



## Laboratory Incident, Accident and Spill Form for the Viral & Human Genomics BSL-3 Laboratory

(Last modified 20/June/2023 v8.0)

- NOTE: 1.- Use legible modern manuscript non-cursive typeface throughout. Think before your write.  
2.- ONLY use the requested date format.  
3.- Use full-box  markings to select options.  
4.- Supplement all reports with the corresponding "CDC Agent Summary Statement" (Biosafety in Microbiological and Biomedical Laboratories, 6th Edition) and/or *Material Safety Data Sheets* (MSDS).

### Incident information

<b>LGVH-</b>	0000	<b>Date:</b>	dd / mmm / yyyy	<b>Time:</b>	hh : mm
<b>Name of form completion:</b>					
<b>Name of incident manager:</b>					
<b>Lab area involved :</b>	<input type="checkbox"/> Cell biology lab (BSL-2) <input type="checkbox"/> Clean anteroom (BSL-2 Plus) <input type="checkbox"/> RT-PCR lab (BSL-2) <input type="checkbox"/> Shower anteroom (BSL-2 Plus) <input type="checkbox"/> Molecular biology lab (BSL-2) <input type="checkbox"/> PPE anteroom (BSL-3) <input type="checkbox"/> Wash-up room (BSL-2 Plus) <input type="checkbox"/> Biocontainment suite (BSL-3) <input type="checkbox"/> Reception / Offices / Student cubicles <input type="checkbox"/> Decontamination chamber (BSL-3) <input type="checkbox"/> Electrical cupboard room <input type="checkbox"/> Laboratory exterior				
<b>Type of material, substance or agent involved:</b>	<input type="checkbox"/> RG1 biological agent <input type="checkbox"/> Cryogenic fluid (LN <sub>2</sub> ) <input type="checkbox"/> RG2 biological agent <input type="checkbox"/> Cryogenic gas (CO <sub>2</sub> ) <input type="checkbox"/> RG3 biological agent <input type="checkbox"/> Toxic substance <input type="checkbox"/> Solvent / flammable <input type="checkbox"/> Carcinogen / mutagen <input type="checkbox"/> Oxidizer <input type="checkbox"/> Other: _____				
<b>Supplements:</b>	<input type="checkbox"/> CDC Agent Summary Statement		<input type="checkbox"/> MSDS		
<b>Describe the incident:</b>					



**Describe the incident:**


**Describe remedial actions or contingency measures:**




## Biological risk assessment

Biological agents present	1.-
	2.-
	3.-
	4.-
	5.-

Biological agents potentially present	1.-
	2.-
	3.-
	4.-
	5.-

Risk of individual exposure	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
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Risk of community exposure	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
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Risk of environmental exposure	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
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Was biosafety breached	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Was biosecurity breached	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Was PPE corresponding to the biological risk being used at the time of the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Was the PPE being used unscathed and in normal operating conditions at time of the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Were primary containment barriers breached during the incident? i.e.. Primary container or biological safety cabinet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Was a secondary containment barrier breached during the incident? i.e.. Was lab evacuated without following proper decontamination procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Probability that the laboratory practices in use at the time of the incident represent a risk of exposure.	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low
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Probability of infection after exposure through a route implied by the incident.	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low
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Probability that the PPE in use at time of the incident adequately protected user?	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low
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### Exposed personnel report

Mention all people potentially exposed from greater to lowest risk, priority and severity.

Case #	Full name	Sex	Age
1		<input type="checkbox"/> F <input type="checkbox"/> M	
2		<input type="checkbox"/> F <input type="checkbox"/> M	
3		<input type="checkbox"/> F <input type="checkbox"/> M	
4		<input type="checkbox"/> F <input type="checkbox"/> M	
5		<input type="checkbox"/> F <input type="checkbox"/> M	
6		<input type="checkbox"/> F <input type="checkbox"/> M	
7		<input type="checkbox"/> F <input type="checkbox"/> M	
8		<input type="checkbox"/> F <input type="checkbox"/> M	
9		<input type="checkbox"/> F <input type="checkbox"/> M	
10		<input type="checkbox"/> F <input type="checkbox"/> M	

### Medical follow-up of cases subjected to internal / hospital quarantine.

Case #	Symptoms reported by day... ( ✓ Yes, × No, D Discharged)																	
	+01	+02	+03	+04	+05	+06	+07	+08	+09	+10	+11	+12	+13	+14	+15	+16	+17	+18
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		



### Medical follow-up of cases subjected to home quarantine.

Case #	Mobile phone	Symptoms reported by day... ( ✓ Yes, × No, D Discharged)									
		+01	+02	+03	+04	+05	+06	+07	+08	+09	+10
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

### Cases referred to post-exposure prophylaxis

Case #	Physician / Hospital	Prophylactic course type and dosage
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		



### Case # \_\_\_\_\_

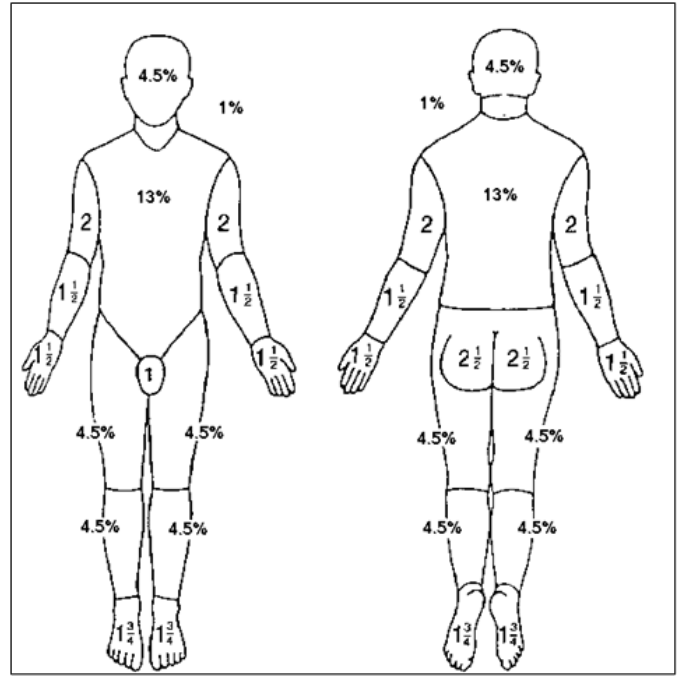
Note: Print this page out and complete for as many exposure cases as needed.

Name: _____	Age: _____	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
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Exposure route:	<input type="checkbox"/> Inhalation
	<input type="checkbox"/> Ingestion
	<input type="checkbox"/> Skin (direct contact)
	<input type="checkbox"/> Mucous membranes
	<input type="checkbox"/> Sharps injury

Burns?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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Burn type:	<input type="checkbox"/> High temperature
	<input type="checkbox"/> Cryogenic
	<input type="checkbox"/> Chemical



Degree:	<input type="checkbox"/> 1 <sup>st</sup> Affects epidermis, erythematic skin (red), painful, dry, but no blisters.
	<input type="checkbox"/> 2 <sup>nd</sup> Blistered, shiny skin, pain and skin discoloration or scarring
	<input type="checkbox"/> 3 <sup>rd</sup> Full-thickness, affects skin, subcutaneous tissue, muscle, tendons or bone.

Medical notes: