or plastic frame. HEPA filters are easily damaged if mishandled; thus, BSCs must be tested and certified whenever they are moved.

Although HEPA filters effectively remove particulates from an airstream, they do not capture chemical gases or vapors. Thus, recirculating Class II BSCs must not be used with hazardous, volatile or radioactive materials.

7.3.1.2 Classes of Biological Safety Cabinets

Not all BSCs are the same, although all of them protect personnel and the environment from contamination. There are three classes of BSCs, operating under the same basic principles. Personnel protection is provided by means of a continuous stream of inward air, which helps to prevent aerosols from escaping through the front opening. HEPA-filtered exhaust air provides environmental protection. In addition to protecting workers and the environment, some BSCs

(Classes II and III) provide product protection from airborne contamination by sending HEPA-filtered air across the work surface.

Horizontal or laminar flow clean benches are not BSCs; they provide product protection but do not protect the ambient environment or the user from exposure to the materials being handled. Clean benches must never be used for handling infectious, toxic or sensitizing materials: they are appropriate for non-hazardous activities that require a clean environment, such as the assembly of sterile apparatus or electronic devices.

See Figures 7.3.1.2.1 and 7.3.1.2.2 for more details on BSCs.

SIDE-BY-SIDE COMPARISON OF BSC CLASS II TYPES				
BSC	HEPA-Filtered Work Surface Air	Interior Design	Air Inflow Rate	Chemicals
II, A1	ALL is RECIRCULATED	May have contaminated air under POSITIVE pressure, so if plenum leaks, contaminants will escape into lab	75 linear feet per minute (lfpm)	Use with biologicals; Should NOT be used with chemicals
II, A2	MOST or ALL is RECIRCULATED	Contaminated air under/surrounded by NEGATIVE PRESSURE; if outside exhaust is present, uses <u>flexible connection</u>	100 lfpm	Use with biologicals; recommended for use with MINUTE amounts of volatile chemicals if some air is exhausted outside
II, B1	MOST is EXHAUSTED OUTSIDE	Contaminated air under/surrounded by NEGATIVE PRESSURE; outside exhaust must be <u>hard-ducted</u>	100 lfpm	Use with biologicals & MINUTE amounts of volatile or toxic chemicals
II, B2	ALL is EXHAUSTED OUTSIDE	Contaminated air is under/surrounded by NEGATIVE PRESSURE; outside exhaust must be <u>hard-ducted</u>	100 lfpm	Use with biologicals & SMALL amounts of volatile or toxic chemicals

Figure 7.3.1.2.1: Comparison of Class II Type Biological Safety Cabinets

Reference: Virginia Tech, Environmental Health and Safety

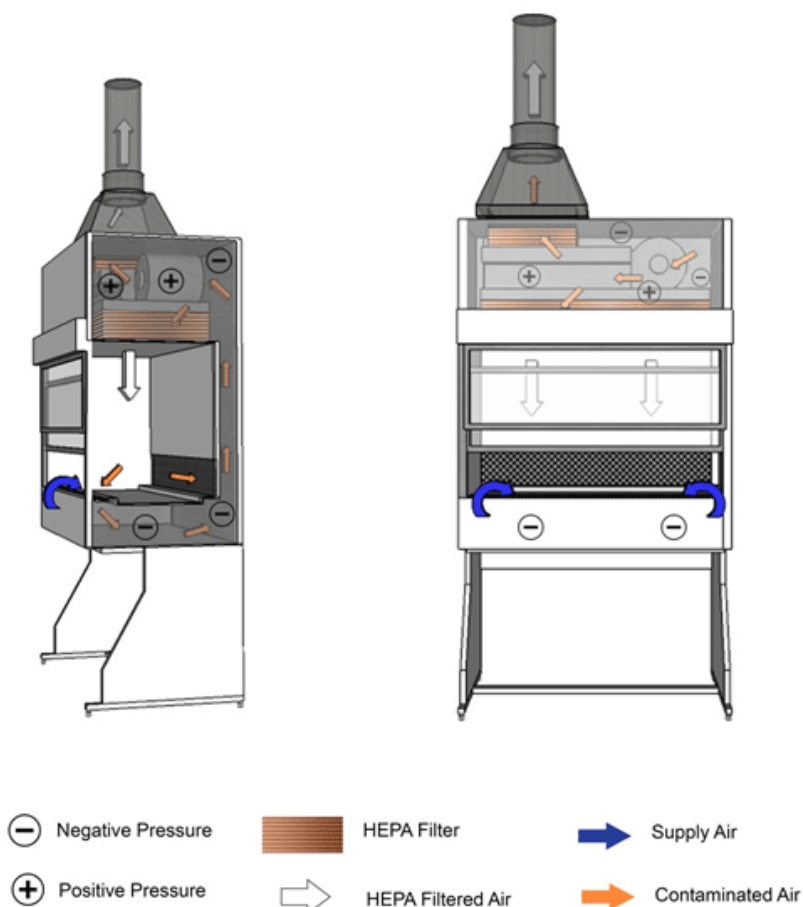


Figure 7.3.1.2.2: Illustration of a Class II Type A2 Biological Safety Cabinet (BSC)

Reference: <https://www.canada.ca/en/public-health/services/canadian-biosafety-standards-guidelines/handbook-second-edition/chapter-11-15.html>

7.3.1.3 Placement of Biological Safety Cabinets in the Laboratory

In order to ensure that the protective curtain of inward directional airflow is maintained, BSCs should be located away from interfering room air currents, such as those caused by:

- Pedestrian traffic;
- Room ventilation, e.g. overhead supply diffusers, fans, heating and air conditioning registers;
- Equipment that generates air currents, e.g. centrifuges, chemical fume hoods;
- Opening and closing of doors.

The ideal placement is in a “dead end” area of the lab, away from doors, throughways, windows, supply air diffusers, fume hoods and other equipment that could interfere with cabinet airflow. BSCs should not be located directly opposite seated work stations, other BSCs or fume hoods, and there should be adequate clearance on each side to allow access. Please contact the BSO(s) before relocating a BSC or installing a new one.

7.3.2 Fume Hoods

Fume hoods are NOT to be used for level 2 biohazard containment. Fume hoods are designed for collecting potentially harmful chemical gases, vapours, mists, aerosols and particulates generated during the manipulation of chemical substances. These harmful substances are usually directly exhausted to the outside of the building. A biological safety cabinet, not a fume hood, must be used to contain biohazardous aerosols from infectious cultures because this traps potentially infectious microorganisms in a HEPA filter, and does not release them to the environment.

When using a fume hood, be sure that:

- The sash is at the correct height
- You work well back in the fume hood
- The exhaust is not blocked by extraneous material (do not store things in the fume hood)
- Surfaces are protected to permit easy clean-up of spills

Refer to the Fume hood SOP for detailed information regarding the use of Fume hoods.

7.3.3 Vacuum Systems in CL2 Laboratories

The CL2 labs, including the technologist prep area, are equipped with central vacuum systems at benchtop valves and integrated in fumehoods for general, non-biological use. RG2 work remains tightly controlled and separated from these systems.

7.3.3.1 Permitted Use of Vacuum Systems

The use of the central vacuum lines, either at the fume hood or benchtop, is NOT permitted for biological work. If there is a requirement to use a vacuum with **RG2 materials**, they must only be handled **within a certified BSC using a dedicated stand-alone vacuum pump**. The stand-alone pump must include a **dual-trap system wherein**:

- **the Primary trap** contains an appropriate disinfectant (e.g., freshly prepared 10% bleach).
- **the Secondary overflow trap** is in place for added containment security.
- a **vacuum-rated inline filter** (e.g., hydrophobic membrane or 0.2 µm HEPA/high-efficiency filter) is installed **between the trap and the vacuum valve** to mitigate aerosol risks.
- the filter has been **visually inspected for integrity and absence of contamination**.

7.3.3.2 Central Vacuum Safeguards

The Central vacuum lines may be used for **non-biological** activities (e.g., glassware drying, chemical work). In order to prevent contamination of building infrastructure, and mitigate aerosol risks:

- a **vacuum-rated inline filter** (e.g., hydrophobic membrane or 0.2 µm HEPA/high-efficiency filter) must be installed **between the trap and the vacuum valve**.

- a **liquid trap** must also be present, even during non-biological use, for extra protection.
- a visual inspection to confirm integrity of the filter and an absence of contamination is to be performed.

7.3.4 Movement, Transportation and Shipping

The term “movement” is used when moving biohazardous materials within a laboratory or building, while “transportation” refers to transporting this material to another building or location in Canada or abroad. Transportation of infectious materials and toxins falls under the Transportation of Dangerous Goods Act (TDGA), the Transportation of Dangerous Goods Regulations (TDGR) and the Dangerous Goods Regulations issued by International Air Transport Association (IATA). Infectious material and toxins must be documented and packaged appropriately in order to protect against their release during movement or transport, and in accordance with TDGR, when applicable.

The transportation of infectious substances within Canada is administered through Transport Canada and regulated by the TDGA and TDGR. Infectious materials and toxins fall under *Class 6, Division 6.2 Infectious Substances* of the Regulations, which define the labelling, packaging and documentation requirements. Import, export, purchase, or transfer of biological materials at Algonquin requires strict adherence to the National Standard of Canada: Packaging of Category A and Category B infectious substances (Class 6.2) and clinical, (bio) medical or regulated medical waste (2021). International and national regulations stipulate that everyone involved in the transport (shipping, handling, transporting or receiving) of biohazardous materials must be trained, tested and certified. TDG training can be arranged by contacting the LHR and/or BSO(s).

Detailed instructions regarding movement, transportation and shipping of biohazardous materials can be found in [Appendix 10](#).

7.3.5 Other Controls

Detailed instructions on centrifuges, autoclaves, etc. can be found in [Appendix 10](#) and their respective SOPs.

8.0 Operational Practice Requirements

This section describes the operational practices that are in place in the ACSI labs. Operational practices are intended to mitigate risks associated with handling or storing pathogens, toxins, or other regulated infectious material by administrative procedures.

8.1 Good Microbiological Practices for Biohazard Laboratories (Level 1 and 2)

In addition to physical containment, good microbiological practices are important for reducing the risk of laboratory-acquired infections. Good microbiological practices include the use of PPE, hand washing, disinfecting work areas, the use of procedures that minimize the creation of aerosols, and proper decontamination and disposal of materials.

A detailed list of Good Microbiological Practices established for all ACSI labs can be found within “ACSI’s Biological Safety Standards” ([Appendix 10](#)).

8.2 Housekeeping

The containment zone must be kept clean, free from obstructions and free from materials that are not required or cannot be easily decontaminated. A clean, uncluttered work environment minimizes slipping, tripping, falling and collision hazards that could potentially lead to exposure incidents or the spread of contamination. When work with biologicals is finished, the work surfaces must be properly decontaminated by trained lab personnel.

Custodial staff are responsible for ensuring that liquid hand soap and paper towels are stocked in the labs, that floors are washed regularly, and that regular waste stream garbage is collected.

8.3 Containment Level 2 Operational Practices

CL2 laboratories that are regulated under the HPTA must meet the operational practice requirements delineated in the CBS, Chapter 4. At CL2, the major addition to the good microbiological practices described above, is that a BSC must be used for procedures that may produce significant infectious aerosols, or that involve high concentrations or large volumes of biohazardous material. The BSO(s), with support from the IBSC, if necessary, perform local risk assessments to determine which procedures and what concentrations and volumes necessitate the use of a BSC or other primary containment device.

8.4 Operational Requirements

Due to the risk of exposure to pathogens and toxins, there are specific operational requirements that must be adhered to when working in a CL1 and CL2 laboratory.

8.4.1 Laboratory Entry: Personal Responsibility and Readiness

Prior to arriving at the lab, all users should self-assess to be sure they are fit to attend. For the safety of self and others in the lab, individuals must not participate in lab activities while under the influence of alcohol, drugs, or mind-altering substances, as decision making would be impaired.

8.4.2 Microorganisms

Microorganisms including bacteria, viruses, fungi, and parasites and the materials that contain or may contain them are the focus of the ACSI Biosafety Program. Risk assessments of pure cultures of microorganisms may be quite straightforward because many have been characterized in detail. For some agents, the information is readily available as [PHAC Pathogen Safety Data Sheets](#).

PHAC also has a database of pathogens, the ePATHogen-Risk Group Database, that detail the risk group, classification – human and/or animal, whether it is an SSBA and whether it is regulated by the CFIA. Additionally, the Registry of Human Pathogens and Toxins can be found within the database, which is where trigger quantities for regulated toxins can be found. This information is publicly available at: <https://health.canada.ca/en/epathogen>.

8.4.3 Biological Toxins

Biological toxins are non-replicating, non-infectious, poisonous substances produced by or derived from certain microorganisms, plants and animals. Many can cause adverse health effects in humans and/or animals at relatively low concentrations. An additional risk associated with working with toxins, includes the potential for buildup of static electricity and release of aerosolized toxin when handling dried/lyophilized toxins. Routes of exposure to biological toxins in the laboratory include: accidental inoculation, absorption through skin or mucous membranes, ingestion and inhalation of aerosols.

HPTA Regulated human toxins are listed in the Registry of Human Pathogens and Toxins, found on the ePATHogen database (<https://health.canada.ca/en/epathogen>). The Algonquin College of Applied Arts and Technology (ACSI labs)' PHAC licence allows controlled activities with CL1 and CL2 toxins only. This includes SSBA's in amounts equal to or below the trigger quantity. Trigger quantities are listed in the Info section for the respective toxin in the Registry. In all cases, any laboratory activity/protocol involving human toxins must be submitted to the BSO(s) for inspection, review, and authorization in advance of usage in ACSI labs. Any specific questions related to operational requirements for specific materials should be addressed to the BSO(s) for their advice and guidance.

8.4.4 Recombinant DNA: Genetically Modified Organisms and Viral Vectors

Natural or synthetic genetic material from more than one source can be combined to create new recombinant DNA (rDNA). The genetic material of microorganisms, animals and plants can be modified by the insertion or deletion of genes or gene segments to create a genetically modified organism (GMO). Viral vectors (e.g., lentivirus, retrovirus, adenovirus, herpesvirus vector systems) can be used to deliver genetic material into host cells for subsequent gene expression. Genetic manipulation may increase or decrease the risk group and containment level, depending on:

- The gene(s) being transferred
- Modification of genes (point mutations, deletions) already present in the organism
- Properties of the gene(s) expressed in the recombinant
- Risk Group of the host organism
- Interaction between the gene(s) being transferred and the host vector system(s)
- Viability of the host vector system

Work with recombinant DNA must include an assessment of the host, vector and insert; including how the modifications being made could impact the Dual-Use Potential level. The work, once approved, should be carried out at the highest containment level of any of the individual components. In general, when the source of the DNA being transferred, the vector, and the host are all innocuous, the possibility of hazard is remote; however, approval must be sought from the BSO(s).

8.4.5 Cell Lines and Cell Culture

Cell cultures may contain unsuspected oncogenic, allergenic or infectious particles. Even well-characterized cell lines with no inherent risk have the potential to acquire pathogenic organisms, either naturally or through contamination by adventitious organisms, transformation or

recombination. Cell lines that contain a known pathogen should be handled using the containment level appropriate for the agent.

Many commercially available eukaryotic cell lines of human or animal origin are classified as Risk Group 2 due to the presence of pathogenic viruses in the original cells or introduced during their immortalization. Since it is not feasible to test for all conceivable human pathogens, it is prudent to use CL2 facilities and operational practices when handling human or non-human primate sourced cell lines.

The potential hazards associated with human primary cell cultures include blood borne pathogens (e.g. HBV, HCV, and HIV) as well as agents such as Mycobacterium tuberculosis that may be present in lung tissue.

All projects involving cell culture will be risk assessed, including the assessment of Dual-Use Potential risk level changes that may occur as a result of the planned treatment or modification, and require approval from the BSO(s).

8.4.6 Human Derived Samples

Samples obtained from human blood, body fluids, or tissues require caution for use, as their pathogenic profile is not necessarily known, even when obtained from an apparently healthy donor. These samples are NOT to be collected in the CL2 space, and at no time shall a CL2 user work with self-derived samples. When processing samples for testing, **always** work in the BSC.

Projects that plan to use human derived samples must be risk assessed and approved by the BSO(s) prior to execution. Any samples with known profiles containing RG3 or higher pathogens are not permitted in the ACSI labs at Algonquin College. Ethics approval is required for projects that use human derived samples, and additional training ([TCPS 2: CORE-2022](#)) is provided for those individuals that will work with human derived samples.

8.4.7 Environmental Samples

Environmental samples, such as water, sediment or soil may contain pathogens that present a hazard to people, animals or the environment, and should be collected using the appropriate PPE. In keeping with best biosafety practices, CL2 facilities and operational procedures are recommended when handling samples that contain unknown microbes/pathogens.

The HPTA states that a human pathogen or toxin that is in an environment in which it naturally occurs is excluded from the HPTA **as long as it has not been cultivated or intentionally collected or extracted**.

A PHAC licence is required if human pathogens are being produced, cultivated, cultured and/or grown. Therefore, if a possible RG2 organism is being subcultured, then the activity must be conducted in a CL2 lab.

In all cases, a risk assessment must be carried out with the BSO(s) to determine the risk group and containment level requirement for the environmental specimens.

8.4.8 Large-Scale

Activities involving volumes of 10 litres or more, whether in a single or in multiple vessels, are generally considered to be large-scale by PHAC and CFIA. Large-scale work may pose an increased risk to lab workers and the environment. Any large-scale project requires the BSO(s) to consult with PHAC and /or the CFIA to determine whether the work is considered laboratory or large-scale; therefore, all large-scale activities require approval of the BSO(s).

8.5 Personal Protective Equipment

The selection of appropriate PPE for the specific work is important. PPE can provide a false sense of security, particularly if it is inappropriate or not properly maintained. The PPE required for a particular laboratory protocol must be described in the laboratory activity/protocol so that all lab users (especially students) are aware of the PPE requirements for that activity.

PPE required for use in a containment zone must be dedicated to that zone. It must not be worn in public spaces and should be removed near the exit of the lab zone in such a way that contamination of skin and hair is minimized. Donning and doffing (putting on and removing) PPE practices are further described in [Appendix 10](#).

8.5.1 Eyes

Safety glasses, goggles and/or a face shield should be worn as required to protect from possible splashes, aerosols, or other relevant hazards. Safety glasses with side shields provide general eye protection but safety goggles offer superior eye protection from splashes. Note: It may be advisable in some cases to wear eye protection even when working at a biological safety cabinet to prevent individuals from touching their eyes with contaminated gloves.

Face shields are considered secondary protectors and only provide adequate eye protection when worn with safety glasses or goggles. Note: Face shields should be worn when removing tubes from liquid nitrogen due to the risk of tubes exploding if liquid nitrogen has leaked into them.

The wearing of contact lenses does not provide adequate protection against biological, chemical, or particulate hazards, and may negatively impact the effectiveness of first aid response in the case of a splash. It is strongly recommended that ACSI lab users refrain from wearing contact lenses in the labs. Inserting or removing contact lenses is not permitted in any laboratory.

8.5.2 Body

- Lab coats should be worn in all labs;
- Lab coats with snaps rather than buttons are recommended so that they can be removed quickly;
- Lab coats may not be worn in washrooms, lunchrooms, conference rooms, public elevators, offices or other areas where food or beverages are consumed;

- Generally, lab coats are to be folded so that the inside is not contaminated by the outside of the coat and then placed inside a cubby or bag for storage;
- CL1 lab coats can be removed from the lab (and stored bagged in student lockers, for example) while CL2 lab coats must remain in the lab until decontaminated prior to removal from the lab. Consult with the BSO(s) for the decontamination procedure;
- Any lab coats which are known or suspected to be contaminated with pathogens must be successfully decontaminated, by autoclaving or soaking in bleach (or other suitable disinfectant), before laundering.

8.5.3 Hands

Gloves of a suitable resistance material must be worn when handling materials in the lab. Generally, 100% nitrile gloves are worn in the ACSI labs.

Recommended glove practices:

- Inspect gloves for cracks, tears and holes before wearing;
- When donning gloves, ensure that they fit so that no skin will be exposed;
- Gloves should be changed when visibly contaminated and as soon as possible after handling infectious agents;
- Change gloves often if wearing for a long period of time;
- Proper glove removal technique involves removing each glove without touching the outer contaminated surface (see [Figure 1](#) (Appendix 10));
- Hands and wrists should be washed thoroughly, immediately after removing gloves;
- Double gloving should be considered for some agents or procedures where appropriate;
- Reusing disposable gloves is not recommended;
- Insulating gloves or mittens should be worn when handling high-temperature materials (e.g., recently autoclaved materials) or low-temperature materials (e.g. metal boxes from a -80°C freezer or liquid nitrogen).

Even when gloves are worn, hands are to be washed before leaving the lab.

8.6 Hand Washing

Proper hand washing after removing gloves and before leaving the laboratory is one of the most important practices for preventing the spread of infectious agents. Proper hand washing is demonstrated in Figure 8.3.1.



Figure 8.3.1: Good Handwashing Technique

Reference: <https://microbeonline.com/handwashing-hygiene-wash-hands/>

8.7 Proper Donning and Doffing of PPE

Donning (putting on) and doffing (taking off) of PPE, is done in a prescribed order. Refer to [Section 5.8.4](#) of Appendix 10 for the procedure.

8.8 Decontamination and Waste Disposal

Decontamination is the process by which materials and surfaces are rendered safe to handle and are reasonably free of microorganisms or toxins. The primary objective of decontamination is to protect containment zone personnel and the community from exposure to pathogens that may cause disease. Depending on the situation, decontamination may require disinfection or sterilization.

8.8.1 Sterilization vs. Disinfection

Sterilization is a process that eliminates all living microorganisms, including bacterial spores. The probability of a microorganism surviving a sterilization process is considered to be less than one in one million (i.e. 10^{-6}), and is referred to as “sterility assurance”.

Disinfection, a less lethal process than sterilization, eliminates most forms of living microorganisms. The effectiveness of the disinfection process is affected by several factors, including the nature and quantity of microorganisms, the amount of organic matter present, the type and state of items being disinfected, water hardness, and the temperature.

8.8.2 Decontamination Procedures in ACSI Laboratories

It is good laboratory practice to decontaminate all biological waste generated, whether or not it is known to be infectious. Decontamination helps to prevent occupational exposure to, and/or the unintentional release of, infectious materials or toxins, and refers to procedures that render

materials and surfaces safe to handle and relatively free of infectious microorganisms or toxins. In general, anything that is potentially contaminated is to be decontaminated using equipment or processes effective against the contaminating pathogen or toxin prior to cleaning, disposal, removal, or servicing.

Autoclaves are effective in decontaminating biohazardous waste. Chemical disinfection is also suitable for spill cleanup and the decontamination of substances, surfaces and equipment that cannot be autoclaved. Many chemical disinfectants are toxic; thus, it is important to read Safety Data Sheets (SDS), follow manufacturers' recommendations and wear the appropriate PPE when handling them. Refer to [Chapter 15](#), Section 15.3.1 of the 2nd edition of the CBH for a summary of microorganism susceptibility to chemical disinfectants (Table 15.1), characteristics and contact times of chemical disinfectants (Table 15.2), and disadvantages of chemical disinfectants (Table 15.3).

The choice of decontamination method will depend on the nature of the material to be processed. Decontamination procedures should be included in all laboratory activities and SOPs. The BSO(s) are responsible for ensuring that the appropriate materials required for decontamination are readily available.

8.8.3 Autoclave Validation and Verification

Autoclave validation is more stringent than verification and is intended to test the efficacy of the decontamination process under more challenging conditions. Annual validation is required for each load type, using defined representative loads. The representative load consists of the maximum quantity of material of a particular load type, that would be decontaminated at any one time.

Autoclave verifications periodically test the decontamination process between annual validations to detect process or equipment failures. For verification, the biological (or chemical) indicator is placed within the autoclave chamber, outside of the load to avoid contact with infectious material. The verification load can be any quantity that does not exceed the maximum load quantity defined by the validation.

Detailed instructions on autoclave validation and verification can be found in [Appendix 10](#).

9.0 Medical Surveillance Program

Individuals who work in areas where infectious material or toxins are handled and stored are at risk of exposure to these pathogens and toxins and the adverse consequences of an exposure event. Working with hazardous chemicals poses possible health hazards to individuals who work in areas where these chemicals are used and stored. Additionally, laboratory equipment has physical hazards, such as pinching, crushing, puncturing, etc.

The purpose of ACSI's medical surveillance program is to help prevent and detect illness or disease related to exposure to infectious material or toxins. While the focus is on prevention,

medical surveillance also provides a response mechanism through which a potential infection can be identified and treated before serious disease occurs.

ACSI's Medical Surveillance Program can be found in [Appendix 3](#).

10.0 Biosecurity Plan

While biosafety refers to the application of containment principles, technologies, and practices to prevent unintentional exposure to infectious material or toxins, biosecurity refers to measures taken to prevent the loss, theft, misuse, diversion or intentional release of these materials.

Potential consequences of a biosecurity lapse include:

- Infection, poisoning or death of humans or animals;
- Undesirable social, economic, or environmental impact;
- Negative impact on research due to the loss of material.

The biohazardous materials in use at Algonquin are generally quite common in the Canadian environment and are not cultured in large quantities, so they are extremely unlikely to represent a significant community-wide biosecurity risk. Nonetheless, biosecurity breeches, such as the intentional misuse or theft of biohazardous materials or toxins, can lead to serious undesirable consequences and a plan is in place at Algonquin to prevent such incidents.

Any concerns regarding possible misuse of biological materials, laboratory technologies, sensitive information, laboratory security measures, or research activities should be reported to the BSO(s) as soon as practicable.

Examples may include:

- Suspected theft or diversion of biological materials;
- Unauthorized access to sensitive information;
- Concerns regarding inappropriate use of laboratory resources;
- Activities that appear inconsistent with approved laboratory practices.

Reports will be reviewed in accordance with the requirements of the ACSI Biosafety Program, Biosecurity Plan, applicable College policies, and regulatory obligations.

The ACSI Biosafety Program has training and reporting mechanisms in place to promote, maintain, and reinforce biosecurity practices. Please refer to ACSI's Biosecurity Plan ([Appendix 2](#)) for more information.

11.0 Emergency Response Plan (ERP)

Emergencies are generally unpredictable and occur with little or no warning. Prevention and mitigation measures must be developed, and emergency response procedures must be established.

To ensure that personnel can respond immediately and effectively to emergencies, the CBS requires annual Emergency Response Plan (ERP) training for everyone who works in a CL2 (and higher) facility. ERP training related to general emergency procedures (listed on the Algonquin College [Corporate Policies](#) website and the Algonquin [Risk Management](#) website) is included in

ACSI's General Lab Safety and Orientation. Lab Employees are trained annually to ACSI's Emergency Response Plan ([Appendix 1](#)).

12.0 Laboratory Visitors

All laboratory visitors must dress appropriately. They must wear the PPE required and must be accompanied by certified laboratory personnel. Please refer to ACSI's Visitors' Policies ([Appendix 6](#)). Generally, laboratory visitors must be granted authorization by the LHR and must always be supervised in accordance with established laboratory safety standards and operating procedures.

The official visitor's policy is posted on the door to each laboratory. All lab visitors must follow the rules and procedures of the laboratory. Anyone not complying with the above will not be allowed entry into the lab or will be asked to leave the lab.

Medical Surveillance is also in place for Visitors. Visitors must confirm that they are able to enter the ACSI labs by reviewing the policy that is posted on the entrance door of each lab. Refer to [Appendix 6](#) for more information regarding medical surveillance.

Lab personnel are required to challenge anyone unfamiliar who is not accompanied by a trained staff member. If not comfortable challenging them, then report to the BSO(s) and the LHR; if necessary, alert Campus Security at x5010.

12.1 Visitors (brief visit):

Refer to ACSI's Visitor's Policy ([Appendix 6](#)). Visitors on brief visits must be accompanied by trained employees.

13.0 Service Animals

Service Animals are not allowed in the CL2 Zone.

14.0 Algonquin College Contact Information

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Mr. Mike Benkie

Manager, Occupation Health and Safety and Risk Management
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15.0 Useful Contact Information

The Centre for Biosecurity at the Public Health Agency of Canada

By email: biosafety.biosecurite@phac-aspc.gc.ca
By phone: (613) 957-1779
By mail: 100 Colonnade Road, Ottawa, Ontario K1A 0K9
Website: <https://www.canada.ca/en/public-health/services/laboratory-biosafety-biosecurity/biosecurity.html>

16.0 Acknowledgements

This Biosafety manual is modelled after Biosafety Manuals and materials from Thompson River's University, Queen's University, McMaster University, University of Toronto and the University of Manitoba, the Stoney Brook University Lab Safety Inspection Checklist and complies with PHAC and CBS guidelines. Particulars in this manual are also taken from: PHAC's *Spill Clean-Up Procedures*, PHAC's *Procedures to Minimize Aerosol Hazards*, PHAC's *Risk Management for Dual-Use Potential in Life Science Research (April 2026)*, PHAC's *ePATHogen vs the Registry (March 2026)*, the *Canadian Biosafety Standard*, 3rd edition, PHAC, November 2022, the *Canadian Biosafety Handbook 2nd edition*, PHAC, May 2016, the *Developing a Comprehensive Biosecurity Plan*, PHAC, June 2016 and the *Canadian Biosafety Guideline – Containment Level 1 Design and Operational Practices Document*, July 2017.

17.0 Glossary of Terms/ Definitions

Accident: An unplanned event that results in injury, harm or damage.

ACSI Lab Personnel: All persons (Technologists, Faculty, Staff, Researchers, Technicians) who perform laboratory work in the ACSI labs. Generally, Students are also considered ACSI Lab Personnel.

Aerosol: A suspension of particulates or liquid droplets in a gaseous medium, such as air.

AI-assisted biological design tool: The use of artificial intelligence trained to biological data sets to develop, provide insight, and make predictions on designs related to biological systems such as protein structure and genetic sequence. The knowledge gained from such tools requires review of their dual-use potential.

Alternate Biosafety Contact (ABC): A position, registered with PHAC, that may serve as a PHAC point of contact, and who works alongside the LHR and BSO in support of the ACSI Biosafety Program. In the context of this Biosafety Manual, the ABC is referred to as a BSO.

Authorized Laboratory User: An employee, student, researcher, contractor, visitor, or other individual who has been approved to enter or conduct activities in ACSI laboratories, and who has completed the training, supervision, access, and documentation requirements applicable to their role and activity.

Authorized User Department: An Algonquin College academic department, operational unit, research group, or approved external partner that has been authorized to conduct defined activities within ACSI laboratory facilities under the requirements of the ACSI Biosafety Program.

Biohazardous material: material of biological origin that may be potentially harmful to humans, animals, plants, the economy or the environment.

Biological material: pathogenic and non-pathogenic microorganisms, proteins and nucleic acids, as well as any biological material that may contain them. Biological material that contains human or animal pathogens is referred to as “Infectious material”.

Biological toxins: poisonous substances naturally produced by living organisms (microorganisms, plants and animals). These are not included in the term ‘infectious material’ as they are not infectious by nature when isolated from their parental organism. Some can be highly toxic even in minute quantities.

Biological safety cabinet (BSC): A primary containment device that provides protection for personnel, the environment, and depending on the BSC class, the product, when working with biological material.

Biological safety officer (BSO): A specific individual designated for overseeing facility biosafety and biosecurity practices.

Biosafety: The application of containment principles, technologies and practices to prevent unintentional exposure to infectious material or toxins, or their accidental release.

Biosafety Manual: A facility-specific manual that describes the necessary core elements of a biosafety program (e.g. biosecurity plan, training, personal protective equipment).

Biosecurity: measures implemented to prevent the loss, theft, misuse, diversion or intentional release of infectious materials or toxins.

Biosecurity risk assessment (BRA): A risk assessment in which relevant pathogens, toxins, infectious material, and other related assets (e.g. equipment, animals, information) are identified and prioritized. Associated threats and risks of these materials are identified, and suitable mitigation strategies are determined to protect against any potential theft, misuse, diversion, or intentional release of these materials.

Containment: physical design parameters and operational practices that protect personnel, the immediate work environment and community from exposure to biological material.

Containment level (CL): The minimum required physical containment and operational practices for safely handling infectious material or toxins in laboratory, large scale production, and animal work environments. As defined by the CBS, there are four containment levels ranging from a basic laboratory (containment level 1 [CL1]) to the highest level of containment (containment level 4 [CL4]).

Containment system: Equipment dedicated to providing and maintaining containment. This includes, but is not limited to, primary containment devices (e.g. biological safety cabinets), decontamination apparatus (e.g. autoclaves), heating, ventilation and air conditioning (HVAC), and control systems.

Contamination: Unwanted infectious material/toxins within laboratory materials (e.g. laboratory samples, cell cultures) or laboratory surfaces (e.g. benchtop, hands, gloves).

Controlled activities: Any of the following activities referred to in Section 7(1) of the Human Pathogens and Toxins Act: possessing, handling or using a human pathogen or toxin; producing a human pathogen or toxin, storing a human pathogen or toxin; permitting any person access to a human pathogen or toxin; transferring a human pathogen or toxin; importing or exporting a human pathogen; releasing or otherwise abandoning a human pathogen or toxin; or disposing of a human pathogen or toxin.

Culture: The in vitro propagation of tissue cells, microorganisms, or other living matter under controlled conditions (e.g., temperature, humidity, nutrients).

Decontamination: process by which materials and surfaces are made reasonably free of microorganisms or toxins, and thus are safe to handle. Decontamination may be achieved through disinfection or sterilization.

Disease: A structural and/or functional disorder in a living human or animal, or one of its parts, resultant of infection or intoxication. Disease typically manifests via distinguishing signs and symptoms.

Disinfection: A process used to eliminate most forms of living microorganisms.

Dual-Use Potential: The qualities of a pathogen or toxin, scientific method, intellectual property, or other related asset that allow it to be either used for legitimate scientific applications or intentionally misused to cause harm or disease. Assessment of the Dual-Use Potential classifies the asset as low- or high- risk.

Emergency Response Plan (ERP): A document that outlines the procedures to be taken and the parties responsible in emergencies such as spills, exposure, release of infectious material or toxins, personnel injury or illness, power failure, fire, explosion or other emergency situations (e.g. severe weather, hurricane, armed intruder).

Exposure: Contact with, or close proximity to, infectious material or toxins that may result in infection or intoxication respectively. Routes of exposure include inhalation, ingestion, inoculation, and absorption.

Genetically Modified Organism (GMO): Genetically modified organisms (GMOs) can be defined as organisms (i.e. plants, animals or microorganisms) in which the genetic material (DNA) has been altered in a way that does not occur naturally by mating and/or natural recombination (WHO, 2014).

Good Microbiological Laboratory Practices (GMLP or GLP): Basic laboratory practices applicable to all types of activities with biological material.

Handling or storing: “Handling or storing” pathogens, toxins, or infectious material includes possessing, handling, using, producing, storing, permitting access to, transferring, importing, exporting, releasing, disposing of, or abandoning such material. This includes all controlled activities involving human pathogens and toxins specific in Section 7(1) of the Human Pathogens and Toxins Act.

High concentration: Infectious material or toxins that are concentrated to a degree that increases the risks associated with manipulating the material (i.e., increases the likelihood or consequences of exposure).

High efficiency particulate air filter (HEPA): A device capable of filtering 99.97% of airborne particles 0.3µm in diameter, the most penetrating particle size. Due to the effects of impaction, diffusion, and interception, HEPA filters are even more efficient at trapping and retaining particles that are either smaller or larger than 0.3µm in diameter.

Incident: An event or occurrence with the potential of causing injury, harm, infection, intoxication, disease, or damage. Incidents can involve infectious material, infected animals, or toxins, including a spill exposure, release of infectious material or toxins, animal escape, personnel injury or illness, missing infectious material or toxins, unauthorized entry into the containment zone, power failure, fire, explosion, flood, or other crisis situation (e.g. earthquake, hurricane). Incidents include accidents and near misses.

Infectious material: Any pure culture or isolate of a pathogen or any biological material that may contain a human or animal pathogens (e.g. an infected tissue sample or part of one that retains its pathogenicity). This does not include Biological toxins, as they are not infectious by nature when isolated from the parental organism.

Injury: The occurrence of a sudden and unforeseen event, arising out of, or in the course of, a College Sanctioned Activity, attributable to any factor that caused an injury or an occupational disease (an exposure to conditions or substances that resulted in a disease).

Intangible asset: An asset that lacks physical substance that is associated with dual-use potential. Examples include nucleic acid sequences of novel, emerging, high risk pathogens or virulence

genes, details about technologies for pathogen/toxin delivery, instructions for laboratory techniques and technologies, or elements of biosafety and biosecurity programs including access instructions and layout.

Inventory: A list of (biological) assets associated with a containment zone identifying pathogens, toxins, and other infectious material in storage both inside and outside the containment zone.

In vitro: Latin for “within glass”; describes experimentation involving components of a living organism within an artificial environment (e.g. manipulation of cells in a petri dish), including activities involving cell lines or eggs.

In vivo: Latin for “within the living”; describes experimentation conducted within the whole living organism (e.g. studying the effect of antibiotic treatment in animal models).

Laboratory: An area within a facility or the facility itself where biological material is handled for scientific or medical purposes.

Large scale: Activities generally involving volumes of toxins or the in vitro culture of infectious material on a scale of 10 litres or greater. This could be a single vessel with a volume of 10 litres or greater, or based on the processes and pathogen used, could be multiple vessels with a total volume of 10 litres or greater. It is determined in consultation with the Public Health Agency of Canada and/or the Canadian Food Inspection Agency on a case-by-case basis, whether or not particular activities conducted in a containment zone are required to follow the increased or unique requirements for large scale production areas.

Large volume: A volume of infectious material or toxins that is sufficiently large to increase the risk associated with the manipulation of the material (i.e., increases the likelihood or consequences of exposure or release).

Licence Holder Representative (LHR): The individual appointed by an organization, which holds a Human Pathogens and Toxins Licence, to act on its behalf to fulfill the responsibilities described in the HPTA and HPTR.

Local Risk Assessment (LRA): Site-specific risk assessment that identifies hazards based on the infectious material or toxins in use and the procedures being performed.

Medical surveillance program: A program for prevention and detection of illness related to laboratory exposure to infectious material or toxins. The program emphasizes prevention, but also provides a process through which potential infections are identified and treated before disease occurs.

Microbial toxins: A subcategory of biological toxins. Microbial toxins are poisonous substances produced by microorganisms (bacteria, viruses, fungi).

Microorganism: A cellular or non-cellular microbiological entity, capable of replication or transferring genetic material and that cannot be reasonably detected by the naked human eye.

Microorganisms include bacteria, fungi, viruses, prions, and parasites, and may be pathogenic or non-pathogenic in nature.

Movement: The action of moving people, material or animals from one physical location to another in the same building. This can include movement within the same containment zone, to a different containment zone, or to another location within the same building.

Near-Miss: The occurrence of event on College Property, arising out of, or in the course of a College Sanctioned Activity, attributable to any factor that could have caused an injury or material damage.

Oncogene: A mutated gene that has the potential to cause cancer

Operational practice requirements: Administrative controls and procedures used in the laboratory to protect personnel, the environment and the community from biohazards.

Overarching risk assessment (ORA): A broad risk assessment that supports the biosafety program as a whole and may encompass multiple containment zones within an institution or organization. Mitigation and management strategies reflect the type of biosafety program needed to protect personnel from exposure and to prevent the release of pathogens and toxins.

Pathogen: An agent (e.g., a microorganism, nucleic acid or protein) that can cause disease or infection in humans and/or animals. Categories include bacteria, viruses, parasites, fungi, and prions.

Pathogen risk assessment: The determination of the risk group and appropriate physical containment and operational practice requirements needed to safely handle the infectious material or toxins in question.

Pathogenicity: The ability of a pathogen to cause disease in a human or animal host. The steps required for a pathogen to cause disease are: 1) enter the host, 2) adhere to or colonize the host, 3) replicate or complete its life cycle within the host, 4) evade the host's defence mechanisms, 5) spread within the host, and 6) cause damage to the host.

Parasites: An organism that lives in or on an organism of another species (its host) and benefits by deriving nutrients at the other's expense.

Personal protective equipment (PPE): Equipment and/or clothing worn by personnel to provide a barrier against infectious material or toxins, thereby minimizing the risk of exposure. PPE may include, but is not limited to, lab coats, gowns, full-body suits, gloves, protective footwear, safety glasses, safety goggles, masks, and respirators.

Physical containment requirements: Physical barriers, *i.e.* engineering controls and facility design that protect personnel, the environment and the community from biohazards.

Post-Exposure Prophylaxis: Is a short-term antiretroviral treatment aimed at reducing the likelihood of viral infection after potential exposure.

Primary containment: Protection of workers and laboratory from exposure to infectious material and toxins by provision of a physical barrier between the individual and/or the work environment and the biological material.

Primary containment device: Apparatus or equipment that is designed to prevent the release of infectious material or toxins and to provide primary containment (i.e., provide a physical barrier between the individual and/or the work environment and the biological material). Examples of primary containment devices include biological safety cabinets, isolators, and centrifuges with sealable cups, process equipment, fermenters, micro isolator cages, and ventilated cage racks.

Prion: Small proteinaceous infectious particle generally considered to be responsible for causing a group of neurodegenerative diseases in humans and animals known as transmissible spongiform encephalopathies.

Process equipment: Specific equipment used to carry out a manufacturing procedure involving biological material. This term is generally used to describe equipment used in large scale processes (e.g., industrial fermentation equipment).

Release: The discharge of infectious material or toxins from a containment system.

Restricted Access: Access that is strictly controlled to authorized personnel only by means of a physical barrier (i.e. a controlled access device or system, such as an electronic access card, access code, etc.).

Risk: The probability that a person will be harmed or experience an adverse health effect if exposed to a hazard.

Risk Group (RG): The classification of biological material based on its inherent characteristics, including pathogenicity, virulence, risk of spread, and availability of effective prophylactic or therapeutic treatments, that describes the risk to the health of individuals and the public as well as the health of animals and the animal population.

Scientific Research: As defined in Section 1 of the Human Pathogens and Toxins Regulation: the following types of systematic investigation or research that are carried out in a field of science or technology by means of controlled activities:

a) Basic research: when the controlled activities are conducted for the advancement of scientific knowledge without a specific practical application.

b) Applied research: when the controlled activities are conducted for the advancement of scientific knowledge with a specific practical application.

c) Experimental development: when the controlled activities are conducted to achieve scientific or technological advancement for the purpose of creating new – or improving existing – materials, products, processes, or devices.

Standard operating procedure (SOP): A document that identifies the hazards associated with a project and describes safe work practices and procedures to minimize or eliminate risk.

Sterilization: A process that eliminates (destroys) living microorganisms, including bacterial spores.

Synthetic biology: A rapidly evolving interdisciplinary research field combining biology and engineering for the creation, modification, or alteration of novel or existing natural biological components and systems. It includes, but is not limited to, the use of synthetic DNA to design and build new biological parts, devices or systems. Because of the rapidly evolving nature of the field, there is a need to monitor the dual-use potential levels of products created.

Tangible asset: An asset that has a physical component that is associated with dual-use potential. Examples include biological materials, equipment, tools, and animals.

Terrestrial animal pathogen: An agent that causes disease in terrestrial animals, including avian and amphibian animals, but excluding invertebrates and aquatic animals.

Toxicant: Artificial products created by humans, for example industrial waste products and pesticides. These substances can also be poisonous and cause health effects.

Toxins:

- **Biological Toxins:** poisonous substances naturally produced by living organisms such as microorganisms, plants and animals.
- **Microbial Toxins:** a subcategory of biological toxins. Microbial toxins are poisonous substances produced by microorganisms (bacteria, viruses, fungi).

Transfer: A change in possession of pathogens, toxins, or other regulated infectious material between individuals from the same or different facilities (i.e., the movement from the place or places specified in the licence or animal pathogen import permit to any other place).

Transportation: Shipping of infectious material or toxins to another building or location, within Canada or abroad, in accordance with the *Transportation of Dangerous Goods Act and Regulations*.

Virulence: The degree or severity of a disease caused by a pathogen.

Waste: Any solid or liquid material generated by a facility for disposal.

Zoonoses: Diseases transmissible between animals and humans. This includes anthroozoonoses, which are diseases that are transmitted from animals to humans, and Zooanthroponoses (“reverse zoonoses”), which are transmitted from humans to animals.

18.0 Appendices

Appendix 1: ACSI's Emergency Response Plan

ACSI's Emergency Response Plan

1.0 Purpose

The purpose of the **Piwànak -Algonquin Centre for Science and Innovation (ACSI) Emergency Response Plan (ERP)** is to outline the procedures relevant to the types of emergencies that can occur in the ACSI labs, including those relevant to Containment Level 1 (CL1) and 2 (CL2) labs.

This Emergency Response Plan applies to ACSI's CL1 and CL2 facilities at the Ottawa Campus and must be adhered to by ACSI lab personnel.

Based on an overarching risk assessment, this ERP builds on [the existing Ottawa campus emergency procedures](#) developed by Algonquin's Risk Management Department.

2.0 Abbreviations and Acronyms

ACSI: Piwànak -Algonquin Centre for Science and Innovation
 BSC: Biological Safety Cabinet
 BSO: Biosafety Officer (includes Alternate Biosafety Contact herein)
 CL1: Containment Level 1
 CL2: Containment Level 2
 ERP: Emergency Response Plan
 HPTA: Human Pathogens and Toxins Act
 HVAC: Heating, Ventilation, Air Conditioning
 LAI: Laboratory Acquired Infection
 LHR: Licence Holder Representative
 PHAC: Public Health Agency of Canada
 PPE: Personal Protective Equipment
 PSDS: Pathogen Safety Data Sheet
 RG: Risk Group
 SSBA: Security Sensitive Biological Agent

3.0 Responsibilities

Licence Holder Representative (LHR): Ensures that all ACSI lab personnel are aware of "ACSI's Emergency Response Plan" by delegating this duty to one or both of the Biosafety Officer(s) (BSO(s)).

BSO(s): Ensure that all ACSI lab personnel are aware of this plan by introducing it during the orientation training session, which all ACSI lab personnel (Technologists, Faculty, Staff, Researchers, Technicians, and Students) must complete.

ACSI Lab Personnel: Must comply with the details in this document. Faculty are responsible for ensuring that students under their supervision follow the details outlined in this plan, whenever necessary. Supervisors are responsible for ensuring that personnel under their supervision follow the details outlined in this plan, whenever necessary.

4.0 ACSI's Emergency Response Plan

ACSI Lab Personnel must become familiar with, and follow College-wide procedures and policies, in addition to the ACSI-specific emergency response procedures, outlined below.

As per Algonquin College's incident reporting procedures, members of the College Community are required to report all incidents/accidents/near-misses to their manager through an [online incident reporting form](#).

Members of the College community should be aware of how to respond in an emergency and contribute to the overall safety of our community by being conscientious about their own individual plans.

It is a good idea for all ACSI lab users to become familiar with at least two routes out of the A building, Ottawa Campus.

Biohazardous spills, accidents involving biohazards, exposures to infectious materials and losses of containment must be reported immediately to the LHR and to the BSO(s). Such incidents involving Risk Group (RG) 2 material must be reported to the Public Health Agency of Canada (PHAC) by the BSO(s).

Note: Emergencies may require the need to override existing access controls.

4.1 Medical Emergencies and Injury (Emergency)

Injuries and medical emergencies can occur on campus (in the ACSI labs) or off campus (i.e. field course work).

4.1.1 In the event of a medical emergency or injury (emergency) on campus:

- Call Security at extension 5000 from a college phone (located in the laboratories) and describe the emergency and give the location;
- Stay on the phone as long as requested;
- Request assistance from bystanders;
- Make room around the sick/injured person(s);
- Apply first aid/CPR as necessary, while waiting for assistance to arrive;
- College security staff are trained in first aid and CPR and will initiate 911 services, as necessary;
- Complete an [online incident reporting form](#), as soon as possible, and alert the BSO(s), the LHR and your department Manager.

4.1.2 In the event of an injury or medical emergency off campus (e.g. field course work):

- Call 911 and follow their instructions;
- Complete an [online incident reporting form](#), as soon as possible, and alert the BSO(s), the LHR and your department Manager.

4.1.3 If an injury is not a medical emergency (e.g. minor injury):

- If necessary, assist with first aid (e.g. small cuts, burns, etc.);
- If necessary, contact your Supervisor;
- Security may also be reached at extension 5010 (non-emergency extension);
- Sometimes, only extra support is required – seek out the assistance of other laboratory staff who may be present in the lab or staff offices;
- Complete an [online incident reporting form](#), as soon as possible, and alert a BSO, the LHR and your department Manager.

College Procedures and Policies related to injury and medical emergency:

- [Algonquin College's Emergency Procedures](#)
- [Algonquin College Quick Reference Guide – Ottawa Campus](#)
- [Algonquin College's Emergency Services Site Plan](#)
- [Algonquin College's Quick Report Incident Reporting Form](#)

4.2 Near-Misses and Accidents (unrelated to injury)

A near-miss is an unplanned event that did not result in an injury, illness or damage but had the potential to do so. All accidents (unrelated to injury) and near-misses must be reported to your department Manager (via [an online incident reporting form](#)), and to the LHR and BSO(s) in person or by email, so the root cause can be determined and action can be taken to prevent recurrence. These events can include biological materials, biological toxins, chemicals and/or equipment.

4.3 Fire and Fire Alarm

Upon the discovery of fire or upon hearing the fire alarm sound, follow the details outlined below.

4.3.1 Discovery of fire in the ACSI labs:

- Remain Calm;
- Notify other lab personnel by assertively speaking the words “fire in the lab” or something similar to clearly notify others of the danger. Students should ensure that their Supervisor/Professor is made aware of the situation;
- Faculty in charge of students shall take control of the situation, whenever possible;

- In some situations, it may be possible to put out small fires:
 - Use a beaker, watch glass or other object that will cut off the source of oxygen to small fires;
 - Fire blankets are available in the lab;
 - Fire extinguishers are also available in the labs;
 - If located in the fume hood, close the sash.
- If possible, follow “Emergency Egress/Evacuation” ([section 4.4 in this ERP document](#));
- Leave the lab immediately using the nearest safe exit;
- Faculty in charge of students shall ensure that students evacuate the lab;
- Ensure persons with disabilities are assisted, as required;
- Activate the nearest fire alarm pull station;
- Exit the building; do not use elevators
- Call Security Emergency at extension “5000” (preferably) or “911” and report the exact details of the fire;
- Persons with disabilities who are unable to leave the building shall proceed to the [nearest collection point](#) or nearest safe exit and wait for assistance from the Fire Department or emergency personnel;
- Do not enter or return to the building until approved by the Fire Department and notified to do so by emergency personnel.
- Complete an online [online incident reporting form](#), as soon as possible, and submit to a BSO, the LHR and your department manager.

4.3.2 If you hear the fire alarm sound while in the ACSI labs:

- Remain Calm;
- If possible, follow “Emergency Egress/Evacuation” ([section 4.4 in this ERP document](#));
- Leave the lab immediately using the nearest safe exit;
- Faculty in charge of students shall ensure that students evacuate the lab;
- Ensure persons with disabilities are assisted, as required;
- Leave the building immediately using the nearest safe exit; do not use elevators
- Persons with disabilities who are unable to leave the building shall proceed to the [nearest collection point](#) or nearest safe exit and wait for assistance from the Fire Department or emergency personnel;
- Do not enter or return to the building until approved by the Fire Department and notified to do so by emergency personnel.

College Procedures and Policies related to fire emergencies:

- [Algonquin College’s Fire Safety Response Plan](#)
- [Algonquin College’s Emergency Services Site Plan](#)

- [Algonquin College's Quick Report Incident Reporting Form](#)
- [Algonquin College's Ottawa Campus Collection Points](#)

4.4 Emergency Egress/Evacuation

In situations where emergency egress/evacuation from the labs is necessary, complete the following (only if safe to do so):

- Turn off equipment and any direct sources of heat (e.g. Bunsen burners, hot plates, ovens, water baths);
- Close any open containers of biologicals and chemicals;
- Remove PPE and leave in the lab;
- Wash hands or use hand sanitizer before leaving the lab if safe to do so;
- If in use, turn off the main gas valve for the;
- Close the lab door and leave the building;
- Meet at the Muster point (see 4.4.1 for explanation of Muster point and location)
- If the emergency is a result of a lab incident/accident, then complete an [online incident reporting form](#), as soon as possible, and submit to the BSO(s), the LHR and your department Manager.

When emergency evacuation is required, the most important thing is to evacuate the building. These steps (above) should only be completed if it is possible to do so safely.

College Procedures and Policies related to emergency egress/evacuation:

- [Algonquin College's Emergency Procedures – Evacuation](#)

4.4.1 Muster Point - The Muster Point is the designated place where ACSI lab personnel (staff, students, researchers, visitors, etc.) are to gather in the case of an emergency evacuation from the labs. By having a designated location, it allows for confirmation that those present have safely evacuated. Additionally, the location is away from the building enough that emergency lanes in front of A building remain open to responding emergency personnel. Figure 1 (Appendix 1) indicates the location to meet (at the path that runs in front of A building and alongside B building towards Woodroffe).



Figure 1 (Appendix 1): Location of Muster point for ACSI Lab User assembly in event of emergency evacuation

Students: Once you have exited the building, meet your professor at the Muster Point; remain with your lab group until otherwise instructed.

Professors: Meet your lab class and do a head count to identify if any students are unaccounted for. Confirm evacuation with BSO(s).

Researchers and other Authorized ACSI Lab Users: Confirm evacuation with BSO(s).

4.5 Earthquakes

In the event of an earthquake:

- Follow the steps outlined in [Algonquin College's Earthquake Emergency Procedure](#);
- If evacuation from the lab is necessary, refer to "Emergency Egress/Evacuation" ([section 4.4 in this ERP document](#));
- Stop all laboratory work;
- During an earthquake, if possible:
 - Turn off equipment and any direct sources of heat (e.g. Bunsen burners, hot plates, ovens, water baths);
 - Close any open containers of biologicals and chemicals;
 - Move chemicals to appropriate storage locations;
 - Remove hazardous materials from fume hoods and biological safety cabinets (BSC) and secure in appropriate storage locations;
 - Close fume hoods and Biological Safety Cabinet (BSC) sashes;
 - If in use, and where applicable, turn off the main gas valve for the lab.
- If accidents/incidents occur or if damage to the lab or lab equipment occurs, then complete an [online incident reporting form](#), as soon as possible, and submit to the BSO(s), LHR and your department Manager.

College Procedures and Policies related to earthquakes:

- [Algonquin College's Emergency Procedures – Earthquake](#)

4.6 Power Failure

In the event of a power failure/outage:

- Refer to [Algonquin College's Power Outage Procedure](#);
- If evacuation is necessary, refer to "Emergency Egress/Evacuation" ([section 4.4 in this ERP document](#));
- Cease work that requires engineered safety equipment, such as a chemical fume hood or a BSC
 - Close the sash and stop all work;

- Turn off equipment and any direct sources of heat (e.g. Bunsen burners, hot plates, ovens, water baths);
- If in use, and where applicable, turn off the main gas valve for the lab;
- Do not open fridges and freezers;
- Laboratory work (i.e. with chemicals, biologicals and equipment) should be stopped, considering that an internet connection to access Safety Data Sheets must be available for work to continue and because it is dangerous to perform lab work in low light conditions;
- If necessary, e.g. if class/lab must be cancelled, notify the department Manager.
- If accidents/incidents occur, notify the BSO(s) and complete an [online incident reporting form](#), as soon as possible, and submit it to the LHR and/or department Manager.

College Procedures and Policies related to power failure/outage:

- [Algonquin College's Emergency Procedures – Power Outage](#)

4.7 Failure of HVAC (heating, ventilation, air conditioning) System

The ACSI labs have a negative pressure system; meaning that the air pressure in the labs is negative in relation to the corridors outside the labs. This allows chemical and biological aerosols to remain inside the lab and be filtered out through the laboratory ventilation system, rather than entering the hallways outside the lab.

Generally, the Facilities Team at Algonquin College will notify the BSO(s) or the LHR that the HVAC system has failed or of a scheduled shutdown. The individual who has been notified shall advise lab personnel, who will subsequently follow the steps below. Otherwise, if lab personnel notice that the HVAC system is not operational, then they shall follow these same steps, outlined below.

- All work with chemicals and biologicals must stop;
- If in use, and where applicable, turn off the main gas valve for the lab;
- If evacuation is necessary, refer to “Emergency Egress/Evacuation” ([section 4.4 in this ERP document](#));
- If necessary, e.g., if class/lab must be cancelled, notify the Authorized User department Manager.
- If accidents/incidents occur, notify the BSO(s) and complete an [online incident reporting form](#), as soon as possible, and submit it to the LHR, BSO(s), and Authorized User department Manager.

4.8 Spills (Chemical and Biological)

In the event of a chemical or biological spill:

- If the spill is severe (often, this is a judgement call, depending on the chemical/biological involved, as well as the volume), evacuate the lab immediately and once in a safe location,

call Security Emergency at extension “5000” (preferably) or “911” and follow their instructions;

- Note: Security (non-emergency) is also available at extension “5010”;
- For a chemical or biological spill, refer to [Appendix 10 section 5.10](#) for the spill cleanup procedure;
- If necessary, refer to “Exposure/Potential Exposure to a Pathogen or Biological Toxin” ([section 4.10 in this ERP document](#)).

All lab employees who work with RG2 material must complete in-person biological spill training as part of their Lab Orientation & Safety Training.

4.9 Breach of containment and/or failure of primary containment devices involving biohazardous materials

These details outline the steps to take in the event of a breach of containment or failure of primary containment devices. Incident investigation is conducted for failure of containment systems involving pathogens and toxins, to determine root cause and mitigate future risks.

Records of any incidents involving pathogens, toxins, and other regulated infectious material or loss of containment must be kept on file for a minimum of 10 years.

These include: medical emergency, loss of containment of any kind, spills of infectious materials, (including spills inside and outside the lab as well as spills in the BSC), mechanical failure (including BSC and air handling), and accidental exposure (including near misses).

4.9.1 BSC Failure/Alarm

If the BSC failure is due to a temporary power failure, restart the cabinet when the power returns. Do not use the BSC until the power returns. If accidents/incidents occur, then notify the BSO(s), complete an [online incident reporting form](#), as soon as possible, and submit it to the LHR.

Signs of BSC failure include:

- Power failure - lights will go out and the blower motor will stop;
- No airflow;
- Alarm sounding or visible on cabinet;
- Unusual noises;
- Unusual smells.

In the event of a failure while working in a BSC:

- Stop all work in the BSC;
- Move slowly to prevent aerosols from spreading;
- Cap or cover vessels in the BSC;
- Remove gloves and discard in the BSC waste;

- Close the BSC sash (if it closes);
- Turn off the power to the cabinet;
- Wash hands;
- Attach a warning sign on the sash of the cabinet;
- Notify the BSO(s);
- If necessary, refer to “Exposure/Potential Exposure to a Pathogen or Biological Toxin” ([section 4.10 in this ERP document](#)).

4.9.2 Autoclave Failure

If accidents/incidents occur, notify the BSO(s), complete an [online incident reporting form](#), as soon as possible, and submit it to the LHR.

Signs of autoclave failure include:

- Power failure – alarm sounds or control panel displays incomplete cycle;
- Sterilization indicator indicates incomplete cycle.

In the event of the failure of an autoclave:

- If the autoclave failure is due to a temporary power failure, restart when the power returns;
- If the sterilization indicator indicates a failed autoclave validation test:
 - Ensure the issue was not caused by overloading the machine;
 - If repeating the cycle with a smaller load does not fix the issue, take the machine out of operation.
- Notify the BSO(s);
- If necessary, refer to “Exposure/Potential Exposure to a Pathogen or Biological Toxin” ([section 4.10 in this ERP document](#)).

4.9.3 Centrifuge Containment Failure

If RG2 material was placed in the centrifuge and the centrifuge has failed (indicated by the breakage of a sealable cup gasket and caps on tubes/containers leaking) then:

- Close the lid and clear the area of all personnel;
- Wait 30 minutes for aerosols to settle before attempting cleanup;
- Refer to Pathogen Safety Data Sheet (PSDS), if available;
- Notify the BSO(s);
- Wear Personal Protective Equipment (PPE) during cleanup;
- Disinfect rotor and safety bucket exteriors, remove the rotor and buckets, and move everything to the BSC for further cleanup;
- Thoroughly disinfect inside the centrifuge;

- Discard contaminated disposable materials using appropriate biohazardous waste disposal procedures;
- If necessary, refer to “Exposure/Potential Exposure to a Pathogen or Biological Toxin” ([section 4.10 in this ERP document](#));
- Notify the BSO(s), complete an [online incident reporting form](#), as soon as possible, and submit it to the LHR.

4.10 Exposure/Potential Exposure to a Pathogen or Biological Toxin

Exposure to a pathogen or toxin can occur via inhalation, ingestion, inoculation or absorption.

The Human Pathogens and Toxins Act (HPTA) requires that “a licence holder must inform the PHAC without delay if they have reasonable grounds to suspect an incident involving a human pathogen or toxin in the licence holder’s possession has, or may have, caused disease in an individual.” The BSO(s) and LHR are responsible for reporting incidents to PHAC (refer to “Incident Reporting to PHAC”, [section 4.12 in this ERP document](#)). Incident investigation is conducted for incidents involving pathogens and toxins, to determine root cause and mitigate future risks.

Possible exposure to a pathogen or toxin involves a detailed review by the Authorized User Department Manager, BSO(s), LHR and other relevant personnel. The review considers all relevant facts and circumstances to ultimately assess whether exposure has or may have occurred. Refer to Figure 2 (Appendix 1) for details regarding exposure incidents.

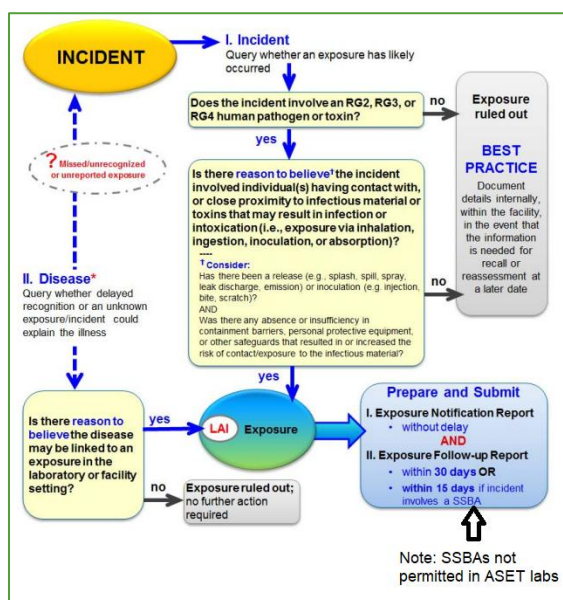


Figure 2 (Appendix 1): PHAC Decision Chart to Assist in the Assessment of an Exposure Incident

(Reference: Canadian Biosafety Handbook, Figure 18.2)

Records of any incidents involving pathogens, toxins, and other regulated infectious material or loss of containment must be kept on file for a minimum of **10 years**.

4.10.1 In the event of an exposure to, or reasonable grounds to suspect an incident with, a pathogen or toxin:

- Follow the first aid/medical recommendations found in the [PSDS](#) for the organism, if available;
- Provide first aid, if necessary;
- If necessary, contact Algonquin College Security at extension 5000 and follow their instructions;
- Seek medical attention immediately (within 0-2 hours) and adhere to any course of treatment prescribed by a health care provider;
- Inform the LHR and BSO(s) of the incident as soon as possible. The LHR and the BSO(s) will then report the incident to PHAC where required;
- Complete an [accident/incident report](#) and submit to the LHR, preferably as soon as possible (i.e., within 24 hours);
- Should the incident result in a laboratory acquired infection (LAI) then refer to “Suspected Laboratory Acquired Infection” ([section 4.11 in this ERP document](#)).

4.11 Suspected Laboratory Acquired Infection/Intoxication (LAI)

Individuals who work in areas where infectious material or toxins are handled or stored are at risk of exposure to these pathogens and toxins and the adverse consequences of an exposure event. LAIs are defined as diseases associated with workplace exposures to infectious material or toxins in a laboratory setting.

According to Section 13 of the HPTA, any incident wherein there are reasonable grounds to suspect an LAI or an exposure (i.e., probable inhalation, ingestion, inoculation, or absorption) involving a Risk Group 2 (RG2) pathogen must be reported to the PHAC without delay. Without delay means as soon as the situation is under control and sufficient information has been gathered to report the preliminary details of the incident (typically within 24 hours). This information can be submitted to the PHAC electronically through the Biosecurity Portal, accessible through the [PHAC website](#), in an exposure notification report. The LHR and the BSO(s) are responsible for submitting the report to PHAC. Incident investigation is conducted for incidents involving pathogens and toxins, in order to determine root cause and mitigate future risks. PHAC has developed a [Biosafety guideline for Incident investigation](#) to assist in the investigation and reporting process.

The expectation is that all lab users monitor their health status on an ongoing basis and self-assess for symptoms that may be associated with occupational exposure to any infectious materials (see [Appendix 3](#) and [Appendix 4](#)).

Records of any incidents involving pathogens, toxins, and other regulated infectious material or loss of containment must be kept on file for a minimum of **10 years**.

4.11.1 If an LAI is suspected:

- Inform the BSO(S) and LHR of the incident as soon as possible;
- The LHR and the BSO(s) together will determine the next steps;
- Submit an [online incident reporting form](#) to your Department Manager.

4.11.2 If an LAI is confirmed:

- Inform the BSO(S) and LHR of the incident as soon as possible;
- The LHR and the BSO(s) together will then report the LAI to PHAC;
- Submit an [online incident reporting form](#) to your Department Manager.
- Seek medical attention and adhere to any course of treatment prescribed by a health care provider.

4.12 Incident Reporting to PHAC

The Licence Holder, through the LHR, must inform PHAC without delay if they have reasonable grounds to suspect that an incident involving a human pathogen or toxin in the Licence Holder's possession has or may have caused disease in an individual. The LHR may delegate this duty to the BSO(s).

In addition, exposure incidents and LAIs that occur in containment zones or facilities that are exempt from the licence requirements (e.g., CL1 facility) under the Human Pathogen and Toxins Act (HPTA) and Human Pathogen and Toxins Regulations (HPTPR) are not obligated to be reported to the PHAC but may still be reported on a voluntary basis to assist them in the trending of incidents.

Refer to Figure 2 (Appendix 1) for additional guidance in determining whether an exposure requiring notification to PHAC has occurred.

In the event of an incident involving exposure to a human pathogen or toxin or an LAI, the following must occur:

1. An exposure notification report must be submitted without delay (i.e. as soon as reasonably possible) to PHAC; followed by
2. An exposure follow-up report, documenting the results of the investigation, must be submitted to PHAC within 30 days of the submission of the exposure notification report.

4.13 Theft/Loss of a Pathogen or Toxin

ACSI's pathogen and toxin inventory control is fully described in ACSI's Biosecurity Plan. Inventory control helps determine if loss or theft of pathogens or toxins has occurred.

In the event of a suspected theft/unauthorized removal/inventory discrepancy of a pathogen or toxin:

- The event must be reported immediately to the BSO(s) and the LHR who will determine the next steps.

4.14 Suspected Intentional Misuse of a Pathogen or Toxin

In the event of a suspected intentional misuse of a pathogen or toxin:

- The event must be reported immediately to the BSO(s) and the LHR who will determine the next steps.

4.15 Inadvertent Possession of a Human Pathogen or Toxin that is not permitted under ACSI's PHAC Licence, whether produced or otherwise comes into possession

In the event of a suspected inadvertent possession of a pathogen:

- The event must be reported immediately to the BSO(s) and the LHR who will determine the next steps.

4.16 Theft or Loss of Chemicals or Equipment

In the event of a suspected theft/loss of chemicals or equipment:

- The event must be reported immediately to the BSO(s) and the LHR who will determine the next steps.

4.17 Incident Reporting to the Public Health Agency of Canada

The functions of the BSO include communicating with the PHAC on behalf of the Licence Holder, which includes the required reporting of incidents. In accordance with the HPTA and HPTR, a Licence Holder is obligated to notify the PHAC without delay in the following scenarios:

- When there are reasonable grounds to suspect that a human pathogen or toxin has been released inadvertently from a facility;
- When a human pathogen or toxin that a person is not authorized to possess is inadvertently produced or otherwise comes into their possession;
- When a prescribed pathogen or toxin (security sensitive biological agent (SSBA)) is not received within 24 hours of the date and time when it was expected to be received;
- When there are reasonable grounds to suspect that a human pathogen or toxin in their possession has been stolen or is otherwise missing;
- When there are reasonable grounds to suspect that an incident involving a human pathogen or toxin has caused or may have caused disease in an individual;
- As specified by any additional licence condition set out on the licence itself that describes an incident scenario that requires notification to PHAC.

5.0 Regulatory Standards

[Human Pathogens and Toxins Act](#)

[Human Pathogens and Toxins Regulations](#)

[Canadian Biosafety Standard, 3rd edition](#)

[Canadian Biosafety Handbook, 2nd edition](#)

6.0 Other College Resources

Algonquin College's [Occupational Health & Safety Department's Website](#)

Algonquin College's [Health and Safety Policies](#)

Algonquin College's [Emergency Procedures](#)

Algonquin College's [Emergency Eyewash Program](#)

Appendix 2: ACSI's Biosecurity Plan

ACSI's Biosecurity Plan

1.0 Purpose

The handling and storing of human and animal pathogens or toxins pose risk to personnel, the community and the environment. All facilities that are licenced under the Human Pathogens and Toxins Act (HPTA) are required to develop a biosecurity plan. The purpose of a biosecurity plan is to prevent the loss, theft, misuse, diversion or intentional release of biological assets (i.e. pathogens, toxins and other regulated infectious material) and related facility assets.

The **Piwànak -Algonquin Centre for Science and Innovation (ACSI) Biosecurity Plan** is based on a site-specific assessment of the biosecurity risks associated with pathogens, toxins and activities conducted in the ACSI labs.

This Biosecurity Plan applies to ACSI's containment level (CL) 1 and CL2 facilities at the Ottawa Campus and must be adhered to by all ACSI lab personnel working in these areas.

2.0 Abbreviations and Acronyms

ACSI: Piwànak -Algonquin Centre for Science and Innovation
 BSO: Biosafety Officer
 CL: Containment Level
 ERP: Emergency Response Procedure
 HAA: Health of Animals Act
 HAR: Health of Animals Regulations
 HPTA: Human Pathogens and Toxins Act
 HPTR: Human Pathogens and Toxins Regulations
 IBSC: Institutional Biosafety Committee
 LHR: Licence Holder Representative
 PHAC: Public Health Agency of Canada
 RG: Risk Group
 SOP: Standard Operating Procedure
 SSBA: Security Sensitive Biological Agent

3.0 Responsibilities

Licence Holder Representative (LHR): Ensures that all ACSI lab personnel are trained to "ACSI's Biosecurity Plan" by delegating this duty to the Biosafety Officer(s) [BSO(s)].

BSO(s): Ensure that all ACSI lab personnel are aware of this plan by introducing it during the orientation training session, which all ACSI lab personnel (Technologists, Faculty, Staff, Researchers, Technicians, and Students) must complete.

ACSI Lab Personnel: Must comply with the details in this document. Faculty are responsible for ensuring that students under their supervision follow the details outlined in this plan, whenever necessary. Supervisors are responsible for ensuring that personnel under their supervision follow the details outlined in this plan, whenever necessary.

4.0 ACSI's Biosecurity Plan:

ACSI lab personnel must be aware of and follow the details outlined below.

4.1 Physical Security:

Physical security refers to barriers or measures put in place to physically prevent unauthorized access to a facility, parts of a facility or assets.

The ACSI labs have the following measures in place to protect the physical security of the **CL2** zone:

- Doors that open to the outside of the CL2 facility must remain closed and locked at all times and only authorized persons can access the CL2 zone
- Electronic keycard access (with photo ID) for Authorized Laboratory Users:
 - Keycards are programmed for individual employees only when training is up-to-date and lab access is required (as determined by the LHR; note: this duty may be delegated to the BSO(s));
 - Access is logged in a database;
 - Keycard access is removed when ACSI lab personnel no longer require lab access.
- Security cameras are located in the hallways outside of the CL2 zone;
- Visitor Policies are in place and are posted on the doors of the lab. Lab personnel are trained to these policies;
- Bacteria stocks are stored in a locked -80°C freezer within the containment zone, but outside of the main student lab space;
- Lab personnel are required to challenge anyone unfamiliar who is not accompanied by a trained staff member; if not comfortable challenging them, then report to the BSO(s) as well as the LHR; if necessary, alert Campus Security at x5010;
- The BSO(s) maintain an updated list of all persons authorized to access the CL2 zone;
- Unauthorized access is determined by monitoring the electronic card access system;
- Physical security requirements are reviewed annually by the Institutional Biosafety Committee (IBSC) during an annual audit.

ACSI has the following measures in place to protect the physical security of the **CL1** laboratories:

- Note:
 - Only Risk Group 1 (RG1) microorganisms and toxins are used in these lab spaces;
 - Facilities (e.g. plumbers, electricians, etc.) have access to these lab spaces.
- Electronic keycard access (with photo ID) for authorized personnel:

- For the ACSI labs, keycards are programmed for individual employees only when training is up-to-date and lab access is required (as determined by the LHR; note: this duty may be delegated to the BSO(s));
- Access is logged in a database;
- Keycard access is removed when ACSI lab personnel no longer require lab access.
- Security cameras in hallways outside of the CL1 laboratories;
- Visitor Policies are in place for the ACSI labs. ACSI lab personnel are trained to these policies;
- Bacteria stocks (Risk Groups (RG) 1 and 2) are stored in a locked -80°C freezer within the CL2 zone, but outside of the main student lab space;
- Unauthorized access is determined by monitoring the electronic card access system;
- Physical security requirements are reviewed by the IBSC during an annual audit.

4.2 Personnel Suitability and Reliability:

Through the hiring process, ACSI lab candidates, particularly those who will work in the CL2 zone, are screened by the Authorized User Department Manager, to confirm that they have the appropriate credentials, skills and personal traits to work with pathogens or toxins and that they are the best fit for the position prior to being offered a position and granted access to the CL2 zone. The LHR ensures that individuals have the appropriate training, experience, competency, and personality traits to carry out the work.

Other individuals who work in the ACSI labs, but do not work directly with pathogens or toxins, for example custodial staff and security staff, are hired by the managers who oversee those areas. Since these employees or contractors do not work directly with the pathogens or toxins and do not have access to these materials, their hiring process does not fall under the same scrutiny as the hiring of ACSI lab personnel who will work with pathogens or toxins.

4.3 Pathogen and Toxin Accountability:

Accountability is a means of establishing ownership of pathogens and toxins and defining the responsibilities of each authorized individual for the oversight of pathogens and toxins within the facility. Under the HPTA, Human Pathogen and Toxins Regulations (HPTR), Health of Animals Act (HAA) and Health of Animals Regulations (HAR), all authorized individuals are accountable for their actions and decisions involving pathogens, toxins and other regulated infectious material.

In ACSI's CL1 labs, only work with RG1 microorganisms is permitted. In ACSI's CL2 labs, work with both RG1 and RG2 microorganisms is permitted. All ACSI lab personnel are trained to the conditions of ACSI's Public Health Agency of Canada (PHAC) Licence.

ACSI lab personnel working in both CL1 and CL2 labs are educated to the pathogen and toxin limitations of the laboratories during orientation training and Biosafety training. ACSI lab personnel who work with RG2 pathogens and toxins must be trained to "ACSI's Biological Safety Standards" ([Appendix 10](#)), which outlines acceptable work procedures in the ACSI CL2 labs.

Transfer of RG1 microorganisms between the CL1 and CL2 labs is permitted and all ACSI lab personnel who work with bacteria are trained to the proper transfer of microorganisms between these lab spaces. Also, transfer of RG1 microorganisms is permitted between the ACSI labs and other areas at Algonquin College wherein Program requirements call for their use. Detailed information can be found in “ACSI’s Biological Safety Standards” ([Appendix 10](#)).

Only the BSO(s) can order and receive pathogens and toxins. Employees who would like to purchase a pathogen or toxin must consult with the BSO(s) first, to determine if a risk assessment must be conducted and if the agents are permitted in the facilities.

Risk assessments conducted on lab activities ensure that regulated pathogens and toxins will not be altered thereby increasing their dual-use potential. Any organisms with high dual-use potential are not authorized for use at Algonquin College. The ACSI labs are permitted, under the HPTA licence, to work with toxins, including security sensitive biological agents in amounts equal to or below the trigger quantity. However, the LHR and BSO(s) must approve all work with toxins covered under the HPTA and generally, due to the risk involved, work with Security Sensitive Biological Agents (SSBA) toxins will not be approved.

4.3.1 Inventory Control:

An inventory of pathogens, toxins and other regulated infectious material in long-term storage (i.e. greater than 30 days) within the containment zone must be kept up-to-date. For RG2 pathogens and toxins in long-term storage, the location and risk group must be kept on file.

A robust pathogen and toxin inventory is in place for long-term storage in the ACSI labs. These measures include:

- The BSO(s) are responsible for the maintenance of the biological inventory;
- The inventory is updated as materials are added and removed;
- All pathogens, toxins and other regulated infectious material in long-term storage are labeled appropriately;
- Loss or theft of biohazardous material (or other material from laboratories) must be reported immediately to the BSO(s) and the LHR.

4.4 Incident and Emergency Response:

An incident is an event that has the potential to cause harm to personnel, the community or the environment. The ACSI labs have an Emergency Response Plan (ERP), ([Appendix 1](#)) that includes response procedures should the following events occur:

- Exposure to a human pathogen or toxin;
- Disease that has been or may have been caused by a human pathogen or toxin;
- Inadvertent release of pathogens or toxins;
- Intentional release of pathogens or toxins;

- Inadvertent possession of a human pathogen or toxin that is not permitted under ACSI's PHAC licence, whether produced or otherwise comes into possession;
- Theft or possible theft of a human pathogen or toxin;
- Natural disasters;
- Workplace violence;
- Bomb threats;
- Security breaches (unauthorized entry, unauthorized access to sensitive information);
- Emergencies (fire, medical emergency).

4.5 Information Management and Security:

The ACSI labs have a comprehensive biosafety program, which includes training, a biosafety manual, Standard Operating Procedures (SOPs), inventory control and other important details that ensure the safety of employees, students and the community.

The tangible biological inventory is accessible by ACSI lab personnel with CL2 zone access. Students are provided with a limited supply of the particular pathogen needed for the lab session.

The biosafety manual is publicly available for reference, however other intangible assets that are part of the ACSI Biosafety program are restricted to either ACSI lab personnel, or the BSO(s) and LHR exclusively, as applicable.

Personal medical details of ACSI lab personnel is protected information and is only shared with the PHAC LHR, the Authorized User Department Manager, and the BSO(s). In some instances, these details may also be shared with members of the IBSC.

5.0 Regulatory Standards

[Human Pathogens and Toxins Act](#)

[Human Pathogens and Toxins Regulations](#)

[Canadian Biosafety Standard, 3rd edition](#)

[Canadian Biosafety Handbook, 2nd edition](#)

6.0 Other College Resources

AC's [Health and Safety Policies](#)

AC's [Occupational Health & Safety Department's Website](#)

ACSI's Medical Surveillance Program

1.0 Purpose

The purpose of the **Pìwànak -Algonquin Centre for Science and Innovation (ACSI) Medical Surveillance Program** is to help prevent and detect illness or disease related to exposure to infectious material or toxins. As well, this program addresses the risks associated with the chemical and physical hazards that are present in the ACSI science labs and helps to prevent incidents related to those materials.

This Medical Surveillance Program applies to all ACSI lab personnel who require access to Algonquin College's containment level 1 and containment level 2 labs at the Ottawa campus.

This Medical Surveillance Program is based on ACSI's Overarching Risk Assessment, as well as local risk assessments, and is reviewed annually by the Institutional Biosafety Committee (IBSC).

2.0 Abbreviations and Acronyms

ACSI: Pìwànak -Algonquin Centre for Science and Innovation

BSO: Biosafety Officer

ERP: Emergency Response Plan

IBSC: Institutional Biosafety Committee

LAI: Laboratory Acquired Infection

LHR: Licence Holder Representative

PHAC: Public Health Agency of Canada

3.0 Responsibilities

Licence Holder Representative (LHR): Ensures that all ACSI lab personnel are aware of "ACSI's Medical Surveillance Program" by delegating this duty to one or both of the Biosafety Officer(s) [BSO(s)].

BSO(s): Ensure that all ACSI lab personnel are aware of this program by introducing it during the orientation training session, which all ACSI lab personnel (Technologists, Faculty, Staff, Researchers, Technicians, and ACSI Students) must complete.

ACSI Lab Personnel: Must comply with the details in this document. Faculty are responsible for ensuring that students under their supervision follow the details outlined in this program, whenever necessary. Supervisors are responsible for ensuring that personnel under their supervision follow the details outlined in this program, whenever necessary.

4.0 Medical Surveillance Program

ACSI lab personnel must be aware of the information outlined below and must complete all required steps and documentation, also detailed below.

4.1 Emergency Response and Incident Investigation

Medical emergencies can result from accidents caused by a variety of hazards, such as biologicals, chemicals or equipment. Lab users must be aware of the steps to follow should an emergency occur, as detailed below.

4.1.1 Exposure/Possible exposure to infectious material or toxin:

Refer to ACSI's Emergency Response Plan (ERP), ([Appendix 1](#)) for more information.

4.1.2 Exposure/Possible exposure to hazardous chemical:

Refer to ACSI's ERP, ([Appendix 1](#)) for more information.

4.1.3 Injury from equipment/procedure:

Refer to ACSI's ERP, ([Appendix 1](#)) for more information.

4.2 Emergency Medical Contact Card

All new pathogens for use in the ACSI labs must be risk assessed prior to ordering/use. The Public Health Agency of Canada (PHAC) requires that an emergency medical contact card be issued to containment zone personnel who handle a pathogen that has been identified by a local risk assessment to require the issuing of a medical contact card. Currently, only well-characterized pathogens that do not require such a card are used in the ACSI labs. New pathogens must be risk assessed to determine if an emergency medical contact card is required.

4.3 Immunization

The ACSI Department *recommends* that employees and students working in the ACSI labs be up-to-date with the following immunizations:

- Tetanus
- Hepatitis A Virus (HAV)
- Hepatitis B Virus (HBV); note: College employees can discuss [HS-14](#) with the LHR.

Individuals must consult with their own medical service provider regarding requirements for immunization and proof of immunity. More information regarding immunization in Canada can be found [here](#).

4.4 Medical Surveillance Evaluation

4.4.1 ACSI Lab Personnel with Independent ACSI Laboratory Access, excluding Students (i.e. Technologists, Faculty, Technicians and Researchers)

Lab personnel, excluding students, must complete the following steps to gain independent access to ACSI labs:

1. Complete a Medical Surveillance Form ([Appendix 4](#)) and submit to the LHR or to the BSO(s) in charge of employee training, at the start of employment/work, annually thereafter, and when there are changes in health status.
2. Monitor their health status on an ongoing basis. Annual affirmation that self-monitoring is being carried out is documented in the Medical Surveillance Form. This supports ongoing self-assessment for symptoms which may be associated with occupational exposure to any infectious materials, organisms or toxins handled in the ACSI labs.
3. Have a discussion with the BSO(s) and/or the LHR, if necessary.
4. Complete a [Medical Clearance Form](#), if necessary, and discuss with your Authorized User department Manager, the LHR, and the BSO(s). In some cases, the Institutional Biosafety Committee (IBSC) may also be included in the discussion.
5. Access will be granted once all training and documentation are completed, as deemed by the LHR (or the BSO(s)). The LHR (or the BSO(s)) will advise the individual of any precautions that must be followed when working in the lab(s). Access generally involves the BSO(s) programming an “employee” ID card, granting access for that individual to the labs.
6. Medical surveillance and clearance forms must be kept for **5 years** after an individual has left the college.

4.4.2 Medical Surveillance Evaluation – Students

Students must complete the following steps to enter the ACSI lab(s):

1. Complete a Medical Surveillance Form ([Appendix 4](#)) at the start of each fall semester and when there are any changes in health status. For off-cycle students, the form must be submitted at the start of the student’s first semester and subsequently each fall semester thereafter and when there are any changes in health status. Note: generally, the first training session takes place during a regularly scheduled lab. The Professor may deliver the completed hardcopy Medical Surveillance Form to the BSO(s), on behalf of the student.
2. Have a discussion with the BSO(s) and/or the Authorized User Department Manager, if necessary.

3. Complete a [Medical Clearance Form](#), if necessary, and discuss with the Authorized User department Manager, LHR, and the BSO(s). In some cases, the IBSC may also be included in the discussion.
4. Students must monitor their health status on an ongoing basis. Annual affirmation that self-monitoring is being carried out by the individual is documented in the Medical Surveillance Form. This supports ongoing self-assessment for symptoms which may be associated with occupational exposure to any infectious materials, organisms or toxins handled in the ACSI labs.
5. By default, students have access to the labs(s) when their scheduled labs take place. The BSO(s) and the LHR will communicate with the student's Professor(s)/Instructor(s) and department Manager if a student IS NOT allowed into the lab(s) due to incomplete documentation. Once proper documentation is received (as deemed by the LHR or the BSO(s)), any concerns and special precautions necessary for the student to work safely in the lab(s) will be communicated to the student and the Professor(s)/Instructor(s) by the LHR and/or the BSO(s).
6. Medical surveillance and clearance forms must be kept for **5 years** after an individual has left the college.

4.4.3 Medical Surveillance Evaluation – Visitors

Visitors must confirm that they are able to enter the ACSI labs by reviewing the Visitors policy ([Appendix 6](#)) that is posted on the entrance door of each lab. Refer to [section 12.0](#) for more information regarding Visitors. If the Visitor will be performing lab activities, they will be required to complete the Medical Surveillance Form, submit it to the BSO(s), and complete a Medical Clearance Form as applicable. These records must be kept on file for **5 years**.

4.5 Ongoing Medical Surveillance

Infections that result from an exposure to pathogens or infectious material being handled in a containment zone are referred to as Laboratory Acquired Infections (LAIs). LAI also refers to a disease caused by exposure to a toxin being handled in a containment zone.

The expectation is that all lab users monitor their health status on an ongoing basis and self-assess for symptoms that may be associated with occupational exposure to any infectious materials, organisms or toxins that are stored and/or handled in the ACSI science labs. As well, self-monitoring is documented annually by completing a Medical Surveillance Form ([Appendix 4](#)).

In the event of onset of any symptoms associated with exposure to chemicals, infectious materials/organisms and toxins, employees must inform their Authorized User department

Manager, LHR, and BSO(s) immediately and follow the necessary steps (refer to ACSI's ERP ([Appendix 1](#))).

4.6 Medical Clearance

Some individuals requiring access to the ACSI labs may need to complete a Medical Clearance Form. This form is required when health status indicates that there could be a concern when working in the ACSI labs, as indicated on a Medical Surveillance Form. The Medical Clearance Form is provided to the individual and the Authorized User Department Manager by the BSO(s).

4.7 Signs and Symptoms of Disease

Infections that result from an exposure to pathogens or infectious material being handled in a containment zone are referred to as Laboratory Acquired Infections (LAIs). LAI also refers to a disease caused by exposure to a toxin being handled in a containment zone.

Self-monitoring for symptoms that may be associated with occupational exposure to infectious materials or toxins is carried out by all lab personnel on an ongoing basis.

Signs and symptoms of disease may include fever, diarrhea, fatigue, muscle aches, rash and coughing. Each infectious disease has its own specific signs and symptoms. [Pathogen Safety Data Sheets](#) (PSDS) are technical documents that provide information regarding symptoms of disease for certain pathogens and can be referred to as required.

5.0 Regulatory Standards

[Human Pathogens and Toxins Act](#)

[Human Pathogens and Toxins Regulations](#)

[Canadian Biosafety Standard, 3rd edition](#)

[Canadian Biosafety Handbook, 2nd edition](#)

6.0 Other College Resources

Algonquin College's [Health and Safety Policies](#)

Algonquin College's [Occupational Health & Safety Department's Website](#)

Algonquin College's [Hepatitis B Vaccine Policy](#)

Appendix 4: ACSI's Medical Surveillance Form

The form shown here is the hardcopy version of the form. The electronic version provides the same information and captures the equivalent responses. It is up to the BSO(s) to determine the best option for delivery based on scenario.



ACSI Medical Surveillance Form

In accordance with the *Canadian Biosafety Standard, 3rd edition*, Algonquin College's Piwànak -Algonquin Centre for Science and Innovation (ACSI) has developed a program designed to prevent and detect personnel illness related to exposure to infectious material or toxins. The focus of the program is primarily preventive but provides a response mechanism through which a potential infection or intoxication can be identified and treated before serious injury or disease occurs. Also, this program addresses the risks associated with the chemical and physical hazards that are present in the ACSI Science labs and helps to prevent incidents related to those materials. Students must monitor their health status on an ongoing basis and self-assess for symptoms that may be associated with occupational exposure to chemicals, as well as infectious materials and toxins.

To ensure a safe work environment, all lab users are strongly encouraged to disclose any underlying medical conditions that may increase the risk of harm associated with working in the laboratories. Lab users who are immunocompromised (e.g. through radiation therapy or chemotherapy, pregnancy, diabetes or other conditions) may be particularly susceptible to infections, or experience more severe illness if they contract an infection following exposure to a pathogen. The ACSI labs have physical hazards as well as various chemical hazards that may affect certain medical conditions; therefore disclosure of medical conditions is strongly recommended to ensure everyone's well-being.

Please check one of the following*:

- ☐ I am NOT affected by any of the above-mentioned medical conditions.
- ☐ I am NOT affected by any of the above-mentioned medical conditions; however, I do have a medical condition that I wish to disclose to ensure my safety when working in the ACSI labs. I will consult with the Biosafety Officer(s) and/or my Department Chair, prior to entering the ACSI Science laboratories.

Please list relevant information here: _____

- ☐ I am immunocompromised or affected by one or more of the above-mentioned conditions and I will consult with the Biosafety Officer(s) and/or my Department Chair, prior to entering the ACSI Science laboratories.

Please list relevant information here: _____

Employee or Student #	Name (please print)	Signature	Date

*Throughout the academic year, it is incumbent upon all lab users to disclose any changes in health status that could increase risk of exposure.

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ACSI Medical Surveillance Form

Ongoing Medical Surveillance:

Lab users must monitor their health status on an ongoing basis and self-assess for symptoms that may be associated with occupational exposure to any chemicals, infectious materials/organisms and/or toxins that are stored and/or handled in the ACSI Science labs.

Infections that result from an exposure to pathogens or infectious material being handled in a containment zone are referred to as LAIs (Laboratory Acquired Infections). LAI also refers to a disease caused by exposure to a toxin being handled in a containment zone.

Self-monitoring is documented annually by completing a medical surveillance form to affirm that self-monitoring is being carried out by each individual as documentation of due diligence.

(Initials)	I understand that, on an ongoing basis, I am expected to self-monitor my health for symptoms associated with exposure to the chemicals, infectious materials/organisms and/or toxins that are stored and handled in the ACSI labs.
(Initials)	I understand that I must inform the BSO(s), UHR, and my Department Manager in the event of the onset of any symptoms associated with exposure to any of the chemicals, infectious materials/organisms and/or toxins that are stored and handled in the ACSI labs.
(Initials)	In the event of an exposure to chemicals, infectious materials/organisms and/or toxins, I will refer to ACSI's Emergency Response Plan.

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Appendix 5: Institutional Biosafety Committee Terms of Reference

Institutional Biosafety Committee Terms of Reference

1.0 Purpose

The **Pìwànak -Algonquin Centre for Science and Innovation (ACSI)** at Algonquin College has established and shall maintain an Institutional Biosafety Committee (IBSC) comprising of members of the College community who are knowledgeable in the safe use of biohazardous materials. The IBSC is involved in the management of the Biosafety Program and is responsible for policy and process oversight to ensure all persons working with biohazardous materials comply with all applicable regulations, guidelines, standards and laws.

Activities in Canada involving human and animal pathogens and toxins are regulated by the Public Health Agency of Canada (PHAC) and the Canadian Food Inspection Agency (CFIA) in accordance with the Human Pathogens and Toxins Act (HPTA), Human Pathogens and Toxins Regulations (HPTR), Health of Animals Act (HAA), and Health of Animals Regulations (HAR). Guidance for the safe handling and storage of human and animal pathogens and toxins are found in the Canadian Biosafety Standard (CBS) and the Canadian Biosafety Handbook (CBH).

The IBSC is responsible for biosafety and biosecurity oversight of the work conducted in the Containment Level 2 (CL2) laboratories at Algonquin College. These regulated lab facilities are maintained by the Laboratory and Clinical Sciences (LCS) Department, the primary Authorized User Department of the space. Guidelines, Plans and Programs that apply to biosafety and biosecurity are detailed in the ACSI [Biosafety Manual](#). The official versions of these documents are found on the Algonquin College Biosafety website and are updated continuously as changes are approved by the relevant institutional stakeholders.

2.0 Abbreviations and Acronyms

ACSI: Pìwànak -Algonquin Centre for Science and Innovation

BRA: Biosecurity Risk Assessment

BSO: Biosafety Officer

CBH: Canadian Biosafety Handbook

CBS: Canadian Biosafety Standard

CFIA: Canadian Food Inspection Agency

CL: Containment Level

HAA: Health of Animals Act

HAR: Health of Animals Regulations

HPTA: Human Pathogens and Toxins Act

HPTR: Human Pathogens and Toxins Regulations

IBSC: Institutional Biosafety Committee

LAI: Laboratory Acquired Infection

LCS: Laboratory and Clinical Sciences

LHR: Licence Holder Representative

MSRA: Medical Surveillance Risk Assessment

OHS: Occupational Health and Safety

ORA: Overarching Risk Assessment

PAO: Plan for Administrative Oversight

PHAC: Public Health Agency of Canada

3.0 Guiding Principles

Algonquin College's ACSI Biosafety Program consists of two constituent elements: (i) *biosafety*, namely the containment principles, technologies, and operational practices to prevent unintentional exposure to pathogens or toxins, and (ii) *biosecurity*, namely the security measures to mitigate loss, theft, or misuse of biohazardous materials. Sound management of the biosafety program necessarily requires participation of different organizational units and the implementation of the biosafety program is therefore a responsibility shared between those different organizational units.

4.0 Responsibilities of the IBSC

1. Formulate and recommend effective procedures governing the use of biohazardous materials/agents in the ACSI Lab facilities at Algonquin College in accordance with CBS, CBH, PHAC, and CFIA standards and guidelines.
2. Advise on content and review ACSI's Biosafety program every five (5) years or as regulatory requirements change.
3. Review and promote training programs that enhance ACSI's Biosafety program.
4. Provide advice on the safe use of biohazardous agents and materials in the ACSI labs under the control of the primary Authorized User Department -LCS.
5. Provide advice and make itself available to the Biosafety Officers (BSO(s)) for issues regarding any biohazardous agents/materials, procedures, protocols or events, and respond to biosafety issues that require immediate consultation.
6. Review reports of all inspections, incidents, unusual occurrences and relevant materials presented by the BSOs. Make any recommendations deemed appropriate based on the information supplied in these reports.
7. Review all audits and reports regarding biosafety sent to the ACSI Labs by Federal, Provincial or Municipal authorities. Make any recommendations deemed appropriate based on the information supplied in these audits or reports.
8. Reviews the Overarching Risk Assessment (ORA), Medical Surveillance Risk Assessment (MSRA), Biosecurity Risk Assessment (BRA) and lab inspection reports on an annual basis.

9. Approve requests to commission/decommission laboratories in which biohazardous agents were or will be used.

5.0 Committee Membership

The IBSC shall be comprised of members of the College community with experience and training that enables them to advise on the containment principles, technologies, and operational practices to prevent unintentional exposure to pathogens or toxins. Members of the committee are appointed by the Licence Holder Representative (LHR), Manager, LCS, in consultation with the Manager, Occupational Health and Safety (OHS). Compulsory members include:

1. Co-Chair
 - Academic Chair (Manager), LCS
 - Licence Holder Representative under the Human Pathogens and Toxins Act (HPTA)
2. Co-Chair
 - Manager, OHS
 - Training in Industrial Hygiene
3. BSO(s)
 - Diploma or degree in Biology/Biochemistry/Biotechnology or a closely related field
 - Biology and Microbiology training

Additional members of the IBSC are appointed by the Co-Chairs and may include the following:

4. Director of Applied Research, or designate
5. Additional Authorized User Department Managers
6. Faculty Member(s)
 - Subject-matter expert(s) in Biology/Biochemistry/Biotechnology or a closely related field
7. Laboratory Technologist(s)

6.0 Role of the Co-Chairs

The Manager of OHS and Academic Chair (Manager) - LCS will act as co-chairs of the IBSC. Their responsibilities include the following:

1. To review previous minutes and materials prior to the meetings.
2. To prepare and arrange the IBSC meeting agenda.

3. To chair IBSC meetings.
4. To ensure the maintenance of an unbiased viewpoint.
5. To prepare meeting minutes and distribute to IBSC members.
6. To liaise with any other Algonquin College committees on issues related to the Biosafety program and report the issues to the committee for resolution.
7. To review recommendations by the IBSC and make final decisions on these recommendations; and plan, direct, and control operations related to the Biosafety program.
8. To prepare and submit an executive summary report once per year to Senior Managers and Executives at Algonquin College to provide a report on the continued management of biosafety and biosecurity risks at Algonquin College.
9. The Licence Holder is responsible for informing all persons who are conducting controlled activities authorized by the licence of its conditions.

7.0 Role of the Academic Chair (Manager), LCS Department

The LCS Department, as the primary Authorized User Department, is responsible for administering the ACSI Biosafety Program. The Program is outlined in Algonquin College's Plan for Administrative Oversight (PAO) and the Manager, LCS Department is responsible for the following:

1. To develop policies and implement effective procedures for implementation of CBS, PHAC, and CFIA standards and guidelines.
2. To ensure compliance with regulations for the use of, or exposure to, biohazardous materials.
3. To ensure that training sessions regarding biosafety and biohazards are completed by all lab users.
4. To conduct investigations of any incidents related to accidents, injury, and/or noncompliance related to biosafety.
5. To authorize purchase requests for biohazardous materials.

8.0 Role of the Biosafety Officer(s)

Algonquin College employs one or more BSOs who play a key role in assisting scientific and technical staff in navigating the administrative and regulatory obligations associated with biosafety. The BSO(s) act as a liaison between Algonquin College and PHAC on regulatory issues. The BSO(s) are responsible for the day-to-day operations of the Biosafety program including, but not limited to, the following:

1. To assist the LHR (Manager, LCS) in developing policies and implementing effective procedures for implementation of the CBS, PHAC, and CFIA standards and guidelines.
2. To monitor compliance by conducting risk assessments and internal inspections/audits.
3. To develop, oversee, and document biosafety-related training.
4. To notify the LHR of any lab acquired infections (LAIs), inadvertent possession of human toxins, pathogens not received as expected.
5. To inform the LHR of any non-compliance by a person conducting activities under the licence.
6. To establish procedures for dealing with spills.
7. To keep abreast of legislation concerning biohazardous materials and advise the IBSC about potential impacts on the College.
8. To determine the containment requirements and perform risk assessments, when necessary, before purchasing biohazardous materials.
9. To assist the LHR in investigations of any incidents related to accidents, injury, and/or noncompliance related to biosafety.
10. To compile and provide any reports/documentation as required by the regulatory agencies and communicate with those agencies on behalf of the Licence Holder.
11. To inform regulatory agencies of any inadvertent possession of a pathogen or toxin.
12. To verify the accuracy and completeness of licence applications or renewals.
13. To work collaboratively with all management, faculty, staff, students, and external agents as it relates to the continual improvement of the Biosafety program.

9.0 IBSC Meetings

The Members will meet on a regular basis with a minimum of two meetings per year, the timing of which shall be determined by the Co-Chairs. Emergency or special meetings may be called at any time by either Co-chair at his/her/their discretion for the following reasons, but not limited to:

1. Accident investigations
2. Enforcement of conditions of the Biosafety licence
3. Dangerous occurrences involving biohazardous agents or materials
4. Contamination/exposure incidents
5. LAIs
6. Resolution of conditions dangerous to health and safety regarding biohazardous agents or materials
7. Events or issues raised by members of the IBSC

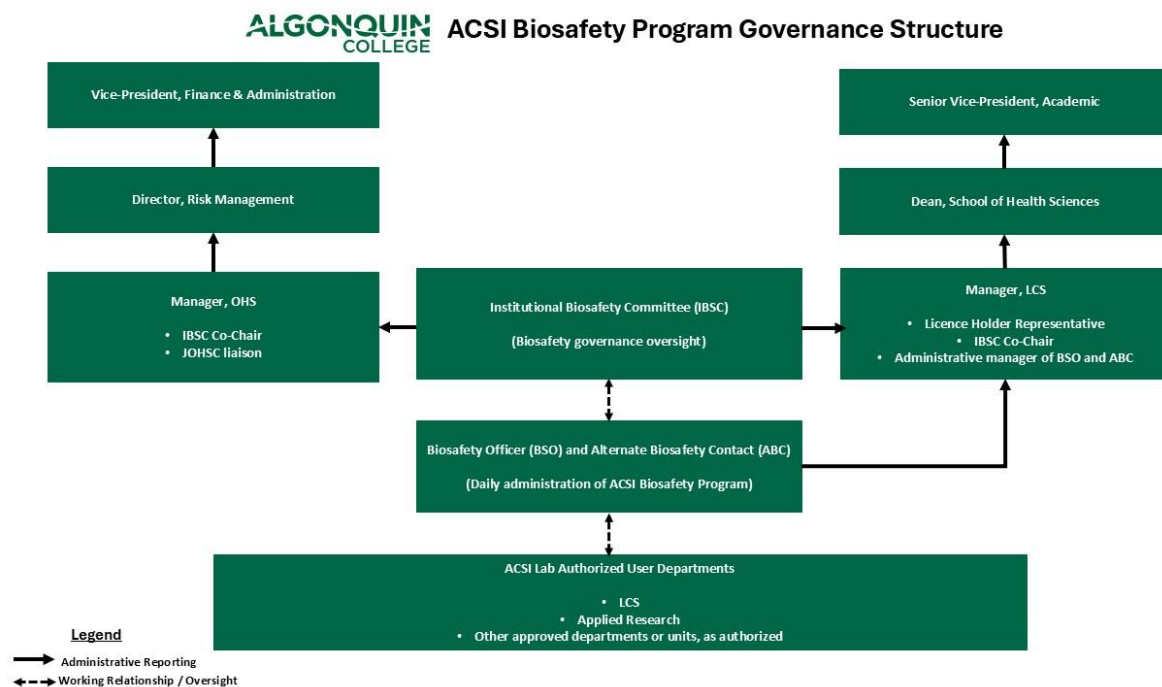
The manner and conduct of the meetings of the Biosafety Committee shall be determined by either Co-Chair and may be held in person, by teleconference, by videoconference or by email as

appropriate for the circumstances. Quorum shall be established by the mandatory attendance of the following members:

1. Co-Chair, Manager – OHS, or delegate
2. Co-Chair, LHR and Manager – LCS, or delegate
3. BSO(s)

10.0 Reporting Responsibility

The ACSI IBSC reports any identified risks or breaches to both the College Risk Management Department through the Manager of OHS and to the Academic Area through the LHR, currently the Manager-LCS.



11.0 Approval of Terms of Reference

The responsible authority, the LHR (Manager -LCS), will have final approval of these Terms of Reference.

VISITOR POLICY

CL2 Zone

Unauthorized entry is not permitted.

- Visitors are individuals who have not completed ACSI Health & Safety and Biosafety training.
- Visitors must be supervised by CL2-trained staff who are responsible for making sure the visitor follows all safety rules.
- Visitors must sign in and may require a Medical Surveillance Form.
- Contact Trina Budd, Licence Holder Representative, Manager-LCS, for guidance.

Health Restrictions

Visitors should NOT enter if they are:

- **Pregnant**
- **Allergic to lab chemicals**
- **Have a weakened immune system (immunodeficient or taking immunosuppressants)**
- **Have other medical conditions needing special precautions**



Clothing and Footwear Rules

All visitors entering the lab must wear appropriate:

- Shoes that fully cover the foot (top, toes and heels)
 - Long pants, skirts, or leggings with socks that cover your ankles and legs

 **Not Allowed:** Sandals, flip-flops, open-heel shoes, or shorts

After-Hours Emergencies

Facilities staff may enter the lab **after hours as directed**. Contact **Security** to provide access when approved. Please **scan the posted QR code** at the entrance to access emergency contact procedures and safety information.

Personal Protective Equipment (PPE)



PPE required upon entry:

- Lab coats, safety glasses, nitrile gloves

Check with Lab Technologist or Professor before entering active lab zones.



Additional Safety Notes

- Do not touch any materials or lab equipment unless explicitly instructed to
- Follow all posted signage and instructions from lab staff
- Report any incidents or exposures immediately to the staff

VISITOR POLICY

SCIENCE TEACHING LABORATORY (CL1)

This laboratory is used for teaching activities involving non-hazardous or low-risk biological materials. Chemical hazards are present. For everyone's safety and to keep the lab functional, all visitors must follow the rules below.

Unauthorized entry is not permitted.

- Only visitors with permission from the Lab Technologist or Professor may enter.
- Visitors must be accompanied by trained staff.



Clothing and Footwear Rules

All visitors entering the lab must wear appropriate:

- Shoes that fully cover the foot (top, toes and heels)
 - Long pants, skirts, or leggings with socks that fully cover your ankles and legs

 **Not Allowed:** Sandals, flip-flops, open-heel shoes, or shorts

Personal Protective Equipment (PPE)



PPE required upon entry:

- Lab coats, safety glasses, nitrile gloves

Check with Lab Technologist or Professor before entering active lab zones.



Additional Safety Notes

- Do not touch any materials or lab equipment unless explicitly instructed to
- Follow all posted signage and instructions from lab staff
- Report any incidents or exposures immediately to the staff

Appendix 7: ACSI Training Needs Assessment Matrix

All ACSI lab staff are referred to this Training Needs Assessment Matrix (TNAM) when they first start working in the ACSI labs. The matrix indicates the required training for their position, as well as the frequency under which training is to be refreshed, see Figure 1 (Appendix 7).

ACSI Labs Training Needs Assessment Matrix												
ACSI Training Sessions	Training Location	Additional Information	Position and Access To Be Granted									
			LHR and BSO	Technologist/ Technician	Faculty-teaching in CL1 labs only	Faculty-teaching in CL2 labs	Researcher	Students -in CL1 labs only	Students -in CL2 labs	Custodial Staff	Security Staff	Facilities Staff
			Full access*	Dependent on role	Science Lab (CL1) access only	Full access*	Dependent on project needs	Enter under supervision only	Enter under supervision only	Room access	Room access	Access as required
Medical Surveillance	Hardcopy or E-copy form (both methods of delivery acceptable)	To complete annually.	x	x	x	x	x	x	x			
Biosafety Manual Review and Quiz (includes scenario based questions)	Employee/Student Brightspace	Staff: Generally, completed every 5 years. Students: Completed as part of SAF1300.	x	x		x	x		x			
Lab Safety and Biosafety in the ACSI Labs	Employee/Student Brightspace and In-person	Quiz included with Brightspace; In-person session has hardcopy form to complete	x	x	x	x	x		x			
Emergency Response Training	Employee/Student Brightspace	Staff: To complete annually. Students: Completed as part of SAF1300, SCI4000, or SCI0012 depending on program	x	x	x	x	x	x	x			
Lab Hazard Identification and Risk Assessments	Student Brightspace	Completed as part of SAF1300, SCI4000, or SCI0012; student focused training						x	x			
How to Work Safely in the Lab	Student Brightspace	Completed as part of SAF1300, SCI4000, or SCI0012; student focused training						x	x			
Custodial Staff Lab Access Training	Training document	Provided to Custodial Staff during In-person training; To complete annually.								x		
Security Officer Lab Access Training	Training document	Provided to Security Staff by their Manager; To complete annually.									x	
Safety Awareness Training for Occasional Access	Training document	Provided to Facilities Staff by their Manager; To complete annually.									x	
PHAC Modules												
Laboratory Acquired Infections	On-line through PHAC training portal; prompted in Brightspace	Generally, completed every 5 years.	x	x	x	x	x					
Biosafety in the Classroom: Post-Secondary Laboratories Course	On-line through PHAC training portal; prompted in Brightspace	Generally, completed every 5 years.	x	x	x	x	x					
Biological Safety Cabinets	On-line through PHAC training portal; prompted in Brightspace	Generally, completed every 5 years.	x	x		x	x		x			
Microbiology Overview	On-line through PHAC training portal; prompted in Brightspace	Completed as part of SAF1300.							x			
Introduction to Biosafety	On-line through PHAC training portal; prompted in Brightspace	Completed as part of SAF1300.						x	x			
General Safety Practices for Containment Laboratories	On-line through PHAC training portal; prompted in Brightspace	Completed as part of SAF1300.							x			
Containment Level 2 Operational Practices	On-line through PHAC training portal; prompted in Brightspace	Completed as part of SAF1300.							x			
Biosafety 101 Video	On-line through PHAC training portal	Part of Custodial Staff and Security Officer Lab Access Training								x	x	
Algonquin College Training												
Algonquin College Legislated and Mandated Training for Employees	Employee Brightspace/On-line through external provider	Staff: Department Manager to be consulted regarding requirements and completion.	x	x	x	x	x			x	x	
WHMIS	On-line through external provider prompted in SAF1300, SCI4000, or SCI0012 depending on program	Students receive WHMIS training; Staff receive WHMIS as part of Algonquin College Legislated and Mandated Training for Employees						x	x			
OHSA	On-line through external provider	Students receive Worker training; Staff given Supervisor training as part of Algonquin College Legislated and Mandated Training for						x	x			
TDG	On-line through external provider	Licence Holder and Student Technicians do not require this training.	x	x								
Other												
TCPS 2: CORE 2022 (Course on Research Ethics)	On-line course from the Government of Canada	Individuals with projects that involve human derived samples	as required by project scope									
First Aid	External provider	Consult with department Manager regarding opportunities.	speak with your Manager									
* Full Access is defined as access to the Science Labs (CL1) and CL2 zone; includes inventory access.												

Figure 1 (Appendix 7): ACSI Labs TNAM

Appendix 8: ACSI's Risk Assessment Process

ACSI's Risk Assessment Process

1.0 Purpose

These guidelines provide the general instructions to follow when new lab protocols/projects are developed and risk assessed for the Pìwànak -Algonquin Centre for Science and Innovation (ACSI) science labs.

2.0 Abbreviations and Acronyms

ACSI: Pìwànak -Algonquin Centre for Science and Innovation
BSC: Biological Safety Cabinet
BSO: Biosafety Officer
HPTA: Human Pathogens and Toxins Act
LHR: Licence Holder Representative
PHAC: Public Health Agency of Canada
PPE: Personal Protective Equipment
RAT: Risk Assessment Table
RRF: Reagent Request Form
SOP: Standard Operating Procedure
WHMIS: Workplace Hazardous Materials Information System

3.0 Responsibilities

Licence Holder Representative (LHR): Ensures that all ACSI lab personnel (excluding students) are aware of “ACSI's Risk Assessment Process” by delegating this duty to one or both of the Biosafety Officer(s) [BSO(s)].

BSO(s): Ensure all ACSI lab personnel are informed of these guidelines by incorporating them into the required safety training completed by all ACSI Technologists, Faculty, Staff, Researchers, Technicians, and Students.

Authorized User Department Manager: Remind faculty members of these processes when assigning lab development.

ACSI Lab Personnel with Independent Access: Must comply with the details outlined in this document.

4.0 Lab Activity Risk Assessment Guidelines

All lab activities must be risk assessed before being carried out in any ACSI lab.

- Student lab activities must be risk assessed before delivery to, and completion by, students. The Authorized User Department Manager is responsible for assigning the development of student lab activities/protocols to Faculty members. The BSO(s) are responsible for conducting the risk assessment. Faculty are responsible for providing risk-assessed protocols and activities to students.
- Research lab proposals for projects being conducted in the ACSI labs must be risk assessed prior to implementation. ACSI Lab Personnel with Independent Access are responsible for submitting their proposals to the BSO(s) for risk assessment in order to ensure the research lab activities planned are within scope of the Public Health Agency of Canada (PHAC) licence and meet facility safety guidelines. Continuous communication between BSO(s) and researchers remains important throughout the term of the project. As the project develops, any deviations or unexpected findings from the original proposal must be provided to the BSO(s) for further assessment.

Ordering/obtaining biological material, including pathogens and toxins, is done by the BSO(s), as is outlined in ACSI's Biological Safety Standards ([Appendix 10](#)).

When performing Risk Assessments, the hierarchy of controls should always be considered for proper risk mitigation. As you move from the first to the fifth point in the hierarchy, the reliance on human compliance increases. It is therefore best practice to use mitigation strategies from as high up on the list as possible. The hierarchy of controls, often shown as an inverted pyramid (see [Figure 4.1](#) in the Biosafety Manual), in ranked order are:

- 1) Elimination -remove the hazard element wherever possible
- 2) Substitution -choose a lower hazard risk material or form
- 3) Engineering controls –use available equipment and implement safety options to make the work safer e.g. using a Biological Safety Cabinet (BSC), fumehood, in-line trap and vacuum filters, screw-cap tubes
- 4) Awareness and Administrative controls -post warning signs to alert users; develop and provide training to users; create Standard Operating Procedures (SOPs) and guidelines; provide the PPE identified for the activity
- 5) Personal Protective Equipment (PPE) -use the PPE as instructed

4.1 Risk Assessment Procedure for Student labs

The workflow for student lab procedure risk assessment is as follows:

- 1) The faculty member assigned to lab development obtains the two required templates (Experiment Template and Reagent Request Form [RRF] template) from the Microsoft Teams site.
- 2) Once lab development is completed, the faculty member submits both documents (in a timely manner as determined by the Authorized User Department Manager) to the

- BSO(s) for review by saving them in the Microsoft Teams site and providing to the BSO(s), by email, the link to the documents (thereby alerting them to the documents' availability for review).
- 3) The BSO(s) review(s) the documents to assess for potential hazards and risks, such as specific jobs, activities, chemicals and biologicals used. The review also ensures that the Authorized User Department is following applicable legislation, such as the Human Pathogens and Toxins Act (HPTA), and that the activities align with the ACSI Labs' PHAC Licence.
 - If the documents submitted to the BSO(s) are incomplete or if there are errors/inconsistencies, the BSO(s) will email the faculty member, indicating the errors/inconsistencies or what is missing. Conversations may take place to discuss what clarification is required and what the next steps will be.
 - Some jobs might need to be broken down into a sequence of steps to better understand the hazard and determine risk mitigation. Occasionally, the BSO(s) might need to converse with the faculty member to determine mitigation strategies (elimination, substitution, etc.).
 - 4) The BSO(s) document(s) these risks and mitigation strategies/preventative measures in a risk assessment table (RAT) (Addendum A of this guideline).
 - 5) The final documents, including the lab protocol, accompanying RRF and RAT, are saved in the Microsoft Teams site by the BSO(s).
 - **Only the final document (in PDF format) shall be provided to the students and used for regular student lab activities.**
 - If edits to these documents are required, the risk assessment process may need to re-occur. For more information, contact the BSO(s).

4.2 Risk Assessment Procedure for Researchers

The workflow for research lab procedure risk assessment is similar to that of the student lab procedures. Authorized Lab Users with Independent Access are responsible for providing their project proposal to the BSO(s) for assessment. The BSO(s) then continue the process, starting at step 3, as outlined in [4.1 \(Appendix 8\)](#), with the final documents being returned to the Authorized Lab User to save in their Research project folder. As the project unfolds, any unexpected results or deviations from the proposal must be communicated with the BSO(s), as further assessment may be required.

4.3 Resources Available for Risk Assessment (Completed by BSO)

- Workplace Hazardous Materials Information System (WHMIS)
- ACSI Biosafety Manual
- ACSI Lab Processes and Standards
- ACSI Local Risk Assessments
- Safety Data Sheets
- [Pathogen Safety Data Sheets](#)

- [ePATHogen website](#)
- Other biosafety websites
- [Canadian Biosafety Standard](#) (CBS)
- [Canadian Biosafety Handbook](#) (CBH)
- [Canadian Biosafety Guideline - Dual-Use in Life Science Research](#)
- [HPTA](#) and [Human Pathogen and Toxins Regulations](#) (HPTR)
- [Health of Animals Act](#) (HAA) and [Health of Animals Regulations](#) (HAR)
- PHAC and Canadian Food Inspection Agency (CFIA) contacts
- [Ontario Occupational H&S Act](#) and [Guide](#)
- [Canada Health and Safety Regulations](#)
- Scientific journals
- Published safety manuals
- Manufacturer's bulletins and equipment manuals
- Lab records (incidents/accidents, equipment maintenance, inspections)
- Other online sources

4.4 Hazards and Risks to be Considered when Drafting Protocols and Performing Risk Assessments

In drafting protocols and performing the risk assessments, the six hazard groups should be considered. Once hazards have been identified, the risks associated with them can then be reviewed, and the hierarchy of controls applied. The goal is to lessen the identified risks to render the activity as safe as possible. [Figure 4.1](#) in this Biosafety Manual provides a pictorial representation for the hierarchy of controls used to mitigate risk. The steps, in order of effectiveness, are:

- 1) Elimination: Does the hazard need to be present? If not, remove it.
- 2) Substitution: Could a less hazardous option be used instead?
- 3) Engineering Controls: What equipment is in place to render the work safer? E.g. Fumehoods and Biological Safety Cabinets isolate users from exposure, In-line traps and vacuum filters
- 4) Administrative Controls: What are the training requirements/programs in place? Is there appropriate signage alerting of the hazard? Are there protocols/procedures established for how to perform the task? Have PPE requirements been identified?
- 5) PPE: Are the required PPE items available for use?

Each hazard group section below provides examples of considerations that pertain to the hazard. These considerations are not an exhaustive list, and it is not necessary to address each question directly in the risk assessment, as not all will apply to every protocol. Rather, it is intended that the questions guide the user in their line of thinking when drafting protocols and performing the risk assessments.

4.4.1 Biological Hazard

- Identify the biological hazards for the experiment; e.g. bacteria, fungus, mammalian cell line, toxin.
 - Look at the biological materials planned for use. Consider:
 - > What are their respective Risk Group levels? Is there a lower risk alternative that can be used instead?
 - > Is the hazard a permitted pathogen under the conditions of the PHAC licence?
 - > What exposure route is likely with the protocol (ingestion, injection, inhalation, or absorption) and how does it compare to the pathogen's mode of transmission (how the pathogen gains entry into host), the host range, and the stability of the pathogen outside of host?
 - Does the cell line harbor infectious materials or possible contaminants, like oncoviruses from tumor cells? Is it a primary culture or an immortalized line? What was the source population from which the cell was derived?
- Look at the details of the protocol. Consider:
 - What engineering controls will be used? e.g. Biological Safety Cabinet, sealed centrifuge safety cups, filter tips
 - What administrative controls are in place? Are procedures, processes, training, or signage in place, or would it be beneficial for new ones to be developed or assessed?
 - Who is performing the activity (experienced, junior tech, students)?
 - What are the quantities and concentration of reagents?
 - What is the form or state (eg. Liquid, solid, powder) of the reagents?
 - What PPE is required?
 - Will there be any genetic modifications occurring? Will the pathogen be transformed, transfected or transduced? If so, is there an increased risk posed by the pathogen or is there attenuation of it? Have there been studies (in vitro or in vivo) to characterize the changes that may result from the modification? Are potentially pathogenic factors associated with the donor nucleic acid segment? Does there need to be a change to the physical containment or operational practice requirements?
 - > Does the modification alter pathogenicity or virulence or decrease the effectiveness of anti-infective agents? Will the GMO be replication competent?
 - > Does the modification alter pharmacological activity (e.g. Resistance to antibiotics)?
 - > Does the modification delete genetic material or introduce novel genetic material with potentially adverse effects (e. g. Insertion of an oncogene)?

- > Does the modification have an effect of increasing or decreasing the efficacy of available treatment or prophylaxis?
- > Does the inserted gene encode a toxin? How well characterized is it?
- > Does the modification produce attenuated strains of recombinant pathogens that have lost virulence factors?
- > Does the modification produce host bacterial or viral vectors with limited ability to survive outside the laboratory? Does it alter the host range?
- Is there a change to the dual-use potential? Consider:
 - > The biological materials involved;
 - > The techniques being used;
 - > The information expected to be generated;
 - > Potential benefits of the activity;
 - > Potential consequences if the information or materials were intentionally misused;
 - > Existing biosafety and biosecurity controls
 - > Additional safeguards including enhanced inventory controls, additional training requirements, restricted access to materials or information, additional supervision, modifications to project design, or the use of lower-risk alternatives where appropriate.
 - > Refer to PHAC's Dual-Use Guideline decision tree (Figure 1 (Appendix 8))

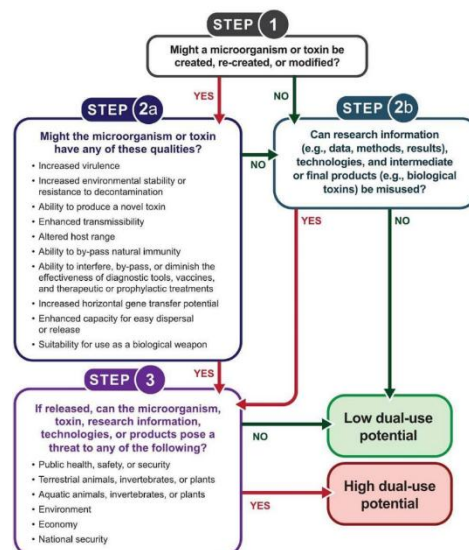


Figure 1 (Appendix 8): Assessment Tool for Dual-Use Potential in Life Science Research (PHAC Dual-Use Guideline, Figure 3-1)

- Will activities that generate aerosols or spill risk be performed?
- Will infectious materials need to be moved during the protocol? If so, what safety measures are in place?
- Have waste disposal requirements been outlined?

Note: In vivo work is NOT permitted in the ACSI labs

4.4.2 Chemical Hazard

- Identify the chemical hazards for the experiment.
 - Look at the chemicals planned for use. Consider:
 - > Are any designated substances planned for use? If so, are they being used within occupational exposure limits? How hazardous are the chemicals being used (e.g. are they mutagens, carcinogens, teratogens, toxic, a strong acid or base, highly reactive, flammable, etc.)? Is there an alternate chemical that would be safer, or could it be used at lower concentrations or volumes?
 - > How reactive is the chemical? Are there any incompatibilities to avoid?
 - Look at the protocol. Consider:
 - > What engineering controls are in place for the procedure? e.g. use a fumehood for volatile chemicals or ones that pose an inhalation risk
 - > What administrative controls are there? Are there warning signs, SOPs or additional training that need to accompany the protocol?
 - > What PPE is required when conducting the protocol? Is it standard lab PPE or are there additional PPE requirements?
 - > Will chemical materials need to be moved during the protocol? If so, what safety measures are in place?
 - > Has the waste stream been clearly identified for disposal of the chemicals used?

4.4.3 Physical Hazard

- Identify the physical hazards for the experiment. Consider:
 - Is any of the equipment being used heat generating? Will solutions be heated during the procedure? Are heat resistant gloves available and their use noted in the protocol? Can the temperature be decreased?
 - Are there any cold hazards? Is the additional PPE requirement noted and the PPE available?
 - Does any of the equipment generate loud or high-pitched noises? Is there need for additional PPE and is it available?
 - Does any of the equipment result in vibration? Will the user feel the vibration? If so, for how long?
 - Are there any radiation risks? e.g. from UV light sources; Is there need for additional PPE and is it available?

- Are compressed gases being used? Are the tanks properly secured? Is the risk from a gas leak identified along with a response action?

4.4.4 Safety Hazard

- Identify the Safety hazards for the lab (e.g. equipment with moving parts, extreme heat temperatures, explosion risks, projectiles). Consider:
 - Are there any slip, trip, or fall risks when moving around the lab? Are students needing to transport materials from location to location? Are the materials being transported wet or dry?
 - Are there any open flames being used? What fire suppression tools are available if there are? Have burn risks been addressed?
 - Are sharps being used? Could an alternate method be employed that would reduce the cut risk?
 - Does any of the equipment have moving parts that could lead to pinching, crushing or other impact injury? What safety guards are in place for the equipment? e.g. centrifuges spin samples at high speed -load balanced samples in opposition so the rotor moves smoothly; centrifuge lid locks when spinning
 - Are there any electrical hazards from the use of the equipment? Is it high voltage (like a power pack used in gel electrophoresis) or from static charge?

4.4.5 Musculoskeletal Hazard

- Identify the Musculoskeletal hazards for the lab (e.g. repetitive motion, awkward postures). Consider:
 - Are there any steps in the protocol that could lead to repetitive strain?
 - Are there new postures used that could lead to strain and/or fatigue?
 - Is there any bending, twisting or heavy lifting?

4.4.6 Psychosocial Hazard

- Identify the Psychosocial hazards for the lab (e.g. does the lab seem intimidating when you read the protocol?) Consider:
 - What is the experience level of the students?
 - Might students feel like the protocol is overwhelming or confusing?
 - Could it be better communicated to alleviate concerns?

4.5 Final Documentation

4.5.1 Lab Protocol

The BSO(s) save(s) the final protocol in the Microsoft Teams site. The final protocol will include a risk assessment completion box with the date of assessment and the assessor's name below the lab protocol title.

4.5.2 Risk Assessment Table (RAT)

The BSO(s) save(s) the completed RAT in the Microsoft Teams site, with the lab protocol.

4.5.3 SDS and PSDS

BSO(s) ensure that lab specific SDS and PSDS are available in the appropriate (i.e. depending on program – Biotechnology, EMA, Food Science, SAT Foundations) Microsoft Teams Folder for each lab. Faculty ensure students have access to the SDS and PSDS by posting on their course Brightspace. SDS and PSDS for the full lab inventory are accessible to staff in the ACSI SDS Microsoft Teams Folder.

4.6 Post RA Procedures

- **Only the risk assessed lab and associated documents shall be used for student activities.**
- Once a lab activity is risk assessed, it does not have to be assessed again for 5 years, unless there is a change in the activity, a new or different risk is identified, or the activity becomes non-compliant. If any incidents (e.g. injuries, accidents, etc.) have occurred since implementation, and an investigation reveals the incident is related to the lab protocol, then a review is required.

The protocol document communicates the hazards, risks and mitigation strategies to the Technologist, who is supporting the laboratory, the faculty member, who is delivering the activity, and to the students, who are performing the activity. It is important that all users are aware of the risks and the strategies that are used to ensure the safety of all individuals in the lab. **Faculty must review the identified hazards, and provide the mitigation handling approaches, with their students as part of the pre-lab talk.**

5.0 Regulatory Standards

[Human Pathogens and Toxins Act](#)

[Human Pathogens and Toxins Regulations](#)

[Canadian Biosafety Standard, 3rd edition](#)

[Canadian Biosafety Handbook, 2nd edition](#)

6.0 Other College Resources

AC's [Health and Safety Policies](#)

AC's [Occupational Health & Safety Department's Website](#)

Addendum A (Appendix 8)

Risk Assessment Table (RAT)

Instructions for RAT completion

- Review Appendix 8 of the ACSI Biosafety Manual and other appropriate guidelines
- Copy and Paste from the Lab Protocol (usually first page)
 - Course Title
 - Title of Experiment
 - Containment Level
 - Required PPE
 - Reagents
 - Materials / Consumables
 - Equipment / Reusable Tools
 - Procedure Risk
- Complete the BSO Review
 - Use the Comment section to

Course Code, Course Name

Title of the Experiment

Hazard Identification and Risk Mitigations being communicated to users

Containment Level:

Copy and paste from Experiment Protocol

Required PPE

Copy and paste table from Experiment Protocol

Reagents

Copy and paste table from Experiment Protocol

See Safety Data Sheets (SDS) for more information

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Risk Assessment Table (RAT)

Materials / Consumables

Copy and paste table from Experiment Protocol

Equipment / Reusable Tools

Copy and paste table from Experiment Protocol

Procedure Risk

Copy and paste table from Experiment Protocol

BSO REVIEW

Hierarchy of Controls Review

Hierarchy of Control Aspect	Consideration	Result
Elimination	Are there further opportunities to eliminate hazards?	☐ Yes ☐ No ☐ N/A
Substitution	Are there further opportunities to substitute lower-risk materials, procedures, or equipment?	☐ Yes ☐ No ☐ N/A
Engineering Controls	Are appropriate engineering controls identified (e.g., BSC, fume hood, guards, shielding)?	☐ Yes ☐ No ☐ N/A
Administrative Controls	Is the activity consistent with applicable regulatory, legal, and institutional requirements?	☐ Yes ☐ No ☐ N/A
Personal Protective Equipment (PPE)	Has the required PPE been identified for the hazards?	☐ Yes ☐ No ☐ N/A

Comments:

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Risk Assessment Table (RAT)

Dual-Use Potential

Is dual-use potential applicable?	☐ Yes – biological materials, techniques, information are used ☐ No – only chemical materials, techniques and information are used
If yes, what is the dual-use potential?	☐ Low Risk ☐ High Risk

Note: ACSI's Biosafety Program specifies that high risk for dual-use potential is not permitted.

Comments:

Regulatory / Permit Requirements

Do the activities meet ACSI's PHAC licence requirements?	☐ Yes ☐ No ☐ N/A
Are additional approvals, permits, certifications, or notifications required?	☐ Yes ☐ No ☐ N/A

Comments:

Operational Requirements Review

Containment requirements addressed and available	☐ Yes ☐ No ☐ N/A
Waste streams identified	☐ Yes ☐ No ☐ N/A

Comments:

User Suitability

Activity is appropriate for intended users (students, staff, researchers)	☐ Yes ☐ No ☐ N/A
Required direct supervision step is identified (ie, Blade use)	☐ Yes ☐ No ☐ N/A

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Risk Assessment Table (RAT)

Comments:

Assessment Outcome

- ☐ Approved - Residual risk is acceptable for intended users when controls are followed
- ☐ Revision Required - Residual risk is not acceptable in current state; review and re-submit
- ☐ Not Approved - Protocol contravenes licence; risk is too great to proceed with the protocol

Comments / Additional Controls Required:

Risk Assessment Completed by:	
Date Risk Assessment Completed:	DD-MMM-YY

If approved – copy and paste this completed box into the lab protocol. Ensure the RAT is stored with the approved Lab Protocol in Teams.

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ACSI's Lab Inspection Process

1.0 Purpose

This document outlines the lab inspection process that takes place in the Piwànak -Algonquin Centre for Science and Innovation (ACSI) science labs. Routine lab inspection is an important component of a lab safety program and the Licence Holder Representative (LHR) ensures that lab inspections take place on a regular basis.

2.0 Abbreviations and Acronyms

ACSI: Piwànak -Algonquin Centre for Science and Innovation

BSO: Biosafety Officer

IBSC: Institutional Biosafety Committee

LHR: Licence Holder Representative

3.0 Responsibilities

LHR: Ensures that all ACSI lab personnel are aware of “ACSI’s Lab Inspection Process” procedures by delegating this duty to the Biosafety Officer(s) [BSO(s)].

BSO (s): Ensure all ACSI lab personnel are informed of these processes by incorporating them into the required safety training completed by all ACSI Technologists, Faculty, Staff, Researchers, Technicians, and Students.

ACSI Lab Personnel: Ensure that they are familiar with the details of these guidelines.

4.0 Rules, Processes and Procedures

The BSO(s) are responsible for conducting regular lab inspections. Generally, lab inspections take place once per semester, using the Laboratory Inspection Form ([Addendum A of this process document](#)). The BSO(s) will follow up with the LHR to discuss any non-compliance. Laboratory Inspection Forms may also be reviewed at subsequent Institutional Biosafety Committee (IBSC) meetings.

5.0 Regulatory Standards

[Human Pathogens and Toxins Act](#)

[Human Pathogens and Toxins Regulations](#)

[Canadian Biosafety Standard, 3rd edition](#)

[Canadian Biosafety Handbook, 2nd edition](#)

6.0 Other College Resources

AC’s [Health and Safety Policies](#)

AC’s [Occupational Health & Safety Department’s Website](#)

Addendum A (Appendix 9):

ACSI Laboratory Safety Inspection Form

Room#:	Inspector(s):	Date:	Time:		
General Safety			Yes	No	N/A
1	Doors are locked when no one is in lab.				
2	Exit doors are not blocked and are easily accessible.				
3	Eyewash and safety showers are unobstructed and easily accessible.				
4	Fire extinguishers are unobstructed and easily accessible.				
5	Sterile waterproof bandages are available.				
6	Hand-washing sinks are freely available.				
7	Lab is free of slip and trip hazards.				
8	Lab is clean, neat and orderly.				
9	Minimal glassware is stored on carts, near sinks, etc.				
10	Lab sinks are clean and free of clutter.				
11	Benches and floors are kept free of chemicals, biologicals and equipment not in use.				
12	Fume hoods are free of clutter and unnecessary chemicals.				
13	Hoses or cords are not inserted through the face of fume hoods; instead, they must run underneath the airfoil so the sash can close completely.				
14	Emergency contact information is posted in the lab.				
15	Extension cords are not "daisy-chained".				
16	Hazardous laboratory equipment is regularly inspected, maintained and serviced.				
17	No food or drinks in lab (except in context of a lab sample not for consumption).				
18	Proper PPE in use (lab coats, gloves, safety glasses/goggles etc.).				
19	Loose clothing, long hair, dangling accessories, jewelry, or other similar items are tied, covered, or otherwise secured to prevent a hazard.				
20	Appropriate clothing is worn by all (no shorts, sandals, etc.).				
21	Is there any evidence of non-compliance with safety rules?				
Biological Safety					
22	Lab door is kept closed and is not blocked open.				
23	Effective disinfectants are on hand and are not expired.				
24	BSCs are free of clutter and stored items. Biological waste stored in the BSC is disposed of in a timely manner.				
25	BSC has been tested and certified within the past 12 months.				
26	Biological spill kit is present and stocked.				
27	Biological material is used in appropriate location (e.g. RG2 pathogens are used in BSC only).				
28	Separated paperwork stations are used when pathogens are in use.				
29	Infectious material is stored and handled properly.				
30	Proper PPE is worn by all persons handling infectious material.				
31	Lab users understand the proper disposal of the pathogens in use.				
32	Autoclaves are tested regularly.				
33	Biohazardous waste is contained in closed containers and autoclaved in a timely manner.				
34	Is there any evidence of non-compliance with safety rules?				

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ACSI Laboratory Safety Inspection Form

Chemical Safety				
35	Proper WHMIS labels are found on all WHMIS controlled products.			
36	Chemical spill kit is present and stocked.			
37	Internet is available to access the SDS while in the lab.			
38	All compressed gas cylinders are securely anchored to prevent them from falling or tipping.			
39	All compressed gas cylinders are capped when not in use.			
40	Lab users understand the proper disposal of the chemicals in use.			
41	Is there any evidence of non-compliance with safety rules?			

Notes:

ACSI's Biological Safety Standards

1.0 Purpose

These standards outline the procedures to follow when working with biological materials and biological toxins in the Piwànak -Algonquin Centre for Science and Innovation (ACSI) science labs.

In the context of biosafety and biosecurity, biological material is defined as pathogenic and non-pathogenic microorganisms, proteins, and nucleic acids, as well as any biological matter that may contain microorganisms, proteins, nucleic acids or parts thereof. Biological toxins are poisonous substances that are produced by living organisms.

2.0 Abbreviations and Acronyms

ACSI: Piwànak -Algonquin Centre for Science and Innovation

BSC: Biological Safety Cabinet

BSO: Biosafety Officer

CBS: Canadian Biosafety Standard

CI: Chemical Integrator

CL: Containment Level

HPTA: Human Pathogens and Toxins Act

HAA: Health of Animals Act

IBSC: Institutional Biosafety Committee

LHR: Licence Holder Representative

PHAC: Public Health Agency of Canada

PPE: Personal Protective Equipment

PSDS: Pathogen Safety Data Sheet

RG: Risk Group

TDG: Transportation of Dangerous Goods

3.0 Responsibilities

Licence Holder Representative (LHR): Ensures that all ACSI lab personnel are aware of “ACSI's Biological Safety Standards” by delegating this duty to one or both of the Biosafety Officer(s) [BSO(s)].

BSO(s): Ensure all ACSI lab personnel are informed of these standards by incorporating them into the required safety training completed by all ACSI Technologists, Faculty, Staff, Researchers, Technicians, and Students.

ACSI Lab Personnel: Must comply with the details in this document. Faculty are responsible for ensuring that students under their supervision follow these standards, whenever necessary.

Supervisors are responsible for ensuring that personnel under their supervision follow these standards, whenever necessary.

4.0 Algonquin College's Commitment Regarding Biohazardous Materials

Algonquin College is committed to administratively manage and control biosafety and biosecurity and the associated risks in accordance with the applicable legislation, regulations and standards. These standards serve to protect members of the Algonquin community, the public, and the environment when biohazardous materials are used in education, applied research, or any other activity occurring at Algonquin College in the ACSI science laboratories.

1. Algonquin is committed to managing and controlling biosafety and biosecurity risks to ensure the protection of students, employees, and visitors in all Algonquin facilities.
2. A Biosafety Program shall be maintained and disseminated for the ACSI labs in accordance with the Human Pathogens and Toxins Act (HPTA), Health of Animals Act (HAA) and their associated regulations. **Algonquin's ACSI Biosafety Program shall consist of the following components:**
 - Senior Management Letter of Commitment
 - Overarching Risk Assessment
 - Algonquin's Plan for Administrative Oversight of Pathogens and Toxins
 - Biosafety Manual, including:
 - Biosecurity Plan
 - Medical Surveillance Program
 - Emergency Response Plan
 - ACSI Biological Safety Standards
 - Institutional Biosafety Committee (IBSC) Terms of Reference
 - ACSI Biosafety Training Program
3. Roles and responsibilities within the Biosafety Program are outlined in ACSI's Biosafety Manual and Terms of Reference for the IBSC.
4. The Biosafety Manual shall be readily available to Algonquin personnel.
5. The Authorized User Departments shall maintain internal accountability through biosafety and biosecurity risk assessments, an internal permitting system, internal compliance checks/audits, and maintenance of a biohazardous materials inventory.

5.0 Rules, Processes and Procedures

Biological materials and biological toxins pose a risk to lab personnel and to the college community. Procedures are in place for purchasing/acquiring and working with biological materials and biological toxins in the ACSI labs. As a general rule, lab users should treat all microorganisms as potential pathogens.

5.1 Acquisition of Biological Materials and Toxins

The acquisition of all biological material and biological toxins must first be approved by the BSO(s). The BSO(s) are responsible for completing a risk assessment using ACSI's Risk Assessment for Biological Materials and Biological Toxins ([Addendum A of this Appendix](#)). The BSO(s) will determine if the acquisition is permitted under ACSI's Public Health Agency of Canada (PHAC)

Licence and what precautions and procedures are required for working safely with the biological material or toxin.

5.2 Shipping and Receiving of Biological Materials and Toxins

The BSO(s) are responsible for the shipping and receiving of all biological materials and biological toxins. All lab personnel are required to contact the BSO(s) before shipping or receiving any biological materials.

5.3 Inventories

The BSO(s) are responsible for maintaining the inventory of all biological materials and biological toxins.

5.4 Environmental Samples

Culturing of environmental samples does not require a PHAC licence; however, knowingly culturing or isolating a risk group 2 (RG2) pathogen from an environmental sample does require a licence and must only be performed in a facility that meets the applicable requirements specified in the Canadian Biosafety Standard (CBS).

The use, culturing and ordering/obtaining of environmental samples must first be approved by the BSO(s). Often, a risk assessment must take place, using [PHAC's Risk Assessment Tool](#) and/or by following [ACSI's Risk Assessment Process](#) (Appendix 8 of ACSI's Biosafety Manual) and/or by using [ACSI's Risk Assessment Tool for the Acquisition of Biological Materials and Biological Toxins](#) (Addendum A of this Appendix). The BSO(s) will determine what precautions and procedures are required for working safely with environmental samples.

5.5 Movement of Biological Materials and Toxins

Best Practices:

- PPE must be worn when handling biological material and toxins;
- Biological materials and toxins must be adequately protected from being dropped, tipped or spilled;
- Closed containers (primary containment) that are leak-proof and impact resistant are recommended;
- Generally, petri plates should be carried in racks with handles or in plastic bins;
- When working with liquid cultures, work with small volumes of liquid material and carry aliquots in racks;
- Whenever possible, screw top containers should be used rather than snap-cap tubes;
- When carts are required, shelves should have a minimum of 2-inch edges on all sides, to prevent items from falling off the cart;
- Care should be taken when moving biological materials and toxins within a lab space – individuals should move slowly and with caution;

5.5.1 Movement within the containment zone

Follow the best practices indicated above.

5.5.2 Movement between CL1 and CL2 lab spaces

Follow the best practices indicated above. Only Risk Group 1 (RG1) material can be used/transported to the Containment Level 1 (CL1) laboratories. Containers must be closed, labelled, leak-proof, (preferably) impact-resistant and placed inside secondary containers. Once inoculated in the CL1 lab, culturing of these materials then, generally, takes place in the Containment Level 2 (CL2) laboratories (i.e. due to space restrictions, incubators are in the CL2 labs). Care must be taken to ensure that RG1 cultures are not incubated in proximity to RG2 cultures. After incubation, the cultures are usually stored in a fridge in the CL2 labs and brought over to the CL1 labs on the day that they are required. RG2 materials must not leave the CL2 zone. Consult with the BSO(s) to determine which RG1 materials can be used in CL1 laboratories.

5.5.3 Movement between CL1 or CL2 and other locations on campus

Follow the best practices indicated above. Ensure that all biologicals are secured in closed, labelled, leak-proof, (preferably) impact-resistant containers and placed inside secondary containers. Note: only RG1 material can be used/transported to other areas on campus (e.g. Vet Tech). Ensure that Pathogen Safety Data Sheets (PSDS) are provided to the recipient. RG2 materials must not leave the CL2 zone.

5.5.4 Movement from Shipping to CL1 or CL2 labs

Personnel working in Algonquin College's Central Shipping and Receiving are trained to the Transportation of Dangerous Goods (TDG). RG2 items received from suppliers will be transported from Central Shipping and Receiving (in the original supplier containers/vessels/boxes) directly to the CL2 zone for the BSO(s) to receive.

5.6 Paperwork Stations

Whenever possible, paperwork stations should not be used when working with RG2 materials on the lab bench. Please check with the BSO(s) for more information.

5.7 Entry and Exit Procedures for Lab Personnel

Only authorized personnel may access the ACSI Labs.

5.7.1 Entry to CL1 Labs

- Doors to these labs should be kept closed at all times and access limited to authorized personnel only;
- Proper clothing, footwear and Personal Protective Equipment (PPE) must be worn by ACSI staff and students in these labs (see [ACSI's Biological Safety Standards, Section 5.8](#));

- Backpacks, jackets and other items are to be left in lockers and offices. Only items pertinent to the work (lab protocols, writing implements, calculators, etc.) should come to the lab.
- Visitors should be accompanied by a trained staff member (see [Biosafety Manual, Section 12.0](#));
- Upon entry, don PPE ([ACSI's Biological Safety Standards, Section 5.8.4](#)).
- Then clean lab benches with the available disinfectant/cleaner, prior to putting items down on the benches (use the lab chairs, if necessary) and commencing work.

5.7.2 Exit from CL1 Labs

- Ensure that lab benches and other equipment are disinfected with the available disinfectant/cleaner;
- After the proper removal of PPE (see [ACSI's Biological Safety Standards, Section 5.8.4](#)), exit the lab;
- Personnel in charge of the lab must ensure that all lab occupants under their supervision have left the lab (e.g. Faculty in charge of students);
- Lab personnel who were last in charge of the lab must ensure that the lab is clean and secure and that all lab doors are closed and locked when the lab is not occupied.

5.7.3 Entry to CL2 Labs

- Doors to these labs **must** be kept closed at all times (e.g. not left propped open while labs are in session) and access limited to authorized personnel only;
- Proper clothing, footwear and PPE must be worn in these labs (see [ACSI's Biological Safety Standards, Section 5.8](#));
- Backpacks, jackets and other items are to be left in lockers and offices. Only items pertinent to the work (lab protocols, writing implements, calculators, etc.) should come to the lab. Papers will need to be used in designated paper stations.
- Visitors should be accompanied by a trained staff member (see [Biosafety Manual, Section 12.0](#));
- Upon entry, don PPE ([ACSI's Biological Safety Standards, Section 5.8.4](#)) in the dedicated gowning area;
- Then clean lab benches with the available disinfectant, prior to putting items down on the benches (use the lab chairs, if necessary) and commencing work.

5.7.4 Exit from CL2 Labs

- Ensure that lab benches and other equipment are disinfected with the available disinfectant;
- Remove PPE in the Gowning area following doffing procedures
- After the proper removal of PPE (see [ACSI's Biological Safety Standards, Section 5.8.4](#)), wash hands before exiting the zone;
- Personnel in charge of the lab must ensure that all lab occupants under their supervision have left the lab (e.g. Faculty in charge of students);

- Lab personnel that were last in charge of the lab must ensure that the lab is clean and secure and that all lab doors are closed and locked when the lab is not occupied.

5.8 Personal Protective Equipment (PPE)

Protective laboratory clothing must not be worn in non-laboratory areas. Personal belongings (e.g. purses, bags) and street clothing (e.g., coats, boots) must be stored separately from PPE and from work stations where biological material is handled. Staff and students must leave personal belongings in lockers or staff offices. PPE should be removed in a manner that minimizes the spread of contamination to the skin and hair. Student lab protocols have been risk assessed, prior to students completing labs. These lab protocols have a “reagent table” that indicates the proper PPE to wear during that lab activity.

5.8.1 Gloves

Generally, nitrile gloves are used for all procedures that involve biological materials and toxins. Gloves are to be removed when leaving the laboratory or use a one-glove-technique if transporting hazardous material. Disposable gloves should be discarded after use in their designated waste receptacle. Disposal of used gloves involves proper decontamination with other solid laboratory waste.

5.8.2 Laboratory Attire

All lab personnel must wear a protective lab coat while in the laboratory. Visitors are only required to wear a lab coat when active lab work is taking place in CL1 labs, but must don required PPE in CL2 labs. It is recommended that the lab coat be long sleeved, knee length, have snap closures for quick removal, cuffed and be fastened. Generally, it should be put on immediately upon entering the lab/zone. Footwear must fully enclose the foot (closed toes and heels), and clothing must provide continuous coverage from the feet to under the lab coat—such as long pants, long skirts, or leggings paired with socks that cover the ankles. Shoes should be comfortable, rubber soled, and cover the entire foot. Heels are not recommended. Since canvas shoes will absorb chemicals or infectious fluids, they are not recommended. Leather or a synthetic, fluid-impermeable material are recommended. Skin (top of foot, ankles and legs) must be covered – this offers protection should any chemicals or infectious materials spill.

5.8.3 Eye and Face Protection

Where there is a known or potential risk of exposure to splashes or flying objects, whether during routine operations or under unusual circumstances (e.g. accidents), eye and/or face protection must be used. Careful consideration should be given to the identification of procedures requiring eye and face protection, and selection should be appropriate to the hazard. Generally, safety glasses are worn in the ACSI labs; however, the risk assessments that are completed for regular student lab protocols will indicate if goggles and face shields are required.

5.8.4 Donning and Doffing PPE

Proper removal of PPE is an essential step in preventing the spread of infectious materials. The proper way to put on (donning) and remove (doffing) PPE is described below. Note that the wearing of masks is required when the college dictates the use (e.g. during a pandemic) or when a risk assessment of a chemical or biological requires the use. In CL1 labs, donning should occur immediately upon entry and doffing immediately before exiting the lab. For the CL2 zone, dedicated gowning areas are used for donning and doffing procedures, such that PPE is always worn in the lab space.

Donning PPE

1. Ensure hands are clean – wash if necessary.
2. Put on protective eyewear.
3. If necessary (i.e. dependent on chemicals used and/or college requirements) put on face mask/N95 respirator. Note: when wearing a mask for health concerns, such as during a pandemic, some people may come into the lab wearing a mask. This is fine; however, ACSI rules require that they be disposable masks and recommends that the masks be disposed when exiting the lab.
4. Put on gloves.
5. Put on lab coat, avoiding touching the outside of it, then close all snaps. Donning gloves before the lab coat is done because the gloves are clean and the lab coat is being re-used. If a clean lab coat is being used, it may be donned first.

Doffing PPE:

1. Remove gloves (follow procedure in Figure 1 (Appendix 10)).
2. Remove lab coat. Avoid touching the outside of the lab coat. Fold the lab coat with the inside on the outside (refer to Figure 2 (Appendix 10)). Place lab coat in designated cubby in the CL2 gowning area. These lab coats cannot be removed from the CL2 zone unless they have been autoclaved (i.e. decontaminated). In the CL1 laboratories, lab coats should be placed in plastic bags prior to leaving the lab.
3. Wash hands.
4. Remove Mask/N95 Respirator.
5. Remove eye protection.



Figure 1 (Appendix 10): Doffing Gloves

Reference: <https://www.technicleanproducts.com/blog/how-to-remove-disposable-gloves>



Figure 2 (Appendix 10): Folding of lab coats

5.9 Aerosols

All work with biological material and toxins should be performed such that the creation of splashes and/or aerosols is minimized.

Work with RG1 microorganisms is permitted on the lab bench in CL1 and CL2 labs. **All work with RG2 microorganisms MUST be completed in the Biological Safety Cabinet (BSC).**

5.9.1 Aerosol-Generating Activities and Aerosol Exposure Prevention Techniques

General Practices - All Microorganisms (RG1 and RG2)

- Use screw-capped tubes and bottles instead of snap-cap or plugged containers whenever possible.
- Choose plastic tubes or containers instead of glass whenever possible.
- Use tubes with outside screw-on closures, since screw-in or push-in closures can release the film of liquid trapped between the tube and closure, releasing aerosols.
- Work over absorbent bench protection whenever practical.
- Keep containers closed except when actively performing the procedure.
- Minimize activities that may generate splashes or aerosols.
- > **Additional Requirements for RG2 Microorganisms:**
 - Work in a BSC.

Culturing Samples - All Microorganisms (RG1 and RG2)

- Whenever possible, grow organisms on solid media (e.g., agar) rather than liquid media (e.g., broth) to reduce the risk of spills and aerosol generation.
- Incubate Petri dishes upside down to prevent condensation from dripping onto cultures.
- Make observations through the closed cover whenever possible.
- > **Additional Requirements for RG2 Microorganisms:**
 - Open culture plates and tubes only within a BSC.

Opening Tubes containing microorganisms - All Microorganisms (RG1 and RG2)

- Open tubes carefully to avoid splashing or aerosol generation.
- Loosen caps slowly and pause briefly before fully removing the cap to allow aerosols to settle.
- > **Additional Requirements for RG2 Microorganisms:**
 - Open tubes within a BSC.
 - Allow aerosols to settle before opening containers following procedures likely to generate aerosols (e.g., vortexing or centrifugation).

Pipetting microorganisms - All Microorganisms (RG1 and RG2)

- Never pipette by mouth.
- Use plastic pipettes fitted with plugs
- Use pipettes designed to retain the final drop ("to deliver" pipettes) or reverse pipetting to reduce splashing and aerosol formation.
- Dispense liquids close to the receiving surface and allow the liquid to run down the container wall.
- Do not forcefully expel infectious materials from a pipette.

- Carefully eject disposable tips directly into a disinfectant container or designated biohazard waste container. Do not forcefully eject tips into the waste container, as this may generate aerosols.
- > **Additional Requirements for RG2 Microorganisms:**
 - Conduct pipetting activities within a BSC

Centrifugation of Microorganisms

Note: This procedure is written in operational order. **Bolded requirements apply only when handling RG2 microorganisms**; all other instructions apply to both RG1 and RG2 work.

- Always inspect tubes, buckets, rotors, seals, and O-rings for cracks, damage, wear, or contamination before use.
- Whenever possible, use sealed centrifuge buckets with intact O-rings (safety cups). **Sealed centrifuge buckets are required when centrifuging RG2 microorganisms.**
- Do not overfill centrifuge tubes; aim for about 80% full.
- Always cap tubes securely before centrifugation.
- When removing centrifuge tubes from the BSC, wipe the exterior surface of filled tubes with an appropriate disinfectant and allow sufficient contact time. Ensure the tube exterior is dry before placing the tubes into the centrifuge.
- Ensure centrifuge loads are properly balanced prior to operation.
- **Aerosol containment devices (sealed buckets or safety cups) should be opened in a BSC for all RG2 microorganisms.**
- If tube breakage, leakage, or rotor failure is suspected, stop the centrifuge immediately, keep the centrifuge closed, and contact the supervisor, faculty member, or BSO(s) for further instructions.
- Routinely clean and decontaminate rotors, buckets, safety cups, and centrifuge interiors.

Vortexing, Sonication, Homogenization, Blending, Grinding, and Cell Disruption - All Microorganisms (RG1 and RG2)

- Whenever practical, use closed-container mixing methods to minimize aerosol generation. Mix microbial suspensions using the following order of preference:
 1. Vortex mixing in a closed tube (preferred).
 2. Gentle inversion of a closed tube.
 3. Pipette resuspension in an open container (least preferred). Pipette resuspension should only be used when vortexing or inversion are not suitable for the procedure.
- Use plastic containers and avoid glass containers whenever possible.
- Use screw cap tubes/containers preferentially, especially for volumes over 1mL
- Use equipment with intact lids, seals, and gaskets.
- Begin mixing operations at low speed and increase speed only as required.
- Allow aerosols to settle before opening equipment or containers.
- > **Additional Requirements for RG2 Microorganisms:**
 - Perform these activities within a BSC whenever possible.

- Cover equipment with disinfectant-moistened absorbent material, where appropriate to reduce aerosol release.
- Open containers and equipment within a BSC.

Loops and Spreaders - All Microorganisms (RG1 and RG2)

- Use intact loops and spreaders (without gaps or missing portions).
- Perform streaking and spreading techniques gently to minimize splashing and aerosol generation.
- Handle loops and spreaders carefully to avoid contact with non-sterile surfaces.
- > **Additional Practices for RG1 Microorganisms:**
 - Sterilize re-useable metal inoculation loops using a micro-incinerator (bacti-cinerator).
 - Sterilize reusable glass or metal spreaders by dipping in alcohol and igniting the alcohol using an alcohol burner. Do not use a lighter to flame a spreader.
 - When flaming spreaders, hold them at an angle to prevent alcohol or flame from travelling toward the hand.
 - Allow sterilized loops and spreaders to cool by holding in place before contacting culture material or agar surfaces. If not, the sizzling that you hear when the hot loop touches the plate is indicative of having created an aerosol. Do not wave sterilized loops and spreaders to accelerate cooling.
 - Confirm sterilized loops and spreaders are cool by touching to a sterile portion of the agar surface before contacting culture material.
- > **Additional Requirements for RG2 Microorganisms:**
 - Use sterile disposable plastic loops and spreaders.
 - Do not sterilize contaminated plastic loops or spreaders using a micro-incinerator or open flame. Heated plastic may melt and splash – spreading aerosols.
 - After use, dispose of disposable loops and spreaders into a designated biohazard waste container.

Pouring Microbial Suspensions and Liquid Wastes - All Microorganisms (RG1 and RG2)

- Whenever practical, work over plastic-backed absorbent bench protection.
- Ensure containers are stable and positioned to prevent spills during pouring.
- Pour liquids slowly and as close to the receiving container as practical to minimize splashing and aerosol generation.
- Clean and disinfect any contaminated vessels and surfaces immediately following spills or drips.
- > **Additional Requirements for RG2 Microorganisms:**
 - Work in a BSC

Sharps Use (Needles, Scalpels, Razor Blades) - All Microorganisms (RG1 and RG2)

- Sharps use poses an elevated exposure risk. Exercise caution to avoid cuts, scratches, and punctures. Plan workflow and workspace accordingly.

- Use locking syringes whenever possible.
- Withdraw needles slowly, keeping hands away from the needle to avoid pricking yourself with the needle.
- Do not recap, bend, shear or remove needles from syringes whenever possible.
- Dispose in a biohazard sharps container.
- > **Additional Requirements for RG2 Microorganisms:**
 - Work in the BSC.
 - Strictly limit the use. If they must be used by students, direct supervision is required.

5.10 Spills and Exposures

Biohazardous spills, accidents involving biohazards and exposures to infectious materials and losses of containment must be reported immediately to the LHR and to the BSO(s). Such incidents involving RG2 material exposure must be reported to PHAC by the BSO(s). Pathogen Safety Data Sheets ([PSDS](#)) are available for reference.

After any risk of injury has been controlled, the following steps are recommended to contain a spill of infectious material and decontaminate the area affected by a spill. If a major spill occurs (often, this is a judgement call, depending on the biological and chemical hazards involved as well as the volume), and assistance in managing the spill is required, call Security Emergency at extension 5000 and follow their instructions.

Biological spill kits are maintained in the ACSI labs. A biological spill kit will contain:

- Goggles
- Coveralls
- Shop towels and absorbent pads
- Bleach (concentrated disinfectant – sodium hypochlorite)
- Container to prepare and dispense a working disinfectant solution (bleach)
- Broom and dustpan (to move broken glass/sharps)
- Forceps (for picking up broken glass/sharps)
- Puncture-resistant container for broken glass/sharps
- Heavy-duty plastic bags to collect items (non-sharps) **disinfected with bleach**
 - Never autoclave items treated with bleach – this would create chlorine gas
- Biohazard / Autoclave bags to collect items (non-sharps) that **cannot be treated with bleach.**
 - These items will be disinfected or decontaminated using non-bleach disinfectants, autoclaving or collection/treatment/disposal by a licensed biohazardous waste management company

5.10.1 Immediate Actions Following a Spill

1. Stop work.
2. Without delay, inform the closest lab instructor / lab staff and others in the immediate area that a spill has occurred. Lab instructor / lab staff will assess whether other people have been injured or exposed.
3. If skin, eyes, clothing, or PPE have been contaminated:
 - Remove contaminated clothing or PPE as directed by laboratory staff or the BSO(s).
 - Wash hands and affected skin thoroughly with soap and water.
 - Flush eyes using an eyewash station if required.
4. Exposed persons should seek medical attention, if necessary. Refer to [ACSI's Emergency Response Plan \(Appendix 1\)](#). Call Security at extension 5000 (emergency) for emergency assistance, if necessary.
5. Determine whether the spill can be safely cleaned using the Routine Spill Cleanup Procedure (Section 5.10.3) or whether assistance is required (Section 5.10.2).

5.10.2 Spills Requiring Assistance

Do not begin cleanup without assistance if any of the following apply:

- An injury or exposure has occurred.
- RG2 microorganisms are involved **and** aerosol generation is suspected.
- A culture vessel or container has broken.
- The spill extends beyond the immediate work area.
- Additional PPE or specialized equipment may be required.
- You are unsure how to safely clean the spill.
- The laboratory instructor, laboratory staff, or BSO(s) directs you to stop cleanup activities.

If assistance is required:

1. Notify everyone in the immediate area.
2. Restrict access to the affected area.
3. Notify and follow instructions provided by the laboratory instructor and/or laboratory staff, BSO(s), or Security.
4. If aerosol generation is suspected:
 - Evacuate the laboratory.
 - Close laboratory doors.
 - Do not leave the area outside the lab – due to potentially contaminated clothing / PPE now outside the containment zone – unless directed to do so by Security / BSO(s) as part of a larger evacuation.
5. Wait a minimum of 30 minutes before re-entry.

6. Cleanup will be carried out by, or under the direction of, the laboratory instructor, laboratory staff, or BSO(s). Once spill clean-up is complete, inform the LHR, BSO(s), and your Authorized User Department Manager and complete an [online incident reporting form](#).

5.10.3 Routine Spill Cleanup Procedure

This procedure may be used for spills that can be safely managed within the immediate work area **and** do not meet any of the conditions listed in Section 5.10.2.

1. Gather the materials required for cleanup
 - Minor spills may be cleaned using laboratory absorbent towels and an appropriate disinfectant already available in the laboratory.
 - When additional supplies are needed, obtain the biological spill kit.
2. Don appropriate PPE
 - Minimal PPE: laboratory coat, nitrile gloves, and safety glasses.
 - Additional PPE may be required based on the hazards involved.
3. Remove contents of the spill kit and place in an uncontaminated area nearby.
4. Establish an absorbent perimeter around the spill to prevent the spill from spreading.
5. Cover the spill with absorbent materials to contain the spill.
6. For biological spills, prepare a fresh disinfectant solution as required. For chemicals spills, use the appropriate neutralizing agent.
 - Speak with a lab instructor or lab staff to determine if the disinfectant or neutralizing agent on hand is appropriate based on the spill and the surface material. Some disinfectants (e.g. bleach) can damage stainless steel surfaces, including the interior of a BSC.
 - Unless otherwise directed, use a 0.5% sodium hypochlorite solution (5000 ppm available chlorine).
 - Household bleach typically contains 5-6% sodium hypochlorite therefore dilute 1/10 (v/v) with water to produce a working solution.
7. Pour the fresh working disinfectant over the spill, starting at the outer margin of the spill area and concentrically working toward the center, over the absorbent materials and the immediately surrounding area. Ensure the spill and absorbent material are thoroughly saturated.
8. Allow appropriate contact time (30 minutes for bleach).
9. Collect treated absorbent materials and debris using available tools. Dispose as follows:
 - Puncture-resistant container -use forceps and a dustpan to collect broken glass or sharps into the container. Do not handle broken glass or sharps with gloved hand.
 - Heavy-duty plastic bags -collect items (non-sharps) **disinfected with bleach** into the bag.

- Never autoclave items treated with bleach – this would create chlorine gas
- Biohazard / Autoclave bags -collect items (non-sharps) that **cannot be treated with bleach**.
 - These items will be disinfected or decontaminated using non-bleach disinfectants, autoclaving or collection/treatment/disposal by a licensed biohazardous waste management company
- 10. Clean and disinfect the area. If necessary, repeat the previous steps.
- 11. Remove gloves and other PPE as required.
 - If gloves are removed, wash hands.
- 12. Once spill clean-up is complete, inform the LHR, BSO(s), and your Authorized User Department Manager and complete an [online incident reporting form](#). The BSO(s) will arrange for the pickup of the waste.

5.10.4 Spill Clean-up in a BSC

If the spill is in the BSC, leave the BSC blower on and leave the sash open. Follow the clean-up procedure described in 5.10.2 and 5.10.3, while keeping your head outside of the BSC at all times.

Clean-up of major spills in the BSC also involves cleaning the catch tray. Generally, the BSO(s) should be called upon to assist with cleaning the BSC. Allow the BSC to run for a minimum of 30 minutes before resuming work or shutting down the BSC. Refer to the manufacturer's manual for additional instructions.

5.10.5 Spill Clean-up in a Centrifuge

If the spill is inside a centrifuge, switch the unit off. Follow the clean-up procedure described in 5.10.2 and 5.10.3. Broken tubes, glass fragments, buckets, trunnions and the rotor should be placed in disinfectant. Treat unbroken sealed safety cups with disinfectant. The centrifuge bowl should be wiped with disinfectant twice, then washed with water and dried. Refer to the manufacturer's manual for additional instructions.

> **Additional Requirements for RG2 Microorganisms:**

- Allow 30 minutes for aerosols to settle before opening the centrifuge lid and beginning cleaning procedures.
- Open [safety cups in the BSC only](#).

5.11 Decontamination of Lab Waste

All items that come into contact with infectious biological material, including liquid or solid wastes, must be decontaminated before disposal or reuse. Contaminated materials and equipment leaving the laboratory for servicing or disposal must be appropriately decontaminated and labelled or tagged-out as such. Acceptable methods of decontamination are summarized below. Generally, in the ACSI labs the decontamination of RG1 biological

material follows the same procedures as for RG2. Chemical Integrator (CI) strips are available for inclusion in each autoclave load run. Their use is not mandatory, though it is encouraged, as they serve an additional means of monitoring the results of a run.

5.11.1 Procedures for liquid waste

- The collection of biohazardous liquid waste should take place so that aerosol generation is minimized. When students need to dispose of liquid waste in small tubes after an experiment, a vessel to hold the waste is placed in the BSC and liquid waste is poured into this waste container ([see 5.9.1](#) for pouring considerations). The BSC will contain any aerosols produced by the pouring procedure.
- Liquid waste can be decontaminated using the autoclave or with bleach;
- If autoclaving, the autoclave must reach and maintain a temperature of 121° C for at least 30 minutes by using saturated steam under at least 15 psi of pressure. Increased cycle time may be necessary depending upon the make-up and volume of the load. Ensure that the autoclave is being efficacy tested regularly, and that it prints run receipts.
- If bleaching, the liquid samples must sit for 30 minutes in a 0.5% sodium hypochlorite solution. The appropriate concentration of sodium hypochlorite for disinfecting general liquid biological waste is 5000 ppm, approximately 0.5%. Household bleach is 5 - 6 % sodium hypochlorite; therefore, a 1/10 (v/v) dilution of bleach to liquid biological waste is appropriate (e.g. 1 part bleach into 9 parts liquid biohazardous waste). Bleach solutions must be prepared fresh daily.

5.11.2 Procedures for solid waste

- All biohazardous solid waste must be bagged and collected in containers equipped with a lid and labelled with the universal biohazard symbol. Bags with waste are transferred to autoclave bags before autoclaving. Solid waste must be autoclaved using validated autoclave settings and procedures in an autoclave that prints run receipts. Once autoclaved, the autoclave bag with contents can then be placed in the regular waste stream for disposal. If an autoclave bag depicts a biohazard symbol – the symbol must be defaced before being placed into the regular garbage. An alternative is to purchase autoclave-safe bags that do not have the biohazard symbol.
- The autoclave must reach and maintain a temperature of 121° C for at least 30 minutes by using saturated steam under at least 15 psi of pressure. Increased cycle time may be necessary depending upon the make-up and volume of the load. Ensure that the autoclave is being efficacy tested regularly (see 5.11.3 and 5.11.4).
- Waste left in a BSC must be labelled and disposed of daily or as soon as possible (i.e. by the next day). If left in the BSC overnight, then the HEPA filter must be left on.

5.11.3 Autoclave Validation

In the ACSI labs, autoclaves are the main method of decontaminating biological waste before final disposal. Autoclave validation is intended to test the efficacy of the decontamination process under more challenging conditions. Annual validation is required for defined representative loads using the procedure described below. These records must be kept on file for a minimum of **5 years**.

Procedure for Autoclave Validation:

Note: This procedure must be completed by a BSO and must only be completed on autoclaves in which waste can be processed; those with functional printers.

1. Ensure the autoclave has sufficient RO water.
2. Ensure the autoclave printer is operational and sufficient tape is installed.
3. The required validation loads are as follows:
 - a. Only Petri dishes with agar (no specific media type) – single large autoclave bag filled to ~75% of the capacity of the steel waste bin.
 - b. A mixed load of gloves, tubes, tips, and Petri dishes with agar – single large autoclave bag filled to ~75% of the capacity of the steel waste bin.
 - c. Only lab coats – 8 coats total – divide equally between 2 wire baskets
 - d. Only gloves – 2x 1kg in large autoclave bags in 2 wire baskets
4. Insert a biological indicator into the middle of the load in the autoclave - this tests the interior of the load for successful steam penetration. Insert a second biological indicator on top of the load – this tests the exterior of the load.
5. Close the lid.
6. Select a liquid sterilization cycle with 121°C for 30 minutes and start the cycle.
7. Once the cycle is complete and has cooled to optimal opening temperature, open the lid and remove the biological indicators.
8. Depress the caps on the test samples to break the inner glass vial (this allows for the media to come in contact with the disc).
9. Collect a biological indicator that has not been autoclaved – this will act as a positive control to ensure the biological indicators are functioning correctly. Depress the cap on the positive control biological indicator from the same lot # as the test samples.
10. Place both biological indicators into a 55-65°C incubator for 18-24 hours.
11. Observe results:
 - a. **Successful autoclave validation result:** The test samples have no colour change (i.e. remains purple/brown) and the control biological indicator is yellow.
 - b. **Failed autoclave validation result:** Both the test sample and the control biological indicator change colour to yellow (this means that the bacteria in the test sample has not been decontaminated and its growth has resulted in acid production, changing the test media to yellow).
12. **After a successful validation procedure,** autoclave the biological indicators for 30 minutes at 121°C and dispose in regular garbage.

13. **If the validation has failed**, unplug the autoclave and place a warning sign on the autoclave, indicating that it is “out of service until further notice”. Store the biological indicators in a safe location until a successful autoclave validation result is obtained and the indicators can be successfully decontaminated.
14. Log the procedure on the ACSI autoclave log sheet and place the printer log in the autoclave log sheet envelope.
15. After the successful completion of the preceding process for all validation loads, an autoclave is considered validated for 1 year.

5.11.4 Autoclave Verification

Autoclave verification periodically tests the decontamination process between annual validations to detect process or equipment failures. In the ACSI Labs, autoclaves are generally verified monthly. These records must be kept on file for a minimum of **5 years**.

Autoclave Verification Procedure:

1. Ensure the autoclave has sufficient RO water.
2. Ensure the autoclave printer is operational and sufficient tape is installed.
3. Place the steel waste bin into the autoclave.
4. Place a large autoclave bag with a load that does not exceed ~75% of the capacity of the bin.
5. the maximum load quantity (check with BSO prior to continuing with the verification procedure).
6. Place a biological indicator (test sample) outside of the load to avoid contact with infectious materials.
7. Close the lid.
8. Select a liquid sterilization cycle with 121°C for 30 minutes and start the cycle.
9. Once the cycle is complete and has cooled to optimal opening temperature, open the lid and remove the biological indicator.
10. Remove the biological indicator, label with the autoclave name and cycle number, and depress the cap to break the inner glass vial (this allows for the media to come in contact with the disc).
11. Depress the cap on a second biological indicator from the same lot# as the test sample. This second indicator has not been autoclaved and acts as a control.
12. Place both biological indicators into a 55-65°C incubator for 18-24 hours.
13. Observe results:
 - a. **Successful autoclave verification:** The test sample has no colour change (i.e. remains purple/brown) and the control biological indicator is yellow.
 - b. **Failed autoclave verification:** Both the test sample and the control biological indicator change colour to yellow (this means that the bacteria in the test sample has not been decontaminated and its growth has resulted in acid production, changing the test media to yellow).

14. **After a successful verification procedure**, autoclave the biological indicators for 30 minutes at 121°C and dispose in regular garbage.
15. **If the verification has failed**, unplug the autoclave and place a warning sign on the autoclave, indicating that it is “out of service until further notice”. Store the biological indicators in a safe location until a successful autoclave validation result is obtained and the indicators can be successfully decontaminated. Inform the BSO(s).
16. Log the procedure on the respective ACSI autoclave log sheet and place the printer log in the autoclave log sheet envelope.

5.12 Handwashing

Handwashing is required after removing gloves, before leaving the lab, and after working with chemicals, toxins or biologicals. Hand washing sinks are located in the dedicated gowning areas in the CL2 zone, and at the front of the CL1 labs. Refer to [section 8.3](#) of the ACSI Biosafety Manual for more information and proper technique.

5.13 Clean-up

Laboratories are to be kept clean and tidy to avoid cross-contamination and to facilitate cleaning and disinfection. Storage of materials that are not pertinent to the work and cannot be easily disinfected (e.g., journals, books, correspondence) should be minimized; paperwork and report writing should be kept separate from biohazardous material work areas, in a defined ‘clean zone’.

Normal clean-up procedures include:

- Sterilizing equipment and materials.
- Disinfecting work areas before and after use, using an appropriate disinfectant.
- Washing hands.

5.14 Good Microbiological Practice in the ACSI Labs

- Follow aseptic techniques (e.g. organize the workspace with a clean to dirty work flow and have the required materials close at hand to avoid reaching over the work area);
- Oral pipetting of any substance is prohibited;
- Open wounds, cuts, scratches and grazes must be covered with waterproof dressings;
- Avoid hand to mouth or hand to eye contact;
- No food or drink is permitted in the laboratory (except that which is required for laboratory purposes and not for consumption);
- The application of cosmetics or lip balm is not permitted in the laboratory;
- Chewing of gum or candy is not permitted in the laboratory;
- The handling of contact lenses or taking of medication is not permitted in the laboratory;
- The use of contact lenses is NOT RECOMMENDED while working in the ACSI labs;
- Long hair is to be tied back, restrained, or covered, so that it cannot come into contact with hands, specimens, containers or equipment;

- Jewelry that may come into contact with biological material being handled (e.g. long necklaces, large watches, etc.) or rings that may puncture protective gloves are not to be worn;
- Generally, the use of personal electronic devices (including cell phones) is not permitted in the ACSI labs as they may become contaminated by material used in the lab. Exception: on occasion, the CL1 labs permit use of personal computers (Students will be notified when this is the case).
- Ear buds are not to be worn in the labs, since they might be contaminated if touched by gloves; also, they prevent lab users from hearing important warnings, such as the sound of the fire alarm;
- Store all biohazardous materials securely in clearly labeled, sealed containers;
- Do not give biohazardous material to anyone who is not authorized (if unsure, contact the BSO(s));
- Do not give keys/electronic security devices to unauthorized individuals;
- Entrance doors to laboratories must not be left open;
- Access to laboratory and support areas is limited to authorized personnel - consult the BSO(s) for assistance with visitors;
- If a known or suspected exposure occurs, contaminated clothing must be decontaminated before laundering;
- Generally, needles are not used for biological materials and toxins in the ACSI labs - consult the BSO(s) for more information, if required;
- Personal belongings (e.g. purses, jackets, bags) should not be stored in the lab.

5.15 Records and Documentation

Records and documentation regarding biohazardous materials and toxins must be kept on file for a minimum of:

- 5 years for licence activities with human pathogens and toxins;
- 2 years following the date of disposal, complete transfer, or inactivation of the imported material in accordance with terrestrial animal pathogen import permit requirements for terrestrial animal pathogens or part of one;
- 5 years for performance and verification test records or until repeat testing is conducted, whichever is longer.

Records of any incidents involving pathogens, toxins, and other regulated infectious material or loss of containment must be kept on file for a minimum of 10 years. These include:

- Medical emergency;
- Loss of containment of any kind;
- Spills of infectious materials, (including spills inside and outside the lab as well as spills in the BSC);
- Mechanical failure (including BSC and air handling);
- Accidental exposure (including near misses).

6.0 Regulatory Standards

[Human Pathogens and Toxins Act](#)

[Human Pathogens and Toxins Regulations](#)

[Canadian Biosafety Standard, 3rd edition](#)

[Canadian Biosafety Handbook, 2nd edition](#)

7.0 Other College Resources

AC's [Health and Safety Policies](#)

AC's [Occupational Health & Safety Department's Website](#)

Addendum A (Appendix 10):

ACSI's Risk Assessment Tool for the Acquisition of Biological Materials and Biological Toxins

This document is to be completed by the Biosafety Officer(s) whenever new biological material or a biological toxin is intended for use in the ACSI labs. This document is to be completed in full before the material is ordered*.

*Note: generally, samples that will come from sources other than typical vendors/academia/government (e.g. environmental) will need to be risk assessed using the [PHAC Risk Assessment Tool](#).

Details Required for Risk Assessment

Name of Material or Toxin:

List information here

Vendor/Source:

List information here

List all relevant information (e.g. catalog number, name of individual obtained from, etc.):

List information here

Risk Assessment (to be completed by BSO)

1. Is a PSDS available? ☐ Yes ☐ No ☐ Unknown

If no or unknown, then further investigation is required and details to be provided.

2. Is the material or toxin permitted under the conditions of the ACSI PHAC Licence?

List information here

☐ Yes ☐ No ☐ Unknown

➤ If “no” then the acquisition of the material/toxin is DENIED.

- If “unknown” then further investigation is required PRIOR to purchase/acquisition.

List information here

3. If the transfer/purchase is approved, then indicate the risk level. Please note that an ATCC risk level does not necessarily match a PHAC risk level, therefore the [ePATHOGEN](#) website should be consulted.

Human ☐RG1 ☐RG2

Animal ☐RG1 ☐RG2

4. If the material is approved for transfer/purchase by the BSO(s) and special conditions are required (e.g. must be used in BSC), then indicate here:

Special Conditions Required:

Approval/Denial

☐ Approved for Purchase/Transfer

☐ Denied

Performed by:

Date completed:

Notes: (e.g. Special Conditions)

Note: this document must be filed in Microsoft Teams (ACSI Labs → Biosafety Files → Bacteria Inventory → Risk Assessments for New Materials)