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| Biosecurity Plan  *[Name of PI]* | | | | |
|  | | | | |
| Date Approved |  | Initial Date |  |  |
| Supervisor |  | Revision Date |  |  |
|  |  |  | | |
|  | *(signature)* |
|  |  |
|  | |
| **Rooms Covered** | | | | |
| [Enter text here as, Bldg / Room / Use ] | | | | |
| **Biosafety Level** | | | | |
| [Enter text here, are different rooms rated at different BSL?] | | | | |
| **Scope** | | | | |
| The Canadian Biosafety Standard requires all facilities which handle infectious agents to have a Biosecurity plan in place. Generally, Biosafety programs deal with containment to prevent exposure to and accidental release of pathogens. Biosecurity plans are implemented to **prevent the theft, misuse or intentional release of pathogens**. This Biosecurity Plan specifies security requirements for working with biohazardous materials. The main components of the biosecurity plan include: physical protection, personnel suitability/reliability, biohazard accountability, and incident and emergency response. Biohazardous materials in use/storage at BSL 2 or BSL1 are low risk categories for biosecurity. All researchers/faculty need to have biosafety approval prior to working with biohazardous materials. All applications are reviewed by the Presidential Biosafety Advisory Committee and the biosafety office to determine whether the proposed handling of biohazardous materials meets the Human Pathogen and Toxins Act and the Canadian Biosafety Standard, and to assess the containment level and biosecurity risk.  ***All staff working with biohazardous materials must follow this Biosecurity Plan****.* | | | | |
| **Access During Work Hours** | | | | |
| [ ] Door Locked at all times.  [ ] Card key access to labs.  [ ] Card key access to building/wing.  [ ] Door unlocked when lab occupied.  [ ] Door are not to be propped open.  [ ] Door are propped open only when there is a humidity/heating issue and the lab is occupied. | | | | |
| **Access Outside of Work Hours** | | | | |
| [ ] Door locked.  [ ] Card key access to labs.  [ ] Card key access to building/wing.  [ ] Monitored by security camera. | | | | |
| **Storage** | | | | |
| [ ] Freezers are kept individually locked.  [ ] Doors to freezer rooms kept locked at all times or after working hours. | | | | |
| **Personnel Access** | | | | |
| [ ] Access to labs is restricted to authorized personnel only.  [ ] All individuals must have biosafety training appropriate for the biosafety level of the work they undertake.  [ ] Biosecurity training is mandatory for all students and staff working in labs that contain biohazardous materials.  [ ] All individuals have a photo ID card or other approved identification and it must be displayed at all times.  [ ] Visitors may enter a lab only if they are given permission by the supervisor and are escorted by a trained lab occupant.  [ ] A log is maintained of all visitors to the lab. | | | | |
| **Biohazard Accountability** | | | | |
| * [ ] Biological inventories have the following characteristics: (1) identification of the biohazards (species, names etc) stored and used within the laboratory (2) location of the biohazards (fridge, freezers, shelf, row, building, room) (3) any method to determine if any biohazards have been stolen or lost   [ ] The inventory is updated annually or as it changes.  [ ] All biohazardous materials and storage areas are clearly labeled.  [ ] Loss, theft, or misuse of a biohazardous material is reported to the supervisor and the McMaster biosafety office. HSC 1J11A ext 23453. Security incidents include breach of containment, unauthorized removal of pathogens, and unauthorized personnel in restricted areas. | | | | |
| **Emergency Contact Information** | | | | |
| Principle Investigator Phone / Email:  Biosafety Office:  905.525.9140 x23453  Local Security: | | | | |
| **Additional Room-Specific Information** | | | | |
| [Enter text here] | | | | |
| **Signature of ALL Lab Members** | | | | |
| By signing this document, you affirm that you have read, understood and agreed to adhere to the requirements set out in this biosecurity plan.   |  |  |  | | --- | --- | --- | | Name | Signature | Date | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | |