Laboratory Incident Report Form

Medical treatment of injured personnel is the first priority; however, the researcher must notify the Laboratory Manager and the PI of any affiliated projects as soon as reasonably possible after the incident occurs. Carilion Clinic employees should report to Employee Health and non-employees should report to Occupational Health during the hours 7:30-4:00, second floor CRCH if an injury has occurred. All afterhours emergencies should report to Carilion Clinic emergency room. In cases of exposure with a biological agent, e.g., needle stick the Laboratory Manager should be notified immediately and the biological safety data sheet should accompany the affected individual to the respective care center as described above. For potential bloodborne pathogen exposures, treatment must be received within one hour to ensure prophylaxis.

Background: All incidents occurring in the Carilion Clinic Basic Science Research Laboratory (CCBSRL) must be documented and reviewed to determine what, if any, actions are required to minimize future occurrences. Through careful review of each incident reported, it is possible to improve on workplace safety, personnel safety/training, personnel procedures/techniques, and response to incidents. Therefore the information submitted in this report may be used for future educational purposes, such as lab personnel training sessions, safety and equipment training and safety committee meetings.

Directions:

1) This Report is to be filled out collaboratively by all person(s) involved in the incident (personnel, visitors, witnesses, etc.) as well as the BSRL Manager; thus providing the most accurate information regarding the incident, the ensuing incident assessment, incident clean up and follow up. All items should be completed as factually and accurately as possible, avoiding personal opinion and conjecture.
2) Please complete the form by typing ONLY.
3) Where reasonable to do so, this written report must be submitted to the Chair of the Institutional Biosafety Committee (IBC), or Research and Development when the Chair is unavailable, **within 24 hours** for dissemination to officials listed on the last page of the form. In the event that this timeframe is not feasible, the person(s) completing this form should note the reason for the delay and initiate the report, working with any available person(s) involved in the incident to report as much information as possible.
4) After receiving the completed form, each contributor should date and sign that they have assisted in the completion of the form. The form should then be routed to those listed in the "Dissemination of Incident Information" section. See below for current routing information:

Route to:	Personnel Name:
Principal Investigator and/or other supervisory personnel (if applicable)	Kathy Dorey, PhD
Basic Science Lab Manager	Andrew Benson
Institutional Biosafety Committee	Jayasimha Rao, PhD
Senior Director for Research	Francis Farrell, PhD
Vice President for Academic Affairs	Daniel P Harrington, MD

GENERAL INFORMATION

Incident Date & Time: __ __ / __ __ __ / __ __ __ __ **&** __ __**:** __ __ (d d / m m m / y y y y & 24 hour clock)	**Initial Notification Date & Time:** __ __ / __ __ __ / __ __ __ __ **&** __ __**:** __ __ (d d / m m m / y y y y & 24 hour clock)			
Immediate Notification Provided to:	**Type of Notification for each person:**			
❑ BSRL Manager	❑ Email	❑ Tel.	❑ Person	❑ Other
❑ Principal Investigator: _____	❑ Email	❑ Tel.	❑ Person	❑ Other
❑ Facility Services: _____	❑ Email	❑ Tel.	❑ Person	❑ Other
❑ Other: _____	❑ Email	❑ Tel.	❑ Person	❑ Other

Type of Incident: ☐ Occupational exposure, known ☐ Occupational exposure, potential

☐ Release or spill outside of biosafety cabinet
☐ Loss of directional air flow
☐ Theft (i.e., unauthorized removal of research materials)
☐ Security Breach
☐ Loss (i.e., failure to account for research materials)
☐ Severe weather/Natural disaster
☐ Fire, gas leak, explosion
☐ Power outage
☐ Suspicious package
☐ Bomb or any other type of threat
☐ Workplace violence
☐ Facility issue
☐ Other: _____

DESCRIPTION OF INCIDENT

Location of Incident (building, room #, where in the room):

Material(s)/Container(s)/Volume(s) Involved:

Equipment Involved:

- ☐ Centrifuge; specify type, location and rotor if applicable: _____
- ☐ Liquid Nitrogen Freezer/Grinder
- ☐ Homogenizer
- ☐ Incubator: _____
- ☐ Autoclave
- ☐ Electrophoresis Units and/or Power Packs
- ☐ Fume Hood
- ☐ Water bath
- ☐ Biosafety cabinet
- ☐ Fireboy (= propane burner; a safe, Bunsen Burner alternative)
- ☐ Sonicator
- ☐ Heating Block
- ☐ Other; specify: _____

Was Personal Protective Equipment (PPE) available to you?

☐ **No** ☐ **Yes – if yes, list all PPE in use when incident occurred:**

_____

_____

☐ **PPE was NOT available-explain:** _____

Incident Details:

POTENTIAL CAUSES OF INCIDENT

What actions and/or working conditions contributed to the incident? Include any procedural or equipment problems/failures.

IMPACT OF INCIDENT

Immediate Hazards Posed by Incident (including type of exposure, i.e. aerosol, skin contact, etc.):

List all Personnel and Others Affected (include visitors, self, other Carilion personnel, vendors, etc.); include body areas affected/injury for each person named:

Name of Individual (with affiliation):	Area affected/Injured:
Kathy Dorey, PhD – FBRI	

1) For all Carilion personnel affected by an incident, an Employee Event Report must be printed and filed with Employee Health (can be filled out in Employee Health if you are going to see a physician as a result of incident).

2) For all non-personnel, use the "**CMC Online Occurrence Reporting**" tool on the Reporting webpage.

MEDICAL TREATMENT* (copy this section and fill out for EACH PERSON affected who was referred for OR sought medical treatment as result of the incident)

1) Name/affiliation of person affected:_____

2) Referred for Medical Evaluation by lab staff/other personnel? ☐ **Yes** ☐ **No**

Name/title of lab staff or personnel referring: _____

3) Medical Treatment <u>sought</u> by the affected individual? ☐ Yes ☐ No/Individual declined to seek treatment[1]

4) Facility visited for treatment:

- ❑ Carilion Occupational Medicine (1st floor CRCH)
- ❑ CRCH Urgent Care (1st floor CRCH)
- ❑ CRMH Employee Health (nurse/first-aid center)
- ❑ CRMH Emergency Room
- ❑ Other: _____
- ❑ No facility visited; individual declined to seek treatment[1]

5) Medical treatment <u>recommended</u> by a Health Professional at location above? ☐ Yes ☐ No

Name of Health Professional recommending treatment: _____

6) Was medical treatment <u>accepted</u> by the individual? ☐ Yes ☐ No ☐ Declined by individual[1]

a) If medical treatment was received, provide name of attending physician/health professional administering and a summary of treatment prescribed:

b) Signature of individual acknowledging refusal of medical treatment (at any stage):

Print name:_____

Signature:_____

[1] **If at any stage medical treatment was declined/refused, sign section "6 b" indicating this choice**

***Submit one copy each of any supporting documentation to the lab official(s) with this Report; for example: <u>Employee Event Report</u>, <u>Occupational Medicine Report of Injury</u> (or similar documentation from treatment facility), online tool submission, etc. If follow-up medical treatment is required, submit subsequent documentation as received.**

List any Property Damaged:

☐ **No property damage to report**

Environmental Impact (detail impact from incident):

☐ **No environmental impact to report**

ACTIONS TAKEN

Any local, state, and/or federal agency involvement? ☐ Yes ☐ No

If yes, list the agency, contact, and phone number:

Lab area cleaned, decontaminated, and/or neutralized as appropriate for incident?

☐ **Yes** ☐ **No** ☐ **Not required**

Check any that apply which were used for clean up:

☐ Lysol ☐ Bleach ☐ 70% Ethanol ☐ Other: _____

Describe any additional procedures, based on risk of exposure from incident, to ensure area is safe for personnel to continue work:

DISEMMINATION OF INCIDENT INFORMATION

Report completed by (List all contributors to this report and their affiliation):

Name	**Title/Affiliation**	**Signature**	**Date**
Andrew Benson	**Carilion Research Lab Manager**		
Kathy Dorey	**FBRI - PI**		

Copies of this Report Received by:

Name	**Title/Affiliation**	**Signature**	**Date**
Kathy Dorey, PhD	**Principal Investigator**		
Andrew Benson	**BSRL Manager**		
Jayasimha Rao, PhD	**Institutional Biosafety Committee Member**		
Francis Farrell, PhD	**Senior Director R&D**		
Andrea Bidanset	**Clinical Trials Director**		
Dan Harrington, MD	**Vice President for Academic Affairs**		
	Acknowledgement sent to PI / Staff		

Was NIH, CDC and/or VDH notified by the Laboratory Manager?

☐ **Yes** ☐ **No** ☐ **Not required: _____**

Date Reported: _____ By: _____