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

LGVH-	0000	Date:	dd / mmm / yyyy	Time:	hh : mm

Name of form completion:	
Name of incident manager:	

Lab area involved :	☐ Cell biology lab (BSL-2)	☐ Clean anteroom (BSL-2 Plus)
	☐ RT-PCR lab (BSL-2)	☐ Shower anteroom (BSL-2 Plus)
	☐ Molecular biology lab (BSL-2)	☐ PPE anteroom (BSL-3)
	☐ Wash-up room (BSL-2 Plus)	☐ Biocontainment suite (BSL-3)
	☐ Reception / Offices / Student cubicles	☐ Decontamination chamber (BSL-3)
	☐ Electrical cupboard room	☐ Laboratory exterior

Type of material, substance or agent involved:	☐ RG1 biological agent	☐ Cryogenic fluid (LN_2)
	☐ RG2 biological agent	☐ Cryogenic gas (CO_2)
	☐ RG3 biological agent	☐ Toxic substance
	☐ Solvent / flammable	☐ Carcinogen / mutagen
	☐ Oxidizer	☐ Other: _____

Supplements:	☐ CDC Agent Summary Statement	☐ MSDS

Describe the incident:

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

Exposed personnel report

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

Case #	Full name	Sex	Age
1		☐ F ☐ M	
2		☐ F ☐ M	
3		☐ F ☐ M	
4		☐ F ☐ M	
5		☐ F ☐ M	
6		☐ F ☐ M	
7		☐ F ☐ M	
8		☐ F ☐ M	
9		☐ F ☐ M	
10		☐ F ☐ 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 #_____

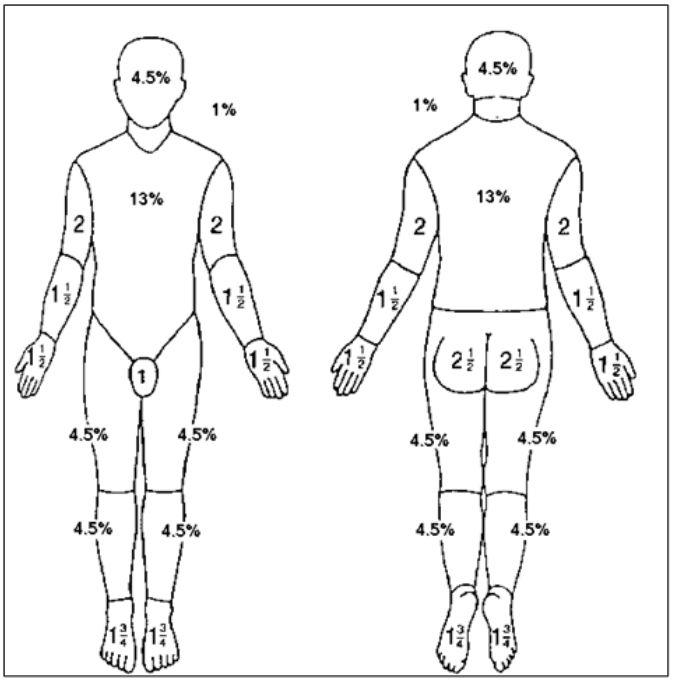
Note: Print this page out and complete for as many exposure cases as needed.

Name:		Age:		Sex:	☐ F ☐ M

Exposure route:	
	☐ Inhalation
	☐ Ingestion
	☐ Skin (direct contact)
	☐ Mucous membranes
	☐ Sharps injury

Burns?	☐ No ☐ Yes

Burn type:	
	☐ High temperature
	☐ Cryogenic
	☐ Chemical



Degree:		
	☐ 1st	Affects epidermis, erythematic skin (red), painful, dry, but no blisters.
	☐ 2nd	Blistered, shiny skin, pain and skin discoloration or scaring
	☐ 3rd	Full-thickness, affects skin, subcutaneous tissue, muscle, tendons or bone.

Medical notes: