Access to Information and Privacy Division 7th Floor, Suite 700, Holland Cross - Tower B 1600 Scott Street, (Mail Stop: 3107A) Ottawa, Ontario K1A 0K9

MAY 2 4 2019

Our file: PHAC-A-2017-000048 / KL1

Dylan Robertson

Vellington St.

Ottawa, Offiario K1A 0A6

Dear Mr. Robertson:

This is in response to your request made under the *Access to Information Act* (the *Act*) for the following information:

All incident reports regarding incidents and possible exposures at the National Microbiology Laboratory, from January 1, 2015 until Aug 15, 2017.

Enclosed on a CD are the records responsive to your request. Some records, or portions of records, are withheld from disclosure pursuant to the following provisions of the *Act*: 16, 19, and 20.

If you require any further assistance with this request, please contact Andrea Saulnier, the analyst responsible for this file, either by phone at (613) 716-9254, by email at andrea.saulnier@canada.ca or by fax at (613) 957-9093, with reference to our file number cited above.

Please be advised that you are entitled to complain to the Office of the Information Commissioner of Canada concerning the processing of your request within 60 days of the receipt of this notice. If you decide to complain, your notice of complaint can be made online at: <a href="http://www.oic-ci.gc.ca/eng/lc-cj-logde-complaint-deposer-plainte.aspx">http://www.oic-ci.gc.ca/eng/lc-cj-logde-complaint-deposer-plainte.aspx</a> or by mail to:

Office of the Information Commissioner of Canada 30 Victoria Street Gatineau, Quebec, K1A 1H3.

We are happy to be able to offer you a new and fast way to receive answers to your inquiries at no additional cost to you. EPOST Connect is a secure messaging service that protects your documents, files and messages (see attached). As a result, your identity and all information sent to our office will be protected, and your privacy rights will be respected at all times under the *Privacy Act*.



Once you have created your EPOST Connect account, we ask that you inform our office by email at: <a href="mailto:phac.atip-aiprp.aspc@canada.ca">phac.atip-aiprp.aspc@canada.ca</a>.

Yours sincerely,

Christine N. Smith

A/Manager

Enclosure: CD (Disclosure records)

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Medical consultation > 7 days after the exposure No

Post-exposure prophylaxis (PEP) > 7 days after No

Drug treatment > 7 days after the exposure No

Not applicable Yes

Other No

Describe Interventions

Medical consult only. No treatment regime available for ZIKA virus exposure.

Laboratory experience in years

Highest completed level of education

Laboratory qualifications/regular role

Name Zika virus

Exposure Incident Identification Number FR-16-000047-1

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Exposure Reporter's Role in the Incident Not involved/did not witness; informed following the incident Containment Level Containment Level 2 Total number of individuals affected Travel outside province/territory Secondary Transmission Incident Date Known? Yes Incident Date 9/13/2016 Date First Reported to Internal Authority 9/13/2016 Location of Incident Containment Level 2 small animal room Spill Νo Loss of containment Yes Sharps-related (needle stick/sharps injury) No Animal-related (bites/scratches) No

Exposure Incident Type

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Insect-related No
PPE-related (inadequate or failure) No
Equipment-related No
Procedure-related No
Unknown No
Other No
Main Activity Animal care
Biological Agent Involved in the Incident Known? Yes
Decontamination/disinfection per standards No, decontamination/disinfection was not required
Actual Severity 1 - Negligible
Likelihood of recurrance 1 - Rare
Risk Rating 1
Risk Potential Yes
Engineering Controls

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Administrative Controls

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No
Individual Controls No
Automation or Computerization No
Design of Facilities and Equipment Yes
Forcing function and constraints No
Standardization/simplification of tools/processes No
Standards/SOPs, policies, etc No
Reminders, checklists, double checks No
Human observation No
Personal Protective Equipment No
Investigation team members  Biosafety Officer Supervisor OSH Representative
Investigation Status Complete
Root causes established? Root causes established, analysis complete
Standards, policies, procedures Yes

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No Not followed because they were not known No Not followed correctly No Followed but not correct for the task/activity No Not in place but should have been in place Training Nο There was no training for task related to incident Training was inappropriate or insufficient Training was available, but was not completed No Staff not qualified or not proficient Νo Communications Yes There was no method or system for communication No No communication occurred but should have Yes Communication was unclear, ambiguous, etc

Known but not followed

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Management oversight No
No supervision No
Improvement needed No
No auditing, evaluation, or enforcement No
Improvement needed:auditing/evaluation/enforcement No
Training lacks auditing/evaluation/enforcement No
Training needs improvement No
Preparation needs improvement No
Human factors need improvement No
Risk assessment done prior to work was not done No
Prior risk assessment needs improvement No
Worker selection needs improvement No
Equipment No
Equipment design needs improvement No

Equipment was not properly maintained No
Equipment maintenance needs improvement No
Equipment used was not fit for purpose No
Quality control was not done No
Quality control needs improvement No
Human interaction No
Labelling, placement, operation, displays, other No
Environmental factors within the work area No
Workload constraints, pressures or other demands No
Other factors Yes
Other factors - specify Expected PA notification of switch from generator to commercial power did not occur (human error).  Affected employee was aware switch would be occurring but lost track of time and was relying on usual PA announcement. Facilities staff do not ensure notification has taken place before initiating switch.
Management Informed? Yes
Previous occurrences? No
Procedures, protocols and SOPs

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Standards and policies No
Training No
Communication Yes
Management system and/or oversight No
Equipment factors No
Human interaction or human factors No
Other No
Unknown No
Corrective Actions Planned or Taken Yes
Procedures, protocols and SOPs Yes
Standards and policies No
Training No
Communication Yes  Moreopment system and/or systemiskt
Management system and/or oversight

No

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No
Equipment factors No
Human interaction or human factors No
Other No
Corrective Actions Description  1. Facilities have added a line indicating no work in Type II A2 or II B2 cabinets should occur during planned switchover times to notification email sent to all building staff in advance of test day. (Complete) 2. Upon receipt of this email, security will add reminder to make PA announcement to Security Supervisor's Lotus Notes calendar to help prevent Commissionaire from forgetting. (effective as of next generator test Nov 2016)
Name Zika virus
Document Number
Full Name

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# Document Released Under the Access to Information Act by the Public Health Agency of Canada / Document divulgué en vertu de la Loi sur

# Hazardous Occurrence Investigation Report nation par l'Agence de la santé Rapport D'Enquête de Situation Comportant des Risques



Type of report / New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / Minor Injuries / Blessures Mineurs

Genre de situation :

# Employer Information / Information de l'employeur

Employer's name and mailing address / N	lom et adı	esse postale i	de l'employe	eur:	·
* Region & Province Région et Province	* Branch Directorate Direction générale Direction				Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	PHAC-IDPC / NML ASPC-PCMI			/L	
Building Immeuble		Postal Locator Postal code Localisateur postal Code postal			Telephone number Numéro de téléphone
1015 Arlington / 1015 Arlington	Localisateur postal Code posta  R3E3P6 R3E 3P6			•	radiicio de telepriorio
Site of hazardous occurrence Lieu de la situation comportant des risqu	Address Adresse				
	1015 Arlington Street				
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ	Time of hazardous occurrence Heure de la situation comportant des risques  Weather Conditions météorologique				
2015-01-07		Ю:30 AM нн:	AIM.	Sun	Stille / Elisoleille
Witnesses Témoins		* Supervisor's name Nom du surveillant			
				<u> </u>	

Description of what happened / Description des circonstances:

Employee was cleaning and dumping old bedding from autoclaved CL4 animal cages when self-elt a pop in the left hand

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

# Injured Individual's Information / Information de l'individu accidenté

\*Injured employee's name / Nom de l'employé blessé:

Sale de Malodanio				<u> </u>
AAAAA PAAAAAAA	YYYY-MM-DD	e -	 • •	

Description of injury / Description de la blessure:

\* Nature of Injury / Nature de la lésion: Sprains - strains / Entorses - foulures

Finger / Doigt

Did the worker receive health care?

<sup>\*</sup> Part of Body / Partie du corps:

<sup>\*</sup> Finger: Affected Side / Doigt: Côté Affecté: Left / Gauche

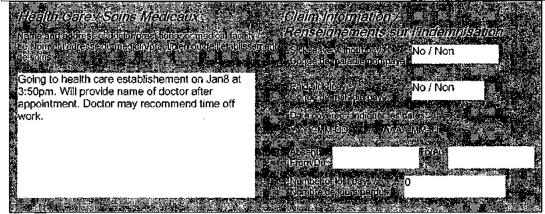
<sup>\*</sup> Event or Exposure / Évenement ou exposition: Overexertion / Surmenage

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Est-ce que la mort s'en est suivie suite à cet accident? No / Non Le travailleur a-t-il reçu des soins inédicaux?nation par l'Agence de la santé

Yes / Oui publique du Canad

Workers' Compensation Information /Information de la Commission des accidents du travail



# Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Other - Specify / Autres - Préciser

\* Other: Possible Repetative Strain or pressure point

\* Source of Injury / Origine de la blessure:

Other tools- instruments and equipment / Autres outils- instruments et matériel

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence? /

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

Yes / Oul

- \* Specify / Préciser: lift, pull and carry training, wearing PPE, fire and evacuation training, First aid and CPR, orientation of ergonomics, body mechanics and work flow
- \* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?: Yes / Oui
- \* Specify / Préciser: Self first aid was renedered by employee and witnesses by supervisor,

\* Date employer will implement / Date de leur mise en œuvre:

YYYY-MM-DD / AAAA-MM-JJ

Date: 2015-01-07

Supplementary preventive measures / Autres measures de prévention: Protective/padded glove has been ordered for employee

* Name of person investigating Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
Tonquete			2015-01-07

## Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant Committee member's or representative's Title
Titre du membre du comité ou de représentant

\* Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant:
Employee injured

\* Recommendations:
There may be gloves that would support the finger during work.

There may be gloves that would support the finger during work.

Incident closed

\* Incident closed

\* Däte XYYYMMM-DD matich par l'Agence de la santé
Date AAAA MM-Danada

Däte XYYYMMM-DD matich par l'Agence de la santé
Date AAAA MM-Danada

Dite XYYYMMM-DD matich par l'Agence de la santé
Date AAAA MM-Danada

\* Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant:

Employee injured

\* Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant:

Employee injured

\* Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant:

Employee injured

\* Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant:

Employee injured

\* Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant:

Employee injured

\* Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant:

Employee injured

\* Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant :

\* Safety and health committee su comité de sécurité et de santé ou de représentant :

\* Safety and health committee su comité de sécurité et de santé ou de représentant :

\* Safety and health committee su comité de sécurité et de santé ou de représentant :

\* Safety and health committee su committ

**ATIA - 19(1)** 

MANAGER

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OSH PSAC REP

Document Released Under the Access to

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# Incident Reporting System (IRS) ocument divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé

**Utilization Report** 

Incident ID:

877

Date:

2015-01-21

Time:

10:40

Review Team:

Laura Douglas, Carol Stansfield, Kelly Keith

Incident:

PHAC CL3 Laboratory rooms and air handling system entered a fail safe condition

# **Incident Description:**

An air system serving the PHAC CL3 laboratories unexpectedly shutdown briefly. As designed the associated rooms entered their fail-safe mode mode. On-site staff quickly reset the system and will be inspecting the equipment.

# Incident Communication Responses

1
1
_
1
1
_
1
1
1
1
1
1

# Communication Complete as of:

Community -

2017-08-31

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Document Released Under the Access to Information Act by the Public Health Agency of Incident Reporting System (IRS) ocument divulgué en vertu de la Loi sur

ident Reporting Systentation pocument divulgué en vertu de la Loi s l'accès à l'information par l'Agence de la santé

publique du Canada

# **Utilization Report**

Incident ID:

881

Date:

2015-01-21

Time:

11:15

Review Team:

Rick Holmes, Carol Stansfield, Kelly Keith

Incident:

NCFAD CL3 (Ag-)/NML CL3 (Lab) Pressure Fluctuations

# Incident Description:

Multiple labs within NCFAD CL3 (Ag)/NCFAD CL4 (Clean)/NML CL3 (Lab) experienced pressure fluctuations due to maintenance.

A couple of labs briefly shutdown into their fail-safe mode. It is believed that an attempt to resolve communication problems with a new control panel was a contributing factor to the disturbance. On-site staff quickly reset the labs.

# Incident Communication Responses

People:	
Individual -	1
Other People -	i
Environment:	_
Internal to CSCHAH -	1
External to CSCHAH -	1
Property:	
WithIn CSCHAH -	1
External to CSCHAH -	1
Social/Psychological:	
Individual -	1
Community -	. 1
Opinion:	. 1
Individual -	1
Community -	1

# Communication Complete as of:

2017-08-31

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# **Incident Report Form**

Incident: Employee caught finger in door of rear entrance to Suite 103,
160 Research Lane, Guelph, ON N1G 5B2
Accountable Individual:
Witnesses
was given an ice pack. Informed witnesses and Health and Safety officer investigating injury that was fine and did not need medical attention.
Signed: Dated: Feb 3/15
Actions Undertaken
None
Signed: Date: Sel 3/15
Persons Informed: Date: February 3, 2015
- Supervisor
All necessary reports filled out and submitted. including AIRS.

Page 1

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publique du Canada

# Incident Reporting Systema(IRS) ocument divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé

**Utilization Report** 

Incident ID:

882

Date:

2015-02-18

Time:

11:50

Review Team:

Laura Douglas, Carol Stansfield, Kelly Keith

Incident:

People:

Unexpected shutdown of the air system serving PHAC CL3 laboratory

# **Incident Description:**

During maintenance activaties, a part failure resulted in the unexpected shutdown of the air system serving PHAC CL3. The failure was quickly identified by on-site personnel and the system was brought back to operational state. Personnel working in the laboratory reacted appropriately by securing any infectious material and contacting the SES pager. Containment was not breached.

# **Incident Communication Responses**

Individual -	1
Other People -	1
Environment:	•
Internal to CSCHAH -	1
External to CSCHAH -	î
Property:	•
Within CSCHAH -	1
External to CSCHAH -	1
Social/Psychological:	
Individual -	1

1
*
.1
1
1

# Communication Complete as of:

2017-08-31

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Document Released Under the Access to Incident Reporting Systema IRS ocument divulgué en vertu de la Loi sur

l'accès à l'information par l'Agence de la santé publique du Canada

# **Utilization Report**

Incident ID:

883

Date:

2015-02-25

Time:

18:55

Review Team: •

Dean Johannson, Kerry Magill, Kelly Keith

Incident:

Winnipeg Fire and Paramedic Service response to fire alarm signal testing at

**CSCHAH** 

# Incident Description:

During the annual fire alarm signal testing at CSCHAH, the Winnipeg Fire and Paramedic Service responded in fire trucks to the building as a result of a neighbourhood resident calling them.

# **Incident Communication Responses**

# People:

Individual -Other People -1 **Environment:** Internal to CSCHAH -1 External to CSCHAH -1 Property: Within CSCHAH -1 External to CSCHAH -1

Social/Psychological:

Individual -1 Community -1 Opinion:

Individual -1 Community -

# Communication Complete as of:

2017-08-31

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# Incident Report Form

Ani Whani marager/ 15/03/10 Incident: Accountable Individual: Facilities - Shawn Osmord Su attached Note: some staff had been working in the Lab Since 7:00 AM. Staff who wen there included: Shann Kennaghan,
Chad Gill Ann Rents + Betty Wilkie
Dated: - air circulation charges we made by sosmorto punit 100% out death - testing was suspended for further evaluation to thish at lunch time 3) - evaluated at 12:00 PM- conditions are improved 4)-Swiffers never provided by facilities 5)-Any affects to fisting will consider this incident + will note usually Date: 15/100 demand as NCS. Date: 15/03/10 Persons Informed: Date: 15/03/10 And Nichani M. Cornelisse Incident - HOIR thru AIRS above - by A. Nichani

FRM-073-00

Incident Report Form

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# Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

Finar 🖎

Type of report / New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / Other / Autre

Genre de situation :

Other - Specify / Exposure to extremly low grade (< 0.2 ppm) form of formaldehyde gas during Biological</li>

Autre - Préciser : Safety Cabinet decontamination

# Employer Information / Information de l'employeur

Employer's name and mailing address / I	Nom et a	dresse postale	de l'employe	eur:		
* Region & Province Région et Province	Dire	* Branch ction générale		torate ction	Division	
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba		AC-IDPC / PC-PCMI				
Building Immeuble	,	tal Locator sateur postal	,	l code postal	Telephone nur Numéro de télé	
Other / Autres Specify / Préciser : JC Wilt Infectious Diseases Research Centre / Centre de recherche en infectiologie JC Wilt	-		R3E	3L5		
Site of hazardous occurrence Lieu de la situation comportant des risqu	ies			ldress Iresse		
		74	5 Logan Av	e Winnipe	g MB	
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des		if hazardous oc le la situation o des risques		Condition	Weather ons météorologiqu	es
risques AAAA-MM-JJ 2015-03-10		09:30 АМ нн:м	AM .		Indoors	
Witnesses Témoins	* Supervisor's name Nom du surveillant					

Description of what happened / Description des circonstances:

Biological Safety cabinet (BSC) was decontaminated by Facility staff using formaldehyde gas. Entry to room vas restricted by sign on door indicating "Danger" Formaldehyde Decon" Do Not Enter with emergency contact phone numbers, as well as a band of caution tape was taped across the door. As per normal procedure, after decon, formaldehyde gas was neutralised with ammonium carbonate and residue cleaned. Personnel performing this task wear a respirator. This liberates a small amount of formaldehyde, therefore air is sampled prior to removing signs and allowing entry to personnel without respiratory equipment. Between 09:00 and 09:30 the airborne concentration in the room on formaldehyde was 0.44ppm. The room was left with sign up with intention to resample air after a work break and if good, work without respirator. The caution tape was not replaced across the door at this time but the sign on door remained.

Shortly after this time, the individual approached the room, did not read the full sign and assumed the danger sign was for construction activities. The individual proceeded inside the room for about 4 minutes. construction activities The individual proceeded inside the room for about 4 minutes. After leaving the room, they noticed the sign and inquired. The individual did not experience any physical symptoms to eyes, nose or throat while in the room or after leaving. The individual was notified that the room was still off limits, as it was above the threshold limit value ceiling limit the last time it was sampled.

The American Conference of Governmental Industrial Hygienists (ACGIH) in their document entitled Threshold Limit Values and Biological Exposure Indices provides data Indicating a ceiling limit of 0.3ppm for formaldehyde. The ceiling limit does not act on a weighted -average principle but rather should not be exceeded at any point in time.

The room was sampled again from 11:00 and 11:30 and airborne concentration was less than 0.2ppm, well below safe levels

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?:



No / Non					
Injured Individual's Infor	nation / In	formation de l'it	odividu accidenté		
*Injured employee's name—	nauon 7 m	ioimauon de in	Idivida accidente	· · · · · · · · · · · · · · · · · · ·	
Nom de l'employé blessé:					
Birth date YYYY-MM-DD Date de naissance AAAA-MM-JJ	Age Age	Sex Sexe	Occupation Profession	Years of experience in occupation No. d'années d'expérienc dans profession	e
Description of Injury / Descrip	ti <b>on d</b> e la ble	ssure:			
* Nature of Injury / N No injuries / Aucune		esion:		•	· .
* Part of Body / Part No Injuries / Aucune			•		
* Event or Exposure Other - Specify / Au * Other: N	tres - Précise	er	ered area without knowin	og hazard	
					···
Investigation Information	/ Informat	ion de l'enquête			
* Safety & Health committee m Nom du membre du comité de HC-SC/G	sécurité et sa	epresentative's nam anté ou de représer	ne ntant		
Direct causes of hazardous oce * Causes of Accident / Causes Environmental conditions / Co Failure to obey signs and sign	de l'accident ndition du m	: ilieu de travail		s risques:	
* Source of tnjury / Origine de l Other - Specify / Autres - Préc * Other: Uncontrolle	iser	oom decontaminati	<b>o</b> n		
Was training in accident prever	ntion diven to	injured employee in	relation to duties perfor	med at the time of the hazard	dous
occurrence? / L'employé blessé a-t-il reçu une situation comportant des risque No / Non	e formation e				
* Was there implementation of Yes / Oui * Specify / Préciser: Band war Implementation of Room key t	ming will be p	placed on door indi- to qualifie	cating Biological Safety ed individuals		nated.
Implementation of Orange Rul decontaminated.	PDEL FIGOLOG	OLG III II OLK		car carety Cabinet is being	
* Date employer will implement YYYY-MM-DD / AAAA-MM-JJ Date: 2015-03-12	/ Date de leu	ur mise en oeuvre:			
Supplementary preventive mea	sures / Autre	es mesures de préve	ention:		
* Name of person investigation Nom de la personne faisant		Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ	

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2015-03-12

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Document Released Under the Access to

# Incident Reporting System (IRS) Act by the Public Health Agency of Occument divulgué en vertu de la Loi sur

l'accès à l'information par l'Agence de la santé publique du Canada

**Utilization Report** 

Incident ID:

885

Date:

2015-03-10

Time:

9:30

Review Team:

Kelly Anderson, Blake Ball, Kelly Keith

Incident:

Exposure to low level of formaldehyde gas at JC Wilt site

# **Incident Description:**

As per standard procedure, a biosafety cabinet in the CL2 laboratory at JC Wilt Infectious Diseases Research Centre was sealed and decontaminated using formaldehyde gas and then the formaldehyde was neutralized using ammonium carbonate. The next day, the room was sampled for residual formaldehyde. The level was 0.44ppm, which is above our internal threshold level of 0.3ppm. Shortly after sampling, two personnel entered the room that still had the yellow 'DANGER formaldehyde decon, no entry sign' on the closed door. They did not take notice of the sign and therefore did not wear respiratory protection. The two people involved said they did not experience any physical symptoms.

An OSH incident investigation has been completed and preventative measures identified to prevent any similar situations from recurring. In addition to the DANGER sign on the door, these preventative measures include an email notice of the work and related hazard to the building occupants, the placement of a traffic cone in front of the door when the room is unoccupied, and the placement of cuation tape across the door frame until the air sampling levels are at or below the internal threshold level.

# **Incident Communication Responses**

People:	
Individual -	1
Other People -	1
Environment:	•
Internal to CSCHAH -	1
External to CSCHAH -	1
Property:	_
Within CSCHAH -	1
External to CSCHAH -	1
Social/Psychological:	_
Individual -	1
Community -	1
<u>Opinion:</u>	•
Individual -	1
Community -	1

# Communication Complete as of:

2017-08-31

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# Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

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Type of report / New C Genre de rapport :	Occurrence / Situation N	louvelle		
Type of occurrence / Minor Genre de situation :	Injuries / Blessures Min	neurs		
Employer Information / Information	on de l'employeur	<u>-</u>		
Employer's name and mailing address / I	Nom et adresse mostale	de l'employeur		
* Region & Province Région et Province	* Branch Direction générale	Directorate Direction	Division	]
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	PHAC-IDPC / ASPC-PCMI	National Microbiology Laboratory		
Building Immeuble	Postal Locator Localisateur postal	Postal code Code postal	Telephone number Numéro de téléphone	
Federal Laboratory - Winnipeg / laboratoire Federal - Winnipeg		R3E 3L5		
Site of hazardous occurrence Lieu de la situation comportant des risqu	ues	Address Adresse		•
JC Wilt Infectious Disease Research Centre	74	45 Logan Avenue / Winr	nipeg	
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ	YYYY-MM-DD  Heure de la situation comportant   Conditions météorologiques  des risques  Conditions météorologiques			
2015-03-19				
Witnesses Témoins		* Supervisor's nad Nom du surveilla		
				•
Description of what happened / Descrip On the 19th of March, at approximately safety cabinet (BSC) when a needlestic (SEB) and was preparing to withdraw TI between SEB and PPD usage. combination. In the process of unsheat contact with the syringe slip tip, the clea hand. After securing reagents in the BSC, encouraged bleeding, while flushing the the injury, and a bandage was applied. further incident. As a precautionary measure, the on-call exposure to SEB. It was determined the heat, redness, or swelling around the inj Was there any property damage? / Est-ce No / Non	16:00,  k injury occurred.  B purified protein deriva was using a 1 m hing the protective cap an, sterile needle had be with the aid injury under running wa then con Infectious Diseases Plat the risk was minimal sicury. No symptoms devi	was cond was treating tive (PPD) from a vial.  ni. BD slip tip syringe ar from the needle, while e- ecome unsheathed and of a co-worker performe ater. A Benzylkonium C ntinued to complete the mysician was contacted and that eloped at the site of inju-	ad 18G1½ detachable mensuring that the needle had jabbed the index filed first ald on the injury. Chloride antiseptic wipe ir experiment in the BSG to assess the should self-monitor for	cal enterotoxin B ot been performed needle hub maintained nger of the left was used to clean C, without any
njured Individual's Information / I	nformation de l'indi	vidu accidenté	·	
*Injured employee's name / Nom de l'employé blessé				•
Birth date Age	Sex	Occupation	Years of experience i	in

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YYYY-MM-DD Date de naissance AAAA-MM-JJ	Âge	Sexe	Profession	occupation No. d'années d'expérience dans profession

Description of injury / Description de la blessure:

\* Nature of Injury / Nature de la lésion:

Cut - laceration - puncture / Coupure - lacération - perforation

\* Part of Body / Partie du corps:

Hand / Main

\* Hand: Affected Side / Main: Côté Affecté: Left / Gauche

\* Event or Exposure / Évenement ou exposition:

Needle sticks / Piqûre d'aiguille

Did death occur as a result of the injury?

Est-ce que la mort s'en est suivie suite à cet accident?

No / Non

Did the worker receive health care?

Le travailleur a-t-il reçu des soins médicaux?

No / Non

Workers' Compensation Information /Information de la Commission des accidents du travail

### Claim Information / Health Care / Soins Médicaux Renseignements sur l'indemnisation Name and address of doctor/practitioner or medical facility / Le Nom et l'adresse du médicin/practicien ou de l'établissement Sick leave without pay / No / Non Congé de maladie non payé: Paid sick leave / ... Yes / Qui Congé de maladie payé: Date covered / Indiquer les dates: YYYY-MM-DD ...... / AAAA-MM-JJ Absent To/Au From/Du Number of lost days / Nombre de jours perdus:

# Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Hazardous methods or procedures / Méthodes ou procédures dangereuses

Human error / erreur humaine

\* Source of Injury / Origine de la blessure:

Medical and surgical instruments / Instruments médicaux et chirurgicaux

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence? /

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

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### Yes / Qui

\* Specify / Préciser: SES mandated First Aid / CPR / AED training

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:

Yes / Oui

\* Specify / Préciser: Future preventative measures include; changing gloves before use of sharps, only using needles on luer lock syringes, and the investigation and implementation of safety sharps wherever possible. The incident and preventative measures will be discussed with all program personnel and incorporated into applicable SOPs.

\* Date employer will implement / Date de leur mise en œuvre:

YYYY-MM-DD / AAAA-MM-JJ

Date: 2015-03-20

Supplementary preventive measures / Autres mesures de prévention;

* Name of person investigating Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
Tonada			

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Incident Reporting System (IRS) Act by the Public Health Agency of Jocument divulgué en vertu de la Loi sur

l'accès à l'information par l'Agence de la santé

Document Released Under the Access to

publique du Canada

**Utilization Report** 

Incident ID:

886

Date:

2015-03-19

Time:

16:00

**Review Team:** 

Kelly Anderson, Dr. Blake Ball, Kelly Keith

Incident:

Needle stick with clean needle just after working with Staphylococcus enterotoxin B

(SEB) in CL2 laboratory at JC Wilt

# **Incident Description:**

had just finished dispensing SEB (Staphylococcus enterotoxin B) into tubes using a pipette and was preparing to start the next phase of the experiment involving the use of a clean needle to remove a protein derivative from a bottle with a rubber stopper. was usig a syringe that did not have a luer lock (to secure the needle to the syringe) and therefore was having difficulty removing the sheath from the needle without removing the needle from the syringe. When the needle became unsheathed. accidentally stuck the clean needle inbto their left index finger. gloves were not changed after working with the Staphylococcus enterotoxin B and before handling the syringe and needle. with the help of a co-worker, washed the stick site, encouraged bleeding, applied Benzikonium chloride and bandaged the finger. The infectious diesease on-call physician was consulted and determined that the risk to the techhnician was likely minimal and the technician was asked to watch the site for heat, redness or swelling. No symptoms developed.

Preventative measures include changing gloves before used of sharps, only using needles on luer lock syringes, and the investigation and implementation of safety sharps wherever possible. The incident and preventative measures will be discussed with all program personnel and incorporated into applicable standard operating procedures.

# Incident Communication Responses

# People:

Individual -1 Other People -1 **Environment:** 

Internal to CSCHAH -1 External to CSCHAH -

Property:

Within CSCHAH -1 External to CSCHAH -1

# Social/Psychological:

Individual -1 Community -1 Opinion: Individual -Community -

## Communication Complete as of:

1

2017-08-31

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Document Released Under the Access to Information Act by the Public Health Agency of

# Hazardous Occurrence Investigation Report ment divulgué en vertu de la Loi sur Rapport D'Enquête de Situation Comportant des Risques

ATIA-16(2)(c) ATIA - 19(1)

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Type of report /	New Occurrence / Situation Nou	velle
Genre de rennart :		

Genre de situation:

Type of occurrence / Minor Injuries / Blessures Mineurs

# Employer Information / Information de l'employeur

Employer's name and mailing address / I	Nom et a	dresse postale	de l'employ	eur:	
* Region & Province Région et Province Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba  Building Immeuble		* Branch ction générale		torate ction	Division
		AC-IDPC / PC-PCMI	NML		
		tal Locator sateur postal		il code postal	Telephone number Numéro de téléphone
1015 Arlington / 1015 Arlington			R3E	3R2	
Site of hazardous occurrence Lieu de la situation comportant des risques				ldress Iresse	
CL2 Lab	1015 Arlington Street, Winnipeg, Manitoba				
		of hazardous oc de la situation oc des risques 12:00 PM низ	currence omportant	nportant Conditions météorologiques	
2015-03-31			:		
Witnesses Témoins	* Supervisor's name Nom du surveillant				
None					

Description of what happened / Description des circonstances: vas placing something in the biohazard bin while leaning under a shelf and hit head when applied ice to the area and took an ibuprofen. It should be noted to the area and took an ibuprofen. It should be noted to the area and took an ibuprofen. is also suffering from a cold/allergies at this time was able to continue working for the remainder of the day without any disruption.

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

## Injured Individual's Information / Information de l'individu accidenté

\*Injured employee's name / Nom de l'employé blessé:

				·	
	Birth date YYYY-MM-DD Date de naissance AAAA-MM-JJ	Age Age	Sex Sexe	Occupation Profession	Years of experience in occupation No. d'années d'expérience dans profession
l					

Description of injury / Description de la blessure:

- \* Nature of Injury / Nature de la lésion: Other - Specify / Autres - Préciser \* Other: Bumped head
- \* Part of Body / Partie du corps: Head / Tête

<sup>\*</sup> Event or Exposure / Évenement ou exposition: Struck against / Projeté contre

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Did death occur as a result of the injury?

Est-ce que la mort s'en est suivie suite à cet accident?

No / Non

Did the worker receive health care?

Le travailleur a-t-il reçu des soins médicaux?

Yes / Oui

Publique du Canada

on par l'Agence de la santé

Workers' Compensation Information /Information de la Commission des accidents du travail

Health Care / Soins Médicaux

Name and address of doctor/practitioner or medical facility / Le Nom et l'adresse du médicin/practicien ou de l'établissement de soins:

Winnipeg,

Claim Information / Renseignements sur l'indemnisation

Sick leave without pay / No Congé de maladie non payé:

Paid sick leave / No / Non Congé de maladie payé:

Date covered / Indiquer les dates: YYYY-MM-DD / AAAA-MM-JJ

Absent From/Du To/Au

Number of lost days / 0
Nombre de Jours perdus:

# Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Other - Specify / Autres - Préciser

\* Other: Accident

\* Source of Injury / Origine de la blessure:

Other - Specify / Autres - Préciser

\* Other: Shelf

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence? /

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

No / Non

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:

Reasons for not taking corrective measures / Raisons pour lesquelles aucune mesure corrective n'a été prise: While no corrective measure was taken the employee was urged to move the garbage can to a move favorable position prior to each usage, as required.

* Name of person investigating	Title	Telephone Number	Date YYYY-MM-DD
Nom de la personne faisant	Titre	Numéro de téléphone	Date AAAA-MM-JJ
■ l'enquête			2015-03-31

# Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Committee member's or representative's Title Titre du membre du comité ou de représentant	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ

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Canada / Document divulgué en vertu de la Loi sur
l'accès à l'information par l'Agence de la santé
2015-04-28 lique du Canada

Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant:
Investigation meeting held Apr 28/15 with an SES rep, Supervisor, manager and SES
Went to lab where injury occured. The shelf above the counter holds a micorwave and the shelf extends over the counter by about 4 inches. The hazardous waste bin is located just to the left of the counter, under the sink and sometimes it is pushed further under the sink to the back wall. When microwave shelf.

Suggestions to prevent this from happening were discussed.

- place the bin further to the left hand of the sink.

- mark the front edge of the shelf with hazard tape so it is more noticable

- During orientation and training of new students or employees, point out the possible hazard of the shelf

did not miss time.

did attend

did not miss time.

did attend
the attending physcian learned that this was a Work related injury, they automaticaly sent a report to WCB. The manager,

submitted a WCB report listing the incident and that no time was lost.

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# Document Released Under the Access to

# Incident Reporting System (IRS) Act by the Public Health Agency of Document divulgué en vertu de la Loi sur

publique du Canada

l'accès à l'information par l'Agence de la santé

**Utilization Report** 

Incident ID:

888

Date:

2015-04-01

Time:

9:30

**Review Team:** 

Laura Landry, Laura Douglas, Kelly Keith

Incident:

Non-functioning airflow sensor in PHAC CL3

# **Incident Description:**

During a routine review on April 1, 2015, Operations and Maintenance staff found a sensor that measures airflow for a PHAC CL3 room that was not working. Fairure of this sensor may cause pressure fluctuations. Fuctuations beyond defined alarm conditions would be flagged by the building automation system.

While troubleshooting the issue, the biosafety cabinet in the room entered into its fail safe condition. Although there were staff in the CL3 suite, no one was in the particular room itself and therefore, no one was working with infectious materials in te biosafety cabinet at the time.

A repair was made and the airflow was verified with another calibrated device. Other similar pieces of equipment will be checked to ensure their operation.

# **Incident Communication Responses**

People:	
Individual -	1
Other People -	1
Environment:	-
Internal to CSCHAH -	1
External to CSCHAH -	1
Property:	_
Within CSCHAH -	1
External to CSCHAH -	1
Social/Psychological:	_
Individual -	1
Community -	1
Opinion:	1
individual -	1
Community -	1

# Communication Complete as of:

2017-08-31

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# Incident Reporting System (IRS) Act by the Public Health Agency of Canada / Document divulgué en vertu de la Loi sur

publique du Canada

l'accès à l'information par l'Agence de la santé

# **Utilization Report**

889

Date:

2015-04-02

Time:

2013-04-0

11:45

Review Team:

Incident ID:

Kelly Anderson, Blake Ball

Incident:

EMS response to employee health condition (JCW)

# Incident Description:

An employee was in the CL2 laboratory discussing results at a computer with other personnel when without warning, the employee lost consciousness. The employee regained consciousness within a minute of falling to the floor. Personnel called 911 and attended to the employee until EMS transported the employee to the hospital. The incident was due to an unknown health concern and not due to laboratory related activities. The employee was released that afternoon for follow-up with their health care provider. There are no restrictions to their current work duties. The incident was handled very well by personnel and discussions are ongoing to determine if any enhancements can be made to any response procedure.

# **Incident Communication Responses**

## People: Individual -2 Other People -1 **Environment:** Internal to CSCHAH -External to CSCHAH -Property: Within CSCHAH -External to CSCHAH -Social/Psychological: Individual -1 Community -1 Opinion: Individual -1 Community -1

# Communication Complete as of:

2017-08-31

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# Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

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Type of report /

New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / Loss of Consciousness / Évanouissement

Genre de situation :

# Employer Information / Information de l'employeur

Employer's name and mailing address / Nom et adresse postale de l'employeur:						
* Region & Province		* Branch		torate	Division	
Région et Province		Direction générale	Dire	ction		
Manitoba & Saskatchewan / Manitoba		PHAC-IDPC /		•		
et Saskatchewan - Manitoba / Manitoba		ASPC-PCMI .				
Building	Γ	Postal Locator	Posta	al code	Telephone number	
Immeuble	L	ocalisateur postal	Code	postal	Numéro de téléphone	
Other / Autres	ĺ		B3E	3L5		
Specify / Préciser :						
Site of hazardous occurrence		Address				
Lieu de la situation comportant des risques		es Adresse				
JCWIDRC		745 Logan Aye, Wpg, MB				
* Date of hazardous occurrence		Time of hazardous occurrence		Weather		
YYYY-MM-DD	Heure de la situation comportan		omportant	Conditio	ns météorologiques	
Date de la situation comportant des		des risques				
rîsqueş AAAA-MM-JJ	11:45 АМ нн:мм			NA .		
2015-04-02						
Witnesses * Supervisor's name				me		
Témoins		Nom du surveillant				

Description of what happened / Description des circonstances:

Person was in laboratory discussing results at a computer with other personnel when, without warning, the person lost consciousness. They hit the left side of face on edge of bench on way to floor. Person regained consciousness within a minute after falling to floor. Personnel called 911 and attended to the person. Ambulance took person to medical examination. The person was released from hospital that afternoon. There was no bruising or cut from contact with bench or floor.

The person felt normal before the incident and had performed normal tasks that morning other than they may not have eaten a mid-morning snack.

Nothing in the laboratory contributed to the incident nor were any other people injured. The person has medical appointments for followup.

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

*Injured employee's name / Nom de l'employé blessé:				
Birth date YYYY-MM-DD Date de naissance AAAA-MM-JJ	Age Âge	Sex Sexe	Occupation Profession	Years of experience in occupation No. d'années d'expérience dans profession

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### Description of injury / Description de la blessure:

\* Nature of Injury / Nature de la lésion:

Other - Specify / Autres - Préciser

\* Other: loss of consciousness/health condition

\* Part of Body / Partie du corps: Other - Specify / Autres - Préciser

\* Other: no cuts or bruises, medical testing and followup pending

\* Event or Exposure / Évenement ou exposition:

Other - Specify / Autres - Préciser

\* Other; health condition

# Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Health Condition / Condition médicale

\* Source of Injury / Origine de la blessure:

Health Condition / Condition médicale

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence?

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

No / Non

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?: No / Non

Reasons for not taking corrective measures / Raisons pour lesquelles aucune mesure corrective n'a été prise: **Person w**as unaware of health condition.

* Name of person investigating Nom de la personne faisant	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
l'enquête	, ,	,	

# Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Committee member's or representative's Title	Telephone Number	Date YYYY-MM-DD
Titre du membre du comité ou de représentant	Numéro de téléphone	Date AAAA-MM-JJ
		2015-04-08

 Safety and health committee's or representative's comments / Observations du comité de sécurité et de santé ou de représentant: report accepted by committee

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### Incident Reporting System (HRS) Act by the Public Health Agency of

**Utilization Report** 

Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé publique du Canada

\_\_\_

Date:

890

Dato.

2015-05-12 13:30

Time: Review Team:

Incident ID:

Catherine Robertson, Jay Krishnan, Jim Strong, Lisa Fernando, Kelly Keith

Incident:

PHAC CL4 Autoclave Malfunciton and Steam Leak

### Incident Description:

One of the PHAC CL4 double-door autoclaves (the kind that opens in the lab on one side and into a clean corridor on the other) reported a high jacket temperature alarm during a routine autoclaving process to sterilize waste being removed from the lab. A CL4 lab technician called in the rpair technician. During the repair and test run, the autoclave again went into alarm and released a substantial volume of steam into the clean autoclave room while the autoclave technician was in the room. The technician was not hurt by the steam and it was immediately evident that the steam had come from the jacket around the autoclave not the interior chamber which held the potentially infectious material. The technician over-rode the program manually to cancel the part of the process so that jacket could cool down. As a precaution, the autoclave was emptied back into the lab until the biological indicators that had been placed in the material could confirm that the load had been properly sterilized. Investigations have confirmed that the cause of the cooling tank jacket overheating was related to a problem with the water softener system.

### **Incident Communication Responses**

People:	
Individual -	1
Other People -	1
Environment:	•
Internal to CSCHAH -	1
External to CSCHAH -	1
Property:	
Within CSCHAH -	1
External to CSCHAH -	1
Social/Psychological:	_
Individual -	1
Community -	1
Opinion:	
Individual -	1
Community -	1

### Communication Complete as of:

2017-08-31

Page: 35 of/de 247 A2017000048 Agence de la santé publique du Canada

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### Incident Investigation and Reporting Formique du Canada

The purpose of this tool is to help you to:

- Establish the facts surrounding the incident, including:
  - o What precisely happened, and how
  - When and where the incident occurred
  - o Why the incident occurred
- Look for improvements in existing systems and processes
- Formulate recommendations and a corrective action plan
- Share lessons learned within your organization

#### **EXPOSURE INCIDENT DEFINITION:**

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.

Canadian Biosafety Standards and Guidelines, 1<sup>st</sup> ed.

INSTRUCTIONS: Fill the form sequentially. Depending on your response, you may be directed to skip certain questions

	on 1.0: Administrative information			T72 2 . 2
	ukenyenadide dalogide seri yancana kingidak Kasa	port Created:	1.2 - Date Revised (if applicable):	
	Herry Holds Truck	L3 - <u>If revise</u>	d, indicate the reas	on for the update to an earlier report
	1.4 Please indicate the laboratory containment level:	C GL2	C Cr3	(€. CL4
	1.5 How would you describe the sector/primary area of foci	us for your in	stitution/facility's	activities? (Check all that apply)
	Academic (University, Veterinary College, College, CEGEP, High	h School, etc.)	🖾 Public Heal	th - Government [F/P/T/Municipal]
₹	Private Industry/Business (Animal Health, Human Health, B. Pharmaceutical, Food Industry, Pathogen or Toxin distributor)	iotechnology,	_	nt - Government (F/P/T/Municipal)
E E	Hospital (Academic-affiliated, non-academic affiliated)			/Animal Health - Gov't (F/P/T/Municipal)
ADMINISTRATIVE INFORMATION	Select the size of the facility/institution (based on the appro- Large (greater than 150 staff)	oximate numb		ernment (F/P/T/Municipal) aff/students working in the facility):
<u> </u>	1.6 - Reporter's contact information (provide contact detail	ls for the pers	son making the rep	ort):
Ş	Reporter's Name: (First, Last):			Catherine Robertson
Ē	Reporter's Email:		<del></del>	catherine.robertson@phac-aspc.gc.c
₹	Reporter's Telephone:			204-789-607
	1.8 - Investigational team members and roles (provide first	and last nam	e and role on inves	tigation team for each team member)
1	Catherine Robertson SES, Investigator Jim Strong Special Pathogens PI Lisa Fernando Biologist, Special pathogens CL-4 Jay Krishnan SES, Biosafety Officer Allen Grolia Biolgist, special pathogens CL-4 Todd Mitchell, Senior mechanical specialist			
ecti	Catherine Robertson SES, Investigator Jim Strong Special Pathogens Pi Lisa Fernando Biologist, Special pathogens CL-4 Jay Krishnan SES, Biosafety Officer Allen Grolia Biolgist, special pathogens CL-4 Todd Mitchell, Senior mechanical specialist on 2.0: Occurrence - Incident Description (basic details of	on what, wh	ere, when, etc. th	e incident occurred)
ecti	Catherine Robertson SES, Investigator Jim Strong Special Pathogens PI Lisa Fernando Biologist, Special pathogens CL-4 Jay Krishnan SES, Biosafety Officer Allen Grolia Biolgist, special pathogens CL-4 Todd Mitchell, Senior mechanical specialist on 2.0: Occurrence - Incident Description (basic details of the course of the co	on what, who that apply for ad(s) occurred	ere, when, etc. th	e incident occurred)
ctl	Catherine Robertson SES, Investigator Jim Strong Special Pathogens PI Lisa Fernando Biologist, Special pathogens CL-4 Jay Krishnan SES, Biosafety Officer Allen Grolia Biolgist, special pathogens CL-4 Todd Mitchell, Senior mechanical specialist on 2.0: Occurrence - Incident Description (basic details of the second se	on what, wh that apply foi iol(s) occurrer man (li	ere, when, etc. th r 2.1 (i) and/or 2.1 (d, check both incide i) Indicate other inc	e incident occurred} ii) below) int types in (!) and (ii) below
	Catherine Robertson SES, Investigator Jim Strong Special Pathogens PI Lisa Fernando Biologist, Special pathogens CL-4 Jay Krishnan SES, Biosafety Officer Allen Grolia Biolgist, special pathogens CL-4 Todd Mitchell, Senior mechanical specialist on 2.0: Occurrence - Incident Description (basic details of the second se	on what, who that apply for tal(s) occurred man (li if any of is	ere, when, etc. th r 2.1 (i) and/or 2.1 ( d, check both incide i) Indicate other ind NOT involved), sek	e incident occurred) ii) below) nt types in (i) and (ii) below dent type below (if (i) <u>exposure/disea</u> s
	Catherine Robertson SES, Investigator Jim Strong Special Pathogens PI Lisa Fernando Biologist, Special pathogens CL-4 Jay Krishnan SES, Biosafety Officer Allen Grolia Biolgist, special pathogens CL-4 Todd Mitchell, Senior mechanical specialist  on 2.0: Occurrence - Incident Description (basic details of a line of an individual to a hupathogen or toxin, select from the following AND indicate (ii) incidents apply, then continue to 2.2 below:  Exposure (may cause disease - see definition at top of a limit of the select from the select from the following AND indicate (ii) incidents apply, then continue to 2.2 below:	on what, who that apply for tal(s) occurred man (li if any of is	ere, when, etc. th r 2.1 (I) and/or 2.1 ( d, check both incide i) Indicate other inc NOT involved), seld	e incident occurred} ii) below) nt types in (i) and (ii) below cident type below (if (i) exposure/diseasect from the following then skip to 2.3):
CRIPTION	Catherine Robertson SES, Investigator Jim Strong Special Pathogens PI Lisa Fernando Biologist, Special pathogens CL-4 Jay Krishnan SES, Biosafety Officer Allen Grolia Biolgist, special pathogens CL-4 Todd Mitchell, Senior mechanical specialist  on 2.0: Occurrence - Incident Description (basic details of a lindicate the type(s) of incident that occurred (check all i.e. if an inadvertent release AND exposure of an individual (i) For incidents involving exposure of an individual to a hupathogen or toxin, select from the following AND indicate (ii) incidents apply, then continue to 2.2 below:  Exposure (may cause disease - see definition at top of the lab acquired infection - suspected)	on what, who that apply for solids) occurred man (if any of is coage 1)	ere, when, etc. th r 2.1 (I) and/or 2.1 ( d, check both incide i) Indicate other inc NOT involved), sek Inadvertent rele Inadvertent pro	e incident occurred)  ii) below)  int types in (i) and (ii) below  cident type below (if (i) exposure/diseasect from the following then skip to 2.3):  ase of a human pathogen or toxin
CKILION	Catherine Robertson SES, Investigator Jim Strong Special Pathogens PI Lisa Fernando Biologist, Special pathogens CL-4 Jay Krishnan SES, Biosafety Officer Allen Grolia Biolgist, special pathogens CL-4 Todd Mitchell, Senior mechanical specialist  on 2.0: Occurrence - Incident Description (basic details of a line of an individual to a hupathogen or toxin, select from the following AND indicate (ii) incidents apply, then continue to 2.2 below:  Exposure (may cause disease - see definition at top of a limit of the select from the select from the following AND indicate (ii) incidents apply, then continue to 2.2 below:	on what, who that apply for solids) occurred man (if any of is coage 1)	ere, when, etc. th r 2.1 (I) and/or 2.1 (d, check both incide i) Indicate other inc NOT involved), sek Inadvertent rele Inadvertent pro Missing human p Other, specify: [	e incident occurred}  ii) below) int types in (i) and (ii) below cident type below (if (i) exposure/diseasect from the following then skip to 2.3): ase of a human pathogen or toxin duction of a human pathogen or toxin
CRIPTION	Catherine Robertson SES, Investigator Jim Strong Special Pathogens PI Lisa Fernando Biologist, Special pathogens CL-4 Jay Krishnan SES, Biosafety Officer Allen Grolia Biolgist, special pathogens CL-4 Todd Mitchell, Senior mechanical specialist  on 2.0: Occurrence - Incident Description (basic details of a lindicate the type(s) of incident that occurred (check all i.e. if an inadvertent release AND exposure of an individual (i) For incidents involving exposure of an individual to a hupathogen or toxin, select from the following AND indicate (ii) incidents apply, then continue to 2.2 below:  Exposure (may cause disease - see definition at top of the lab acquired infection - suspected)	on what, who that apply for sal(s) occurred man (iif any of is coage 1)	ere, when, etc. th r 2.1 (I) and/or 2.1 (d, check both incide i) Indicate other inc NOT involved), sele Inadvertent rele Inadvertent pro Missing human p Other, specify:	e incident occurred)  ii) below)  int types in (i) and (ii) below  cident type below (if (i) exposure/diseasect from the following then skip to 2.3):  ase of a human pathogen or toxin duction of a human pathogen or toxin bathogen or toxin  cathogen or toxin  C1-4 Autoclave cycle failure
CRIPTION	Catherine Robertson SES, Investigator Jim Strong Special Pathogens PI Lisa Fernando Biologist, Special pathogens CL-4 Jay Krishnan SES, Biosafety Officer Allen Grolla Biolgist, special pathogens CL-4 Todd Mitchell, Senior mechanical specialist  on 2.0: Occurrence - Incident Description (basic details on 2.0: Occurrence - Incident Description of an individual to a hupathogen or toxin, select from the following AND indicate (ii) incidents apply, then continue to 2.2 below:  Exposure (may cause disease - see definition at top of 1 Lab acquired infection - suspected  Lab acquired infection - confirmed	on what, who that apply for solution (if any of is coage 1)	ere, when, etc. th r 2.1 (I) and/or 2.1 (d. check both incide i) Indicate other inc NOT involved), sek Inadvertent rele Inadvertent proc Missing human p Other, specify:	e incident occurred) ii) below) int types in (i) and (ii) below cident type below (if (i) exposure/diseasect from the following then skip to 2.3): ase of a human pathogen or toxin duction of a human pathogen or toxin bathogen or toxin C1-4 Autoclave cycle failure tals for both [i] and (ii, if applicable) below)
CRIPTION	Catherine Robertson SES, Investigator Jim Strong Special Pathogens PI Lisa Fernando Biologist, Special pathogens CL-4 Jay Krishnan SES, Biosafety Officer Allen Grolia Biolgist, special pathogens CL-4 Todd Mitchell, Senior mechanical specialist on 2.0: Occurrence - Incident Description (basic details of the course of the co	on what, who that apply for sal(s) occurrer man (li f any of is coage 1)  f affected inc incident (i.e.	ere, when, etc. th r 2.1 (I) and/or 2.1 ( d, check both incide i NOT involved), sele Inadvertent rele Inadvertent pro Missing human p Other, specify:	e incident occurred) ii) below int types in (i) and (ii) below ident type below (if (i) exposure/diseasect from the following then skip to 2.3): ase of a human pathogen or toxin duction of a human pathogen or toxin bathogen or toxin  C1-4 Autoclave cycle failure tals for both [i) and (ii, if applicable) below) exposures/LAIs)
OCCURENCE - INCIDENT DESCRIPTION	Catherine Robertson SES, Investigator Jim Strong Special Pathogens PI Lisa Fernando Biologist, Special pathogens CL-4 Jay Krishnan SES, Biosafety Officer Allen Grolia Biolgist, special pathogens CL-4 Todd Mitchell, Senior mechanical specialist  on 2.0: Occurrence - Incident Description (basic details of the course of the c	on what, who that apply for sal(s) occurrer man (li f any of is coage 1)  f affected inc incident (i.e.	ere, when, etc. the r 2.1 (i) and/or 2.1 (d, check both incide i) Indicate other incide i) Indicate other incide i) Indicate other incide i) Inadvertent production in Missing human production in Mis	e incident occurred)  ii) below) int types in (i) and (ii) below  cident type below (if (i) exposure/diseasect from the following then skip to 2.3): ase of a human pathogen or toxin duction of a human pathogen or toxin bathogen or toxin  C1-4 Autoclave cycle failure  tals for both [i) and (ii, if applicable) below): exposures/LAIs)
CRIPTION	Catherine Robertson SES, Investigator Jim Strong Special Pathogens PI Lisa Fernando Biologist, Special pathogens CL-4 Jay Krishnan SES, Biosafety Officer Allen Grolia Biolgist, special pathogens CL-4 Todd Mitchell, Senior mechanical specialist  on 2.0: Occurrence - Incident Description (basic details of the course of the c	on what, who that apply for solution (ill fany of is page 1)  f affected indincident (i.e. spread) has descendary cases	ere, when, etc. the r 2.1 (I) and/or 2.1 (d, check both incide i) Indicate other incide i) Indicate other incide i) Indicate other incide i) Inadvertent production in Missing human production in Mis	e incident occurred)  ii) below) int types in (i) and (ii) below  cident type below (if (i) exposure/disease  cct from the following then skip to 2.3): ase of a human pathogen or toxin  duction of a human pathogen or toxin  cathogen or toxin  C1-4 Autoclave cycle failure  tals for both (i) and (ii, if applicable) below).  exposures/LAIs)  de number of lab or community contacts  mber of secondary cases in

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	2.3 (i) - Select the occurrence type that best characterizes the incident:						
	Equipment-related						
OCCURENCE - INCIDENT DESCRIPTION (continued)	2.3 (ii) - Select the main activity that best describes the work being undertaken during the incident:						
	Other, describe in brief description below						
<u>5</u>	2.3 (iii) - <u>Briefly</u> describe the incident (if necessary, more detail can be provi	ded in th	ne Additional Notes at the end of this form).				
<u>8</u>	Carcasses were being autoclaved for disposal. Autoclave failed to complete servicing the outer jacket.	e runTh	nere was a steam leak from the cooling tank				
F	servering the dater planet.						
S							
Ę	.'		•				
Ē	2.4 - Indicate/describe the location where the incident occurred:						
ž	National Microbiology Laboratory CI-4 Autoclave room						
NCE.							
URE							
ŏ	2.5 - Is the date and/or time the incident occurred known?	2.5	() No→ Go to 2.6				
	2.6 - Date the incident occurred: 2.7 - Time the incident occurred:	2.8 - 0	ate incident <u>first reported</u> to internal authority:				
	13-May-2015 HH:mm	13-May	<i>r</i> -2015				
_			·				
	2.9 - Is the biological agent involved in the Incident known?	to 2.10	No → Go to 2.13 (iii)				
	2.10 Colombia HINTO Caladada a hada a						
	2.10 - Select the HPTA Schedule to which the biological agent belongs:		2.11 (i) - Select the type of biological agent:				
ENT	2.11 (ii) - If "Other" type of biological agent was selected, describe below:		· · · · · · · · · · · · · · · · · · ·				
IL AG	,						
BIOLOGICAL AGENT	7 40 (%) (1) (%)		<u> </u>				
000	2.12 (i) - Identify the specific biological agent (genus, species): 2.12 (ii)	- Specif	y sub-type, strain, etc. if known:				
•							
	2.12 (iii) - If the specific biological agent (genus, species) is not known, exp	plain:					
	•						
	· · ·						
	C Vac provide furth		e la 3 31 balous				
	2.13 - Was decontamination/disinfection performed, C Yes, provide furth using processes and methods in accordance with 6. No. decontaminal						
	applicable standards and guidelines?						
S	No, Other, explain in 2.21 below why not done or not done per standards						
DECONTAMINATION	2.14 Additional details (decontamination/disinfection details where done OR explain why not done If and as required, etc.)						
M	Leak was from cooling tank servicing the jacket of the autoclave and not from inside the chamber. Ebola infected carcasses were in the autoclave chamber, but since this was NOT opened there was no release or risk of exposure. The equipment failure occurred						
) N	outside the containment zone. Section 2.9–2.12 does not apply since there	was no	involvement with a biological agent.				
DEC							
	NOTE: was not required → Go to 2.22 (There is no section 2.22)						
	2.15 - Did/will any of the affected person(s) travel outside of the province/	territary	in the days/weeks following exposure or onset				
	of illness?						
			·				
Æ							
TRAVEL	2.16 - If any affected person(s) have travel outside of the province/territory	in the d	lays/weeks following exposure or onset of				
•-	illness, indicate if travel did/will occur during the known incubation period suspected or confirmed LAI)	(expose	d persons) or infectious period (persons with				

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The received the received provide personal	names or personal identifying information on affect	cted persons anywhere on this form.
Affected Person 1	Affected Person 2	Affected Person 3
3.1 (i) - Indicate exposure or illness/ disease status at the time of this report	3.1 (ii) - Indicate exposure or illness/ disease status at the time of this report	3.1 (iii) - Indicate exposure or illness/ disease status at the time of this report
3.2 (i) - Primary route of exposure	3.2 (ii) - Primary route of exposure	3.2 (iii) - Primary route of exposure
3.3 (i) - if Unknown/Other route of exposure, explain :	3.3 (ii) - If Unknown/Other route of exposure, explain :	3.3 (iii) - If Unknown/Other route of exposure, explain :
3.4 (i) - Indicate onset of symptomatic illness/presentation	3.4 (ii) - Indicate onset of symptomatic illness/presentation	3.4 (iii) - Indicate onset of symptomatic illness/presentation
3.5 (i) - Onset Date: Check if unknown	3.5 (ii) - Onset Date: Check if unknown	3.5 (iii) - Onset Date: Check if unknown
3.6 (i) - Indicate all the immediate and/ or early post-exposure interventions, i.e. those administered within 0-7 days of the known/suspected exposure incident? (Check all that apply)  first-aid administered immediately after the exposure occupational health consultation within 0-7 days of the exposure medical consultation within 0-7 days of the exposure post-exposure prophylaxis (PEP) within 0-7 days of the exposure drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure Not applicable Other, describe below:	3.6 (ii) - Indicate all the immediate and/ or early post-exposure interventions, i.e. those administered within 0-7 days of the known/suspected exposure incident? (Check all that apply)  first-aid administered immediately after the exposure occupational health consultation within 0-7 days of the exposure medical consultation within 0-7 days of the exposure post-exposure prophylaxis (PEP) within 0-7 days of the exposure drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure Not applicable Other, describe below:	3.6 (iii)- Indicate all the Immediate and/ or early post-exposure interventions, f. those administered within 0-7 days of th known/suspected exposure incident? (Check all that apply)  first-ald administered immediately after the exposure occupational health consultation within 0-7 days of the exposure medical consultation within 0-7 days of the exposure of the exposure prophylaxis (PEP) within 0-7 days of the exposure drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure Not applicable Other, describe below:
3.7 (i) - Indicate all of the later post- exposure interventions i.e. those, administered more than 7 days after the exposure incident? (Check all that apply) occupational health consultation > 7 days after the exposure medical consultation > 7 days after the exposure   post-exposure prophylaxis (PEP) > 7 days after the exposure   drug treatment (antibiotic, antiviral, antifungal, etc.) > 7 days after the   Not applicable   Other, describe below:	a.7 (II) - Indicate all of the later post- exposure interventions i.e. those administered more than 7 days after the exposure incident? (Check all that apply) occupational health consultation > 7 days after the exposure medical consultation > 7 days after the exposure post-exposure prophylaxis (PEP) > 7 days after the exposure drug treatment (antibiotic, antiviral, antifungal, etc.) > 7 days after the Other, describe below:	3.7 (iii) - Indicate all of the later post-exposure interventions i.e. those administered more than 7 days after the exposure incident? (Check all that apply occupational health consultation > 7 days after the exposure medical consultation > 7 days after the exposure the exposure post-exposure prophylaxis (PEP) > 7 days after the exposure drug treatment (antibiotic, antiviral, antifungal, etc.) > 7 days after the Not applicable Other, describe below:
3.8 (i) - Illness Outcome	3.8 (ii) - Illness Outcome	3.8 (iii) - Illness Outcome
3.9 (i) - If recovered, indicate the recovery time	3.9 (ii) - If recovered, indicate the recovery time	3.9 (III) - If recovered, indicate the

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### Incident investigation

Section 4.0: Affected Person(s) - Laboral	pry experience and role each person exposed/infer	cted:						
If more than three affected pers	ons, please request <u>Additional Affected Persons Form</u> from exp	pasure-exposition@phac-aspo.gc.ca						
Affected Person 1								
4.1 (i) • What is the affected persor highest completed level of educatio		4.1 (i) - What is the affected person's highest completed level of education?						
Indicate this person's laboratory experience in years								
4.2 (i) - What is the affected person laboratory qualifications or regular in the laboratory/facility?		4.2 (i) - What is the affected person's laboratory qualifications or regular role in the laboratory/facility?						
Affected Person 1  4.1 (i) - What is the affected person highest completed level of education to the laboratory experience in years  4.2 (i) - What is the affected person laboratory experience in years  4.2 (i) - What is the affected person laboratory qualifications or regular in the laboratory/facility?  4.3 (i) - If "Other" or no laboratory qualifications explain below:	4.3 (i) - If "Other" or no laboratory qualifications explain below:	4.3 (i) - If "Other" or no laboratory qualifications explain below:						
	al (this section and beyond pertains to the o	warall incloses						
<del></del> ,		· ·						
Inote this scale applies broadly, consi	ng lowest and 5 being highest), the actual or pote lering the risk/impact to the individual, other staff ect the most appropriate level of severity for the i	AND nublic health: see examples						
1= Negligible, minimal risk for disease o	nd no risk to public health;	0						
4= Major high risk of severe disease/de	sk to public health; <u>and/or m</u> aderate risk ta public health (limited spreac th <u>and/or</u> significant public health impact (communi ise <u>AND</u> severe public health impact (severe epidemi	ty spread/outbreak/fatalities):						
	ng lowest and 5 being highest), the likelihood of re							
indicated above.								
Where 1= Rare, incident will probably 4= Likely to happen again but not a p	never recur; 2= Unlikely, not expected to recur; 3= ersistent circumstance; 5= Almost Certain, will und	Possible, may recur occasionally;						
5.3 - Automatically Calculated, Mult (Value of 5.1) x (Value of 5.2) =	5.3 - Automatically Calculated. Multiplying 5.1 and 5.2 results in the risk rating of the occurrence (Value of 5.1) x (Value of 5.2) = (Value of 5.3)							
5.4 - Was the actual severity less tha	the potential severity (i.e. was there a potential	for the incident to have been more severe)?						
Yes → Go to 5.5		on't know → Go to Section 6.0						
5.5 - If the actual severity was less than the potential severity, indicate what safeguards prevented a more severe (check all that apply for 4.5i; 4.5ii and 4.5iii below)								
apply for 4.5i; 4.5ii and 4.5iii below)  5.5.i Engineering Controls:  Automation or computerizat  Design of facilities and equip containers, sealed biological Forcing function and constra								
Automation or computerizat	Automation or computerization - use of devices or systems removed people from error prone or high risk activities							
Design of facilities and equip	ment - use of design features (ventilation, biosafet	cy cabinets, engineered sharps, sharps						
Eorcing function and constra	vaste containers, sealable centrifuge cups, etc.) rec	duced error, exposure/extent of hazard						
exposure/contact with the ha	Forcing function and constraints - physical/design barriers prevented errors or reduced the amount, potency or extent of exposure/contact with the hazard							
Standards/SOPs, policies, rul guidance such as Biosafety M	n of tools and/or processes - use of standardized severity or duration of the hazard/exposure es, electronic procedures, drop-down menus - avalanuals, Pathogen Safety Sheets, Laboratory notebochecks - pop up reminders, verification sign-offs, th the hazard	ailability and required/reinforced use of books etc. reduced error/hazard						
Human observation (astute a	5.5.iii - Individual Controls (Human Action/Individual last line of defence):  Human observation (astute staff, monitoring, early, appropriate response - individual awareness, strict adherence to procedures/rules and other administrative controls prevented errors or reduced contact/exposure to the hazard							
Personal Protective Equipme prevented or reduced contact	nt - use of individual physical barriers (lab coat, elo	oves, eye protection, face shield, etc}						

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- (	5.1 - What is the current status of the investigation?
- -	Not yet started → Go to 6.3
	6.2 - Have the root causes of the incident been established by the investigation?
	Unknown root causes: Investigation in process → Go to 5.3
Ī	6.3 - Explain why the investigation has not begun OR describe investigative activities to date:
li	(NOTE: The numbering in 6.2 should direct to 6.3 and not 5.3)  have determined that the steam leak was from the cooling tank and not the chamber of the autoclave
ľ	The water in the tank overheated. They are investigating the cause of this overheating and have suggested a blocked or faulty
- 1	valve.  19th May. did not return todayinvestigation still ongoing.
	20th May update. Investigation completed
: 0	ause Analysis (Questions 6.4- 6.10) - Identify root causes of all causal factors for the incident in the sections/sub-sections belo
1	5.4.i - Were there standards, policies, procedures or other expected practice documents that guided the work/activities related the incident (these may include SOPs, requirements, written guides, instructions, rules and checklists)?
-	$C \text{ Yes} \rightarrow \text{Go to 6.4.ii}$ $C \text{ No} \rightarrow \text{Go to 6.5.i}$ $C \text{ N/A} \rightarrow \text{Go to 6.5.i}$
•	i.4.ii - If yes, check all that apply
	The standards, policies, procedures or other expected practice documents that guided work:  were known but not followed
	were not followed because they were not known by the user
	were not followed correctly (followed as written, but may have been confusing, not detailed enough or unclear, etc.)
	were followed but were not correct for the task (contained wrong information or inadequate to address the situation)
	Were not in place but should have been in place (the nature of the beauty wound to be a street of the street of the street of the beauty wound to be a street of the stree
	were not in place but should have been in place (the nature of the hazard warrants written direction)  6.4.iil - <u>If a Risk Group 3</u> , Risk <u>Group 4 or Security Sensitive Biological Agent</u> was involved in the incident, provide more detail or explanation below:
	6.4.iil - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or
6	6.4.iil - <u>If a Risk Group 3, Risk <b>Group 4 o</b>r Securit<b>y Sensitive Biological Agent</b> was involved in the incident, provide more detail or explanation below:</u>
•	6.4.iii - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.1 - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforceme efers to facility-driven enforcement)?  C Yes → Go to 6.5.ii C No → Go to 6.6.1
	6.4.iil - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.I - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforceme efers to facility-driven enforcement)?  C: Yes → Go to 6.5.ii
•	6.4.iii - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.I - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforceme efers to facility-driven enforcement)?  C: Yes → Go to 6.5.ii
•	6.4.iii - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.1 - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforceme efers to facility-driven enforcement)?  ○ Yes → Go to 6.5.ii ○ No → Go to 6.6.1 ② N/A → Go to 6.6.i  6.5.ii - If yes, check all that apply:  □ No supervision of work related to the incident as/when there should have been □ Improvement needed re: supervision of work related to the incident
6	6.4.iii - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.I - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforcementers to facility-driven enforcement)?  ☐ Yes → Go to 6.5.ii ☐ No → Go to 6.6.1  6.5.Ii - If yes, check all that apply:  ☐ No supervision of work related to the incident as/when there should have been ☐ Improvement needed re: supervision of work related to the incident ☐ No auditing, evaluation, or enforcement re: USE of standards, policies or procedures or other documents
6	6.4.iii - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.1 - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforceme efers to facility-driven enforcement)?  ○ Yes → Go to 6.5.ii ○ No → Go to 6.6.1 ② N/A → Go to 6.6.i  6.5.ii - If yes, check all that apply:  □ No supervision of work related to the incident as/when there should have been □ Improvement needed re: supervision of work related to the incident
6	6.4.iil - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.1 - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforceme efers to facility-driven enforcement)?  (a) Yes → Go to 6.5.ii  (b) No → Go to 6.6.1  (c) N/A → Go to 6.6.i  6.5.ii - If yes, check all that apply:  (a) No supervision of work related to the incident as/when there should have been [amprovement needed re: supervision of work related to the incident [and the incident content as a supervision of work related to the incident [and the incident content as a supervision of work related to the incident [and the incident content as a supervision of work related to the incident [and the incident content
•	6.4.iii - If a Risk Group 3. Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.1 - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforceme efers to facility-driven enforcement)?  ∴ Yas → Go to 6.5.ii
6	6.4.iii - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.1 - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforceme efers to facility-driven enforcement)?  Yes → Go to 6.5.ii No → Go to 6.6.1 N/A → Go to 6.6.i  6.5.ii - If yes, check all that apply:  No supervision of work related to the incident as/when there should have been Improvement needed re: supervision of work related to the incident No auditing, evaluation, or enforcement re: USE of standards, policies or procedures or other documents Improvement needed on auditing, evaluation, or enforcement re: USE of standards, policies, procedures etc.  Training needs improvement re: auditing, evaluation, or enforcement  Preparation needs improvement (e.g., walk-through, job planning, pre-work briefing) for activities related to the incident human factors need improvement (e.g., recognition of fatigue, impairment, work load, state of mind, team selection)
6.	6.4.iii - if a Risk Group 3. Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.I - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforceme efers to facility-driven enforcement)?  (a) Yes → Go to 6.5.ii (b) No → Go to 6.6.I (c) N/A → Go to 6.5.i  6.5.Ii - if yes, check all that apply:  (a) No supervision of work related to the incident as/when there should have been (improvement needed re: supervision of work related to the incident (c) No auditing, evaluation, or enforcement re: USE of standards, policies or procedures or other documents (c) Improvement needed on auditing, evaluation, or enforcement re: USE of standards, policies, procedures etc. (c) Training lacks auditing, evaluation, or enforcement (c) Training needs improvement re: auditing, evaluation, or enforcement (c) Preparation needs Improvement (e.g., walk-through, job planning, pre-work briefing) for activities related to the incider Human factors need improvement (e.g., recognition of fatigue, impairment, work load, state of mind, team selection) (c) Risk assessment prior to work was not done
6	6.4.iii - if a Risk Group 3. Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.1 - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforceme efers to facility-driven enforcement)?  ○ Yes → Go to 6.5.ii ○ No → Go to 6.6.1 ◎ N/A → Go to 6.5.i  6.5.II - if yes, check all that apply:  ○ No supervision of work related to the incident as/when there should have been ○ Improvement needed re: supervision of work related to the incident ○ No auditing, evaluation, or enforcement re: USE of standards, policies or procedures or other documents ○ Improvement needed on auditing, evaluation, or enforcement re: USE of standards, policies, procedures etc. ○ Training lacks auditing, evaluation, or enforcement ○ Training needs improvement re: auditing, evaluation, or enforcement ○ Preparation needs Improvement (e.g., walk-through, job planning, pre-work briefing) for activities related to the incider ○ Human factors need improvement (e.g., recognition of fatigue, impairment, work load, state of mind, team selection) ○ Risk assessment prior to work was not done ○ Risk assessment conducted prior to the work needs improvement
6	6.4.iil - if a Risk Group 3. Risk Group 4 or Security Sensitive Biological Agent was involved in the Incident, provide more detail or explanation below:  6.5.I - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforcement effers to facility-driven enforcement)?  C Yes → Go to 6.5.ii  No → Go to 6.6.I  N/A → Go to 6.6.i  6.5.II - if yes, check all that apply:  No supervision of work related to the incident as/when there should have been improvement needed re: supervision of work related to the incident  No auditing, evaluation, or enforcement re: USE of standards, policies or procedures or other documents improvement needed on auditing, evaluation, or enforcement re: USE of standards, policies, procedures etc.  Training lacks auditing, evaluation, or enforcement  Training needs improvement re: auditing, evaluation, or enforcement  Preparation needs Improvement (e.g., walk-through, job planning, pre-work briefing) for activities related to the inciden Human factors need improvement (e.g., recognition of fatigue, impairment, work load, state of mind, team selection)
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Communication occurred but was unclear, ambiguous, misunderstood, incorrect or not detailed enough		For the second s
Department   Dep		
There was no training for the task related to the incident   Training was inageropriate and willing interest to support adequate understanding   Appropriate and willing into training was appliable, but not completed   Staff was not qualified on profiled in training was appliable, but not completed   Staff was not qualified on profiled in the incident in the incident, provide more detail or explanation below:    6.7.1 - Were there communication factors directly related to the occurrence?   Yes — Go to 5.7.1   No — Go to 5.8.1   No — Go to 5.9.1   No — Go to		
Training was inagerordate or insufficient to support adequate understanding   Appropriate and sufficient training was papilable, but not completed   Appropriate and sufficient training was papilable, but not completed   Appropriate and sufficient training was papilable, but not completed   Appropriate and sufficient training was papilable, but not completed   Appropriate and sufficient training was papilable, but not completed   Appropriate and sufficient training was papilable, but not completed   Appropriate and sufficient training was papilable, but not completed   Appropriate and sufficient training was papilable, but not completed   Appropriate and sufficient training was papilable, but not completed   Appropriate and sufficient training was papilable, but not completed   Appropriate and sufficient training was papilable, but not completed   Appropriate and sufficient training was papilable, but not completed   Appropriate and sufficient training was papilable, but not completed   Appropriate and sufficient training was papilable, but not completed   Appropriate and sufficient training was papilable, but not complete   Appropriate and sufficient training was papilable, but not complete   Appropriate and sufficient training was papilable, but not completed   Appropriate and sufficient training was papilable, but not completed   Appropriate and sufficient training was papilable   Appropriate and sufficient training was papilable, but not complete   Appropriate and sufficient training was papilable, but not complete   Appropriate and sufficient training was papilable of sufficient and sufficient training was papilable and sufficient t		
Appropriate and sufficient training was available, but not completed		
Staff was not qualified or proficient in performing the task related to the incident	(5	
S.J.I - Were there communication factors directly related to the occurrence?	Ž	
S.J.I. Were there communication factors directly related to the occurrence?	TRAI	
N/A → Go to 6.8.1   N/A → Go to 6.9.1   N/A	-	explanation below;
N/A → Go to 6.8.1   N/A → Go to 6.9.1   N/A		
N/A → Go to 6.8.1		
N/A → Go to 6.8.1   N/A → Go to 6.9.1   N/A		
N/A → Go to 6.8.1   N/A → Go to 6.9.1   N/A		
N/A → Go to 6.8.1		5.7 i . 18/ava thous communication for a sufficient surface.
S.7.ii   f yes, check all that apply:		1
There is no method or system for communication   No communication occurred but should have   Communication occurred but was unclear, ambiguous, misunderstood, incorrect or not detailed enough		
No communication occurred but should have   Communication occurred but was unclear, ambiguous, misunderstood, incorrect or not detailed enough		
6.8.i - Were there equipment factors that may directly relate to the occurrence?  (** Yes → Go to 6.8.ii	NO.	
6.8.i - Were there equipment factors that may directly relate to the occurrence?  (** Yes → Go to 6.8.ii	Z	(1 <del>-</del>
6.8.i - Were there equipment factors that may directly relate to the occurrence?  © Yes → Go to 6.8.ii	JC.N.	Communication occurred but was unclear, ambiguous, misunderstood, incorrect or not detailed enough
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No - Go to 6.9.i   C N/A - Go to 6.9.i   G.8.ii - If yes, check all that apply:   The equipment design needs improvement (e.g. design does not meet specifications, specifications inadequate, etc.)   Equipment was not properly maintained (e.g. equipment not maintained to manufacturer or facility standards, etc.)   Equipment maintenance needs improvement (e.g. maintenance meets specifications but equipment still failed)   Equipment used was not fit for purpose (e.g. equipment is being used beyond intended/recommended use)   Quality control was not done (e.g. calibration, validation or testing was not done as/when it should have been)   Quality control needs improvement (e.g. calibration, validation, testing done to accepted standards but still failed)	ŏ	explanation below:
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No - Go to 6.9.i   C N/A - Go to 6.10.i   C N/A - Go to 6.		
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No→ Go to 6.10.i		
Operation (a) Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:    N/A → Go to 6.10.i		6.9.i - Was there human interaction or human factors related to work demands or the work environment that directly related to
6.9.ii - If yes, check all that apply Improvement needed with respect to:  The labelling, placement, operation, displays or other functions of tools/equipment in the work environment Environmental factors within in the work area (e.g., temperature, obstructions, clutter, distractions/noise, surfaces, lighting, etc.) Workload constraints, pressures or other demands (constraints/demands interfered with staff capability in managing tasks)  6.9.iii If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:		The incident?  C Yes → Go to 6.9.ii C No → Go to 6.10.i  N/A → Go to 6.10.i
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The suit water supply to the autociave, Please see explanation in 5.8iii	Ę	explanation below:
		was was uncovered in the suit water supply to the autoclave, Please see explanation in 6.8iii
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	6.10.i - Were there any other factors related to the Incident?	
	Yes → Go to 6.10.II	ion 7.0 ○ N/A → Go to Section 7.0
OTHER FACTORS	<b>6.10.ii</b> - If <u>other factors</u> were involved, provide more detail or explanation is lssue with water softeners causing zeolite being discharged from softener at on the supply side of the pressure reducing valve serving the CL-4 autoclave	long with the water. Zeolite beads blocked the screen
Sectio	n 7.0: Outcome	
	7.1 - Based on your investigation and root causes described above, indicate completion date for each. If more room is needed, use Additional Notes sect	any corrective actions to be taken and the target
	Corrective Action Planned or Taken	Implementation Date
NOT:	Facility has redundant water softeners. Soft water system is currently being served by the redundant softener.	13/mai/2015
CORRECTIVE ACTION	Replacement of internal component of faulty water softener system.	2 <del>6</del> /mai/2015
COR	Purchase of third water softener to increase redundancy and serviceability.	31/mars/2016
	4.	
	7.2 - Has management been informed of this incident? • Yes	○ No or unknown, explain below
MANAGEMENT	Please see 6.10 above  7.3 - Have there been similar <u>previous</u> occurrences at your location in the part of the pa	
	•	(2 ) TT TT (3) (3) (10 CT (11 CT (
	7.4 - Were corrective actions specified to address one or more <u>previous</u> occ	2 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
IRENCES	7.5 - Were corrective actions taken to address one or more previous occurre	ences? C Yes → Go to 7.6 C No → Go to 7.6
PREVIOUS OCCURRE	7.6 - Describe the corrective actions taken to address the <u>previous</u> occurren specified and/or taken.	ces, OR explain why corrective actions were NOT
	7.7 - Based on your <u>current</u> investigation, what components of your biosafe reduce the likelihood of future occurrences of this incident? Check all that a	ty program management system could be improved to
IMPROVEMENTS	Procedures, Protocols and SOPs Mana, Standards and Policies Equipm	gement system and/or oversight ment factors n interaction or human factors
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	essence of the incident with respect to what specifically happened (e.g. "Lab technician got needle stick containing <i>E. coli</i> sample" or "beaker containing <i>Salmonella</i> was knocked over onto desk").
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ı	PHAC - CENTRE FOR BIOSECURITY NOTES
	[시하면 한국의 발발 요리 강력을 하늘 경기를 하는 것이라고 되었다. 그는 그를 모르는 것이다.
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	[25] 보이 되는 살 보면 보면 되었다. 그렇게 되었다. 그 사람들은 사람들이 되었다. 그리는 얼마를 받는다.
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	되어 나는 그는 사람들이 하는 것이 되었다는 것이 되었다는 것이 되었다. 경우 그리고 사용하게 한 시간에 있는데 그는 보이스를 통해보고 보는 것이다. [20] [20] 사람들이 1941년 전 1951년 대한 보내 발표를 함께 1985년 대한 기계 전 1985년 대한 사람들은 그 나는 사용을 하게 1981년 대한 대학 기계
	RECEIVED BY PHAC (NAME: FIRST, FAST)
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Document Released Under the Access to Incident Reporting System (IRS) / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé publique du Canada

**Utilization Report** 

Incident ID:

891

Date:

2015-05-24

Time:

9:38

Review Team:

Sherisse Lavineway, Dean Johannson, Les Wittmeier, Kelly Keith

Incident:

Failure of Steam Pressure Sensor on Liquid Biowaste Cooker PHAC

### Incident Description:

A steam pressure sensor failed during a cook cycle on a liquid biowaste cooker causing a minor leak on to the floor (less than one litre). Staff were notified by an alarm from the system and investigated immediately. No satff were working in the area at the time of the leak and no one was exposed. The faulty sensor has been replaced. The room where the leak occurred is containable to CL3 within inward directional airflow, HEPA filterd exhaust, and epoxy coated survaces. The risk associated wth this incident is considered negligible.

### Incident Communication Responses

### People:

Individual -	1
Other People -	1
Environment:	-
Internal to CSCHAH -	1
External to CSCHAH -	1
Property:	-
Within CSCHAH -	1
External to CSCHAH -	1
Social/Psychological:	_
Individual -	. 1
Community -	1
Opinion:	1
Individual -	1
Community -	1

### Communication Complete as of:

2017-08-31

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# Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

Finar降

Type of report / New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / Other / Autre

Employer's name and mailing address / Nom et adresse postale de l'employeur:

Genre de situation :

Other - Specify I potential contamination of personal belongings and risk to health

Autre - Préciser :

On Thursday, June 4, 2015,

### Employer Information / Information de l'employeur

Région et Province	Dîrection générale		Direction		Division	
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	ASPC-PCMI					
Building Immeuble	Postal Locator Localisateur posta			al code postal	Telephone number Numéro de téléphone	
Other / Autres Specify / Préciser :745 Logan Ave, Wpg, MB			R3E	E 3L5 ·		
Site of hazardous occurrence Lieu de la situation comportant des risqu	jes			ddress dresse		
JCWIDRC			745 Logan	Ave. Wpg, I	мв	
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ				Weather ns météorologiques		
2015-06-02						
Witnesses Témoins				pervisor's na n du surveilla		
Description of what happened / Descrip On the afternoon of Tuesday, June 2, 2 stored in -80 C freezer. During these tes tubes containing frozen biosafety level 2 cellphone was used to photograph samp	015, sks, 2 samples ble i.d. nu	were ), but mbers for cata	handled the personal o aloging.	e exterior of eliphone wh	and organising biosafe three cryoboxes (boxe ille wearing the same p	es which hold 2 mL air of gloves. The
		eliphone agai nfectant (unkn			ncerned about the possi	ible contamination
On Wednesday, June 3, 2015, was concerned about the possit with an emergency room physician who health officer.			y pathogen:	s from the c	ospital's emergency dep allphone to face. workplace occupati	. consulted

the incident on June 2, 2015 and the emergency room physician's recommendation. A meeting was then arranged with the

boxes had been disinfected prior to handling, no containers were opened, no other events occurred to cause contamination, no

Supervisor to formally report the Incident.
Supervisor. Risk to

other containers were handled, there was no open wounds or areas of abraded skin.

informed the OSH representative and Technician (who assigned the original task) about

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concerns were addressed by the Safety

was considered negligible due to fact that all tubes and

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After investigation, factors 1, This led to Increasing cond 2, not followed and those tha 3.	ern	Risk of materia The OSH incid	ent reporting procedur e concern did not addi	protect individuals was not communicated res outlined in the Orientation session were ress the situation thoroughly. tronic devices internal policies were not
adhered to.				
4.		V	vere unsupervised and	er giving initial broad instructions.
Was there any property dar No / Non Injured Individual's Info			·	·
*Injured employee's name /				
Nom de l'employé blessé:				
Birth date YYYY-MM-DD Date de naissance AAAA-MM-JJ	Age Âge	Sex Sexe	Occupation Profession	Years of experience in occupation No. d'années d'expérience dans profession

Description of Injury / Description de la blessure:

\* Nature of Injury / Nature de la lésion:

Other - Specify / Autres - Préciser

\* Other: no injury, near miss

\* Part of Body / Partie du corps: No Injuries / Aucune Blessures

\* Event or Exposure / Évenement ou exposition:

Other - Specify / Autres - Préciser

\* Other: no injury

### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant 'HC-SC/GC/CA

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Other - Specify / Autres - Préciser

\* Other: After investigation, factors that led to this incident included:

Risk of material handled and ways to protect individuals was not communicated. This ted to increasing concern by the

2. The OSH incident reporting procedures outlined in the Orientation session were not followed and those that heard the mention possible concern did not address the situation thoroughly.

The no camera and no personal electronic devices internal policies were not adhered to.

were unsupervised after giving initial broad instructions.

\* Source of injury / Origine de la blessure:

Protective equipment / Équipement de protection

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence?/

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

No / Non

Yes / Oui

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<sup>\*</sup> Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:

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1) will review the general lab safety training presentation slides, as presented by SES on May 7, 2015. Particular items to review are no cell phones in lab area and when gloves are to be used.

2) Read the draft protocol about using gloves in the freezer room Protocol was borrowed from the meeting hosted by SES about the biorepository room at JC Wilt

3) Borrow or purchase a digital camera specific for lab use.

4) and the storing samples in a freezer.

then do hands-on work with the freezer supervised by a technician before working unsupervised.

5) ensure all personnel have read pathogen safety datasheet for organisms handled and also have trainer from lab explain risks and appropriate methods of protection

6) ensure all personnel have read SES-MA011 JCWIDRC CL2 Operational Manual

7) create a checklist or reference document that lists all required training and items for orientation for all new visitors, students and staff.

\* Date employer will implement / Date de leur mise en œuvre:

YYYY-MM-DD / AAAA-MM-JJ

Date: 2015-06-30

Supplementary preventive measures / Autres mesures de prévention:

* Name of person investigating Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
			2015-06-24

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<sup>\*</sup> Specify / Préciser: Preventative measures after the investigation included:

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> Page: 48 of/de 247 A2017000048

# Incident Reporting System (IRS) Released Under the Access to Information Act by the Public Health Agency of

Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé

publique du Canada

**Utilization Report** 

Incident ID:

895

Date:

2015-06-07

Time:

9:25

Review Team:

Laura Douglas, Laura Landry, Kelly Keith

Incident:

PHAC/NML CL3 Laboratory entered its fail-safe mode due to air pressure

fluctuations

### Incident Description:

A PHAC/NML CL3 Laboratory entered its fail-safe mode while experiencing pressure fluctuations. The laboratory was returned to normal operating conditions by on-site staff and monitored.

### **Incident Communication Responses**

People:	
Individual -	1
Other People -	· 1
Environment:	-
Internal to CSCHAH -	1
External to CSCHAH -	1
Property:	
Within CSCHAH -	1
External to CSCHAH -	1
Social/Psychological:	~
Individual -	1
Community -	1
Opinion:	
Individual -	1
Community -	1

### Communication Complete as of:

2017-08-31

Page: 49 of/de 247 A2017000048

### Incident Reporting System (IRS) Act by the Public Health Agency of

Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé

publique du Canada

**Utilization Report** 

Incident ID:

896

Date:

2015-06-25

Time:

10:26

Review Team:

Rick Holmes, Laura Landry, Kelly Keith

Incident:

CSCHAH/PHAC CL3 Unscheduled Air System Shutdown due to a Power Bump

### Incident Description:

An air system shut down due to a power bump. This resulted in the labs transitioning into a fail-safe condition as designed. Although the lab was occupied and some bio-safety cabinets were in use at the time of the occurrence, staff in these rooms were wearing respiratory protection and all applicable procedures were followed to maintain containment and safety. The air system and associated rooms were quickly reset and resumed normal operation.

### Incident Communication Responses

People:	
Individual -	1
Other People -	1
Environment:	_
Internal to CSCHAH -	1
External to CSCHAH -	1
Property:	
Within CSCHAH -	1
External to CSCHAH -	1
Social/Psychological:	_
Individual -	1
Community -	í
Opinion:	Ţ
Individual -	1
Community -	1

### Communication Complete as of:

2017-08-31

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ATIA-16(2)(c) ATIA - 19(1)

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### Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

Finar® -

Type of report /

New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / Other / Autre

Genre de situation :

\* Other - Specify / Near Miss

Autre - Préciser :

#### Employer Information / Information de l'employeur

* Region & Province Région et Province	Dire	* Branch ection générale		torate ction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	PH	AC-IDPC / SPC-PCMI		ML	
Building Immeuble		stal Locator isateur postal		ıl code postal	Telephone number Numéro de téléphone
1015 Arlington / 1015 Arlington			R3E	3R2	
Site of hazardous occurrence Lieu de la situation comportant des risqu	les		Ac	ldress iresse ngton Stree	ıt
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ 2015-06-22	Time of hazardous occurrence Heure de la situation comportant des risques 10:00 AM нн:мм		Conditio	Weather ns météorologiques	
Witnesses Témoins	* Supervisor's name Nom du surveillant				

Description of what happened / Description des circonstances:

While working with Infectious materials in the BSC the employee noticed that the magnahelic gauge was at zero. The employee phoned SES to report and ceased work in the BSC.

SES noted that nothing was out of range by external montoring. It was later determined that the motor had siezed. As the electrical current was still runing throught the motor, there was no alarm.

Containment services explained that product integrity may have been compromised, but personnal protection was intact.

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

#### Injured Individual's Information / Information de l'individu accidenté \*Injured employee's name / Nom de l'employé blessé: Birth date Sex Occupation Years of experience in YYYY-MM-DD Äge Sexe Profession occupation Date de naissance No. d'années d'expérience AAAA-MM-JJ dans profession

Description of injury / Description de la blessure:

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- \* Nature of Injury / Nature de la lésion: No injuries / Aucune blessures
- \* Part of Body / Partie du corps: No Injuries / Aucune Blessures
- \* Event or Exposure / Évenement ou exposition: Other - Specify / Autres - Préciser
  - \* Other: No Injuries/ Aucune Blessures

#### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Other - Specify / Autres - Préciser

- \* Other: No particular reason for the cause of this incident. It was a "one off" where the employee failed to check the mag guage on the BSC and fill our the BSC users form which requires the mag reading to be recorded, prior to starting work. There was no indication of extensive workload etc.
- \* Source of Injury / Origine de la blessure:

Other - Specify / Autres - Préciser

\* Other: No Injuries/ Aucune Blessures

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence? /

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

Yes / Qui

- \* Specify / Préciser: Yes. Employee was trained accordenly.
- \* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:

Yes / Oui

- \* Specify / Préciser: Employee reminded to check reading and complete documentation before commencing work. Laboratory manager has reminded staff that work in CL3, in person, to check BSC mag guages before starting work in the hood. This information will be brought up at a future laboratory for all staff within the department.
- \* Date employer will implement / Date de leur mise en œuvre:

YYYY-MM-DD / AAAA-MM-JJ

Date: 2015-06-23

Supplementary preventive measures / Autres mesures de prévention:

Ensure staff are reminded to keep an eye on the BSC mag guages while working in biosafety hoods.

* Name of person investigating Nom de la personne faisant	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
l'enquête		THE THE SECOND S	
			2015-06-24

#### Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Committee member's or representative's Title	Telephone Number	Date YYYY-MM-DD
Titre du membre du comité ou de représentant	Numéro de téléphone	Date AAAA-MM-JJ

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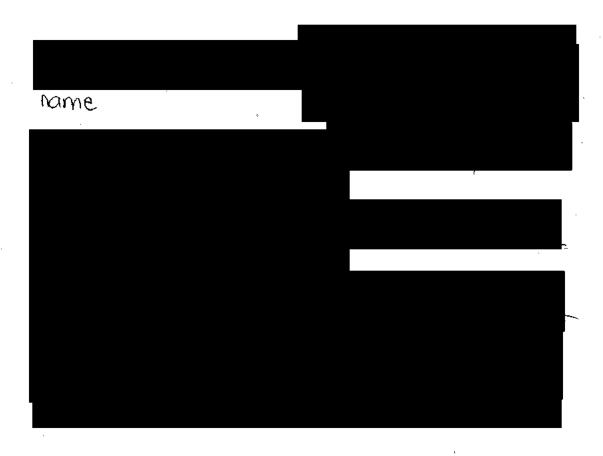
Document Released Under the Access to Information Act by the Public Health Agency of Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé publique du Canada

\* Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant:
I have read this report and discussed the incident with management and the individual involved. The corrective measures are

2015-06-24

appropriate. The BSC motor was replaced and is now operational.

Incident was presented to OSH committee on July 16. No further follow up required.



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### Incident Reporting System (IRS) Released Under the Access to Act by the Public Health Agency of

**Utilization Report** 

Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé

publique du Canada

Incident ID:

898

Date:

2015-07-22

Time:

12:00

Review Team:

Catherine Robertson, Sherisse Lavineway, Lisa Fernando, Darwyn Kobassa, Kelly

Keith

Incident:

Steam leak from PHAC CL4 Autoclave

#### Incident Description:

On the morning of July 22, a staff member started an autoclave run containing a load of burgundy coloured scrubs. A short time later, another staff member noticed a small pool of water on the floor on the clean area/side of the autoclave (external to the lab). The pink dye in the water suggested that the water had come from inside the chamber containing the scrubs. As the scrubs are worn under a positive pressure buosafety suit in CL4, they are not exposed to any infectious materials and are sterilized in an autoclave after use as a precaution.

It was determined that the autoclave had completed 37 minutes of a 1 hour cycle at 121 degrees celcius. Although this was enough for stablization (15 minutes is the required minimum), as a precaution, staff donned personal protective equipment (PPE) before cleaning-up the water on the floor and the load of scrubs was returned to the CL4 slab for re-autoclaving. "Once the area was cleaned, the contracted repair technicians entered and determined that the source of the leak was a brittle drain gasket. The autoclave is currently being repaired. The ongoing investigation is expected to identify recommendations to avoid this type of occurrence in the future.

### **Incident Communication Responses**

### People: Individual -

O# D 1	
Other People -	1
Environment:	
Internal to CSCHAH -	1
External to CSCHAH -	1
Property:	
Within CSCHAH -	1
External to CSCHAH -	ĩ
Social/Psychological:	
Individual -	1
Community -	
Opinion:	1
Individual -	1
Community -	1

#### Communication Complete as of:

2017-08-31

Page: 54 of/de 247 A2017000048 ATIA-16(2)(c) **ATIA - 19(1)** 

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ublique du Canada

### Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

Finar@

Type of report /

New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / Minor Injuries / Blessures Mineurs

Genre de situation :

Employer Information / Information de l'employeur

* Region & Province		* Branch		torate	Division
Région et Province	Dire	ction générale	Dire	ction	+
Manitoba & Saskatchewan / Manitoba et Saskatchewari - Manitoba / Manitoba		AC-IDPC / PC-PCMI	· N	ML	ř
Bullding	Poś	tal Locator	Posta	l code	Telephone number
Immeuble .	Locali	sateur postal	Code	postal	Numéro de téléphone
1015 Arlington / 1015 Arlington			R3E	3R2	
Site of hazardous occurrence Lieu de la situation comportant des risqu	es			dress Iresse	
	·	-	1015 A	rlington St	•
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ		f hazardous occ le la situation co des risques	mportant	Conditi	Weather ons météorologiques
Haddea WWW-IMINESS		11:00 AM HH:MI	M [		•
2015-07-06					
Witnesses Témoins				ervisor's n	

Description of what happened / Description des circonstances:

While wearing gloves, disinfectant (2N NaOH) came into contact with right forearm. Was working in the CL-3 lab. Was not noticed, so wasn't washed off immediately. 72 hours later, a 1 inch x 1.5 Inch red area appeared. Skin was not broken. Employee to check with nurse (if available). Will follow up with physician or clinic should condition worsen. Wound will be covered if working in lab.

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

#### Injured Individual's Information / Information de l'individu accidenté \*Injured employee's name / Nom de l'employé blessé: Sex Birth date Occupation Years of experience in Âge YYYY-MM-DD Sexe Profession occupation Date de naissance No. d'années d'expérience AAAA-MM-JJ dans profession

Description of injury / Description de la blessure:

\* Nature of Injury / Nature de la lésion: Burns / Brûlures

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\* Part of Body / Partie du corps:

Arm / Bras

\* Arm: Affected Side / Bras: Côté Affecté: Right / Droit

\* Event or Exposure / Évenement ou exposition:

Other - Specify / Autres - Préciser \* Other: chemical burn

Did death occur as a result of the injury? Est-ce que la mort s'en est suivie suite à cet accident?

Did the worker receive health care? Le travailleur a-t-il reçu des soins médicaux? No / Non

Workers' Compensation Information /Information de la Commission des accidents du travail

Health Care / Soins Médicaux

Name and address of doctor/practitioner or medical facility / Le Nom et l'adresse du médicin/practiclen ou de l'établissement de solns:

Claim Information / Renseignements sur l'indemnisation

Sick leave without pay / No / Non Congé de maladie non payé:

Paid sick leave / No / Non Congé de maladie payé:

Date covered / Indiquer les dates: YYYY-MM-DD / AAAA-MM-JJ

Absent From/Du

To/Au

Number of lost days / Nombre de jours perdus:

### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Other - Specify / Autres - Préciser

\* Other: Accidental exposure to corrosive disinfectant (2N NaOH). Reccommended PPE was used.

\* Source of Injury / Origine de la blessure:

Chemicals and chemical products / Produits chimiques

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

- \* Specify / Préciser. Chemcail training was covered in SOPs and employee training.
- \* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:
- \* Specify / Préciser: Employee was advised to use long sleeved gloves while cleaning up chemical disinfectant,

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Date: 2015-07-17

Supplementary preventive measures / Autres measures de prévention: investigate use of long sleeve lab coats or jackets over scrubs in CL3 laboratory. Investigate use of extended cuff gloves,

* Name of person investigating Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
(O) regarde			2014-07-10

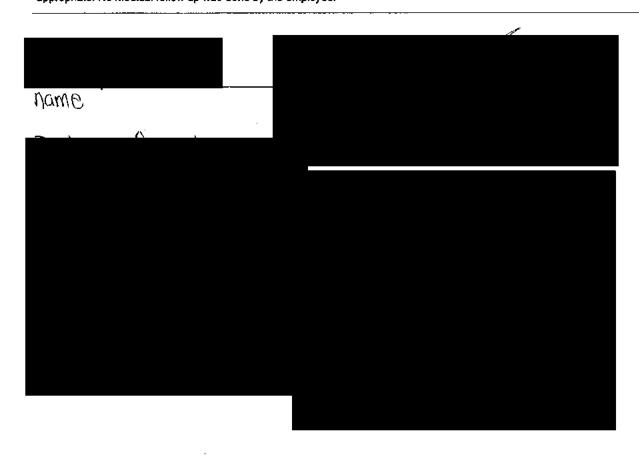
### Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Committee member's or representative's Title	Telephone Number	Date YYYY-MM-DD
Titre du membre du comité ou de représentant	Numéro de téléphone	Date AAAA-MM-JJ
		2015-07-10

Safety and health committee's or representative's comments /
 Observations du comité de sécurité et de santé ou de représentant:

 I have read this report and discussed the incident with management and the employee involved. The preventive measures are appropriate. No medical follow up was done by the employee.



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<sup>\*</sup> Date employer will implement / Date de leur mise en oeuvre: YYYY-MM-DD / AAAA-MM-JJ

1503

**Incident Report Form** 

Canada / Document divulgué en vertu de la Loi súr l'accès à l'information par l'Agence de la santé publique du Canada MoGn.

Document Released Under the Access to Information Act by the Public Health Agency of

Incident: 9/ip + Fall on stairs	Accountable Individual:
After coming into the comin, slipped and slipped and building's west staircase Left forearm was injury	PRIFS (VoG) building from the fell on the stairs in the ded (bruised and swelled up shoes were wet and low grips
Signed:	Dated: July 15 2015
Action	s Undertaken
Incident was reviewed a HOIR, WSIB Form 7 all fill Corrective actions taken b stoars, and will - Sought medical attent	ed with appropriate sarries. Tob informed of lowgrip wear higher grip shoes
Signed:	Date: July 15 2015
Persons Informed:  July 15,	Date: by 14,2015 2015
Hoir	

FRM-073-00

Incident Report Form

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Page; 58 of/de 247 A2017000048

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### **Incident Report Form**

Incident:	15-04	Y 1 3 1 1	Accountable
		Indívidual:	5.0grand
See attached:			
run all autocla		The mechanical failure	n of adequate steam generation to could not have been predicted. As
Amy notified	me directly to indic	cate that 2 Attests were no	t completed for 2 autoclaves.
Signed:	StorA		Dated: 15-07-03
	-	Actions Undertaken	
		d obtained contracted serv on Tuesday July 7, 2015.	vice to repair the boilers.
Attests were o	completed for all aut	toclaves between July 7 a	nd 10,
Signed:	1.7mA		15/07/67 Date:
Persons Info	rmed:	,	Date:
LFZ-Guelph A	All staff; including I	Lab Staff—July 3,6,7.	
		·	

FRM-073-00

Formulaire de rapport d=incident

ATIA-16(2)(c) ATIA - 20(1)(c)

Document Released Under the Access to Information Act by the Public Health Agency of Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé publique du Canada

### Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

Draf 🖎

Type of report / New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / Other / Autre

Genre de situation :

\* Other - Specify / Low level risk of exposure to infectious agent

Autre - Préciser :

#### Employer Information / Information de l'employeur

Employer's name and mailing address / Nom et adresse postale de l'employeur: \* Branch Division Region & Province Directorate Région et Province Direction Direction générale PHAC-IDPC / Manitoba & Saskatchewan / Manitoba **NML** ASPC-PCMI et Saskatchewan - Manitoba / Manitoba Building Postal Locator Postal code Telephone number Immeuble Code postal Numéro de téléphone Localisateur postal 1015 Arlington / 1015 Arlington **R3E3R3** Site of hazardous occurrence Address Lieu de la situation comportant des risques Adresse 1015 Arlington St Time of hazardous occurrence Weather Date of hazardous occurrence Heure de la situation comportant Conditions météorologiques YYYY-MM-DD des risques Date de la situation comportant des risques AAAA-MM-JJ 03:00 РМ нн:мм 2015-07-17 Witnesses \* Supervisor's name Témoins Nom du surveillant

Description of what happened / Description des circonstances: On the afternoon of Friday, July 17th, an employee delivered envelope with plastic waybill sleeve) containing improperly packaged Risk Group 2 infectious materials to an NML laboratory. The package was not shipped according to appropriate TDG regulations and there was no indication on the package that it contained infectious materials. The package was shipped to the NML from a colleague in South America. Prior to the shipment, the colleague was sent the import permits and they were instructed to follow appropriate shipping procedures. The package received contained samples sent on dry filter papers, wrapped in foil (no plastic bag or secondary containment was used) and the accompanying shipping documentation. The shipping of bacterial cultures on filter papers is not a method used or recommended by the receiving lab. The package was transported to the laboratory from the shipping/receiving area without the use of a plastic bin and employee was not wearing gloves to handle the paperwork or material. The package and paperwork was handed to the lab employee (not wearing gloves) and explained the conditions of the shipment and then left the lab. The lab employee placed the parcel and documentation on the bench, washed their hands and assessed the risk of handling the package. The employee went down lto obtain more information about how the package was sent and to ensure that employee was taking precautions by washing hands. The lab employee was informed that the paperwork was in direct contact with the samples in the envelope (not previously understood). The lab employee returned to the lab and found that another employee who was not in the room at the time the parcel was delivered handled the paperwork and placed the envelope containing the samples in the fridge. The employee was informed that the paperwork may have been contaminated and was asked to thoroughly wash their hands. All of the shipping materials, samples and paperwork were place in a plastic bag, marked the bag as infectious materials and were stored in the fridge. The bench that the samples were placed on in the lab was disinfected. The lab employee informed their supervisor of the incident. The supervisor called SES and both the employee and supervisor met with the BSO to discuss the situation. It was determined that the risk of exposure for all three employees in contact with the shipping paperwork or materials was very low.

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Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

#### Injured Individual's Information / Information de l'individu accidenté

\*injured employee's name / Nom de l'employé blessé:

Birth date YYYY-MM-DD Date de naissance AAAA-MM-JJ	Age Åge	Sex Sexe	Occupation Profession	Years of experience in occupation No. d'années d'expérience dans profession

Description of injury / Description de la blessure:

\* Nature of Injury / Nature de la lésion: No injuries / Aucune blessures

\* Part of Body / Partie du corps: Other - Specify / Autres - Préciser \* Other: No injury

\* Event or Exposure / Évenement ou exposition:

Other - Specify / Autres - Préciser

\* Other: Potential exposure to infectious agent

#### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Other - Specify / Autres - Préciser

\* Other: Improper packaging of shipping material and delivery to lab

\* Source of Injury / Origine de la blessure:

Other - Specify / Autres - Préciser

\* Other: no injury

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence?

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

No / Non

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:

- \* Specify / Préciser: 1. Review the MED-SR-003 Specimen Receiving and Distribution for the National Microbiology Laboratory SOP. Clarify the procedure for handling unusual packages, particularly if they are of international origin. Open all highly unusual packages in the BSC and wear the appropriate PPE. Ensure that the program area is contacted when an unusual package is received and have them assess the risk in the Specimen receiving area. Consult with the BSO, as necessary. Ensure that a secondary container is used when samples are delivered to the program areas.
- 2. SES to send out email notification to the NML and in This Week at NML. Ask that the program areas notify Specimen Receiving of impending shipments from clients/colleagues that do not regularly send samples to the lab. Provide links/location to existing training information/documentation that can be sent to clients/colleagues to assist in the proper shipping of samples/materials to the lab. Training info can be made available on the Mix drive for all labs to access, as necessary.
- 3. NML program areas to ensure that their clients/colleagues are shipping samples appropriately to the facility. Provide

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educational materials and if need be, provide shipping materials (packaging, documentation, labels, etc...). Prior to shipment, confirm shipping date and approximate receiving date, obtain tracking number for shipment and provide this number to Specimen Receiving.

4. Following receipt, the program area must ensure that infectious substances are appropriately identified, labelled and secured.

\* Date employer will implement / Date de leur mise en oeuvre:

YYYY-MM-DD / AAAA-MM-JJ

Date: 2016-04-08

Supplementary preventive measures / Autres mesures de prévention:

* Name of person investigating Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ	2016-01-06
			2015-07-21	
			<del></del>	<u> </u>

Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name

Nom du membre du comité de sécurité et santé ou de représentant

[Committee member's or representative's Title Telephone N

Telephone Number Numéro de téléphone Date YYYY-MM-DD Date AAAA-MM-JJ

2015-12-08

\* Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant:
Comments that I provided have already been incorporated into the Corrective measures stated above, implementation or triese action items will undoubtedly reduce the potential for similar incidents and contribute to greater workplace safety.

Finalised 2016-03-29 2016-03-29 follow up email to manager

Titre du membre du comité ou de représentant



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### Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

Fina 🖎

Type of report / New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / First Aid / Premiers Soins

Genre de situation :

### Employer Information / Information de l'employeur

* Region & Province Région et Province	Dire	*Branch ction générale		torate ction	Divîsion	
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba		AC-IDPC / PC-PCMI				
Building Immeuble		tal Locator sateur postal		l cođe postal	Telephone number Numéro de téléphone	
Other / Autres Specify / Préciser :JoWilt Infectious Diseases Research Centre			R3E	:3L5		
Site of hazardous occurrence Lieu de la situation comportant des risques		Address es Adresse				
	745 Logan Ave					
		e of hazardous occurrence e de la situation comportant des risques  Weather  Conditions météorologiques				
		12:00 РМ нн:мм		n/a		
2015-07-20		-				
Witnesses Témoins				ervisor's na du surveil!		
•						

Description of what happened / Description des circonstances:

was working in the biosafety cabinet diluting some HIV peptide for future ELISPOT assays. The material/media consisted of: RPMI media, Dimethyl sulfoxide, phorbol 12-myristate 13-acetate/ionomycin (pma/iono), and lyophilized HIV-1 Nef peptides. This is non infectious work with negligible risk associated with it. After finishing, while I was taking off gloves, it was noticed some bleeding on one of the knuckles of right hand. The glove was not compromised. Once the gloves were removed, the hands were washed with warm water and soap. There was a small nick in the skin between the knuckles. This was covered with adhesive bandages. Gloves were checked later and no punctures were detected. It is likely that there was a scratch on the skin prior to beginning work and putting on gloves that wasn't noticed and while working in the BSC hood the gloves gradually rubbed against the scratched area making it bleed. The BSC had been cleaned thoroughly as per normal BSC preparation prior

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

ured employee's name / im de l'employé blessé:				
Birth date YYYY-MM-DD Date de naissance AAAA-MM-JJ	Age Åge	Sex Sexe	Occupation Profession	Years of experience in occupation No. d'années d'expérience dans profession

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Description of injury / Description de la blessure:

\* Nature of Injury / Nature de la lésion:

Cut - laceration - puncture / Coupure - lacération - perforation

Other - Specify / Autres - Préciser

\* Other: preexisting small cut that opened during the use of nitrile gloves

\* Part of Body / Partie du corps:

Hand / Main

\* Hand: Affected Side / Main: Côté Affecté: Right / Droit

\* Event or Exposure / Evenement ou exposition:

Other - Specify / Autres - Préciser

\* Other: sweaty hand, rubbing of glove over small cut

#### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Other - Specify / Autres - Préciser

\* Other: pre-existing injury that wasn't addressed

\* Source of Injury / Origine de la blessure:

Health Condition / Condition médicale

Protective equipment / Équipement de protection

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence? /

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

No / Non

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:

Yes / Oui

\* Specify / Préciser: Personnel will be reminded to be aware of skin abrasions

\* Date employer will implement / Date de leur mise en œuvre:

YYYY-MM-DD / AAAA-MM-JJ

Date: 2015-07-30

Supplementary preventive measures / Autres mesures de prévention:

* Name of person investigating Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
			2015-08-10

Page: 64 of/de 247 A2017000048 ATIA-16(2)(c) ATIA - 19(1)

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Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

Finar@

Type of report / New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / Other / Autre

Genre de situation :

\* Other - Specify /

Autre - Préciser :

Discovery of

### Employer Information / Information de l'employeur

Region & Province Région et Province	Dìre	* Branch ection générale	Direct Direc	torate ction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba		PHAC-IDPC / NML ASPC-PCMI		/L	
Building Immeuble		stal Locator sateur postal		l code postal	Telephone number Numéro de téléphone
1015 Arlington / 1015 Arlington	F	R3E3R2	R3E	3R2	
Sité of hazardous occurrence Lieu de la situation comportant des risqu	ies		Ad	dress resse naton Stre	net
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ		Time of hazardous occurrence leure de la situation comportant des risques  03:00 PM HH:MM Overcast / Ennuage			Weather ions météorologiques
2015-07-28					
Witnesses Témoins				ervisor(s n du survell	

Description of what happened / Description des circonstances:

An agar plate that was used to culture TB was found on the ground in a space within the containment level 3 lab that does not require respirator use. The plate was dated from June 2014 and had dried up.

The plate had originally been sealed using a plate seal, but had, at some point, been crushed causing the plastic to break. The staff member who identified the plate called over a more experienced staff member, they donned their respirators and soaked the affected area with disinfectant and proceeded to clean the area as one would a biological spill. Risk of exposure was low,

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

#### Injured Individual's Information / Information de l'individu accidenté \*Injured employee's name / Nom de l'employé blessé: Birth date Age Sex Occupation Years of experience in YYYY-MM-DD Âğe Sexe occupation Profession Date de naissance No. d'années d'expérience AAAA-MM-JJ dans profession

Description of injury / Description de la blessure;

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ATIA-16(2)(c)
ATIA - 19(1)

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- \* Nature of Injury / Nature de la lésion: No injuries / Aucune blessures
- \* Part of Body / Partie du corps: No Injuries / Aucune Blessures
- \* Event or Exposure / Évenement ou exposition: Other - Specify / Autres - Préciser
  - \* Other: Potential exposure to Mycobacterium tuberculosis

#### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Human error / erreur humaine

\* Source of Injury / Origine de la blessure:

Other - Specify / Autres - Préciser

\* Other: No injury

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence? /

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

Yes / Oui

\* Specify / Préciser: Biological spill training, departmental training.

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:

Yes / Oui

\* Specify / Préciser. will pursue placing the bench top CO2 incubator that houses TB cultures in a breakout room where secondary PPE is worn.

In the mean time, plates are being stored in the walk-in incubator where PPE are worn. Plates will be stored in secondary containers to prevent them being knocked off of shelves.

There will now be a weekly visual inspection of areas that are not cleaned by the cleaning staff.

Cultures are being tracked using LIMS. A missing plate would now be identified much more quickly through culture tracking.

\* Date employer will implement / Date de leur mise en oeuvre:

YYYY-MM-DD / AAAA-MM-JJ

Date: 2015-08-04

Supplementary preventive measures / Autres mesures de prévention: Please see above.

* Name of person investigating	Title	Telephone Number	Date YYYY-MM-DD
Nom de la personne faisant	Titre	Numéro de téléphone	Date AAAA-MM-JJ
l'enquête			
			2015-07-29
<u> </u>			

### Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Committee member's or representative's Title	Telephone Number	. Date YYYY-MM-DD
Titre du membre du comité ou de représentant	Numéro de téléphone	Date AAAA-MM-JJ
		<u>.</u>

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2015-08-07

\* Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant:
This incident was reviewed and reported to the OSH committee at the August 7th meeting. No follow up was requested by the committee.
Further investigation and follow up will be preformed by SES.

Signature name

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# Incident Reporting System (IRS) Canada

### **Utilization Report**

Incident ID:

899

Date:

2015-07-28

Time:

15:00

Review Team:

Laura Landry, Sherisse Lavineway, Catherine Robertson

Incident:

Potential Exposure to CL3 agent - PHAC

#### incident Description:

On July 28, 2015, an employee in a PHAC containment level 3 (CL3) laboratory was working in an area of the CL3 suit that does not require respiratory protection when a crocked plastic agar plate (petre dish) that was set up for culture of Mycobaterium (the case of tuberculosis) was discovered on the ground under some equipment. These plates are manipulated in a room that requires respiratory protection, at that time they would then be sealed and moved to an incubator which is located in an area not requiring respiratory protection.

### **Incident Communication Responses**

People:	
Individual -	2
Other People -	1
Environment:	^
Internal to CSCHAH -	1
External to CSCHAH -	1
Property:	
Within CSCHAH -	1
External to CSCHAH -	1
Social/Psychological:	_
Individual -	1
Community -	1
Opinion:	
Individual -	1
Community -	2
•	_

### Communication Complete as of:

2017-08-31

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### Incident Investigation and Reporting Form

The purpose of this tool is to help you to:

- Establish the facts surrounding the incident, including:
  - What precisely happened, and how
  - When and where the incident occurred
  - Why the incident occurred
- Look for improvements in existing systems and processes
- Formulate recommendations and a corrective action plan
- Share lessons learned within your organization

#### EXPOSURE INCIDENT DEFINITION:

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.

Canadian Biosafety Standards and Guidelines,  $\mathbf{1}^{\text{St}}$  ed.

ion 1.0: Administrative Information	44 5		1-2-2-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-					
19 - Mal Thirthium in the Beach - Stemmer	1.1 - Date Repo 29-Jul-2015	rt Created:	1.2 - Date Revised (if applicable):					
Siconceriolica estavi	1.3 - <u>H revised</u> , (	indicate the reas	on for the update to an earlier report					
1.4 Please indicate the laboratory containment level:	C CL2	C: CL3	© CL4					
1.5 How would you describe the sector/primary area o	**	***	· .					
Academic (University, Veterinary College, College, CEGEP, High School, etc.)  Public Health - Government (F/P/T/Municipal)								
Private Industry/Business (Animal Health, Human Health) Pharmaceutical, Food Industry, Pathagen or Toxin distribu	Environmen	nt - Government (F/P/T/Municipal)						
Hospital (Academic-offiliated, non-academic affiliated)	,	_	'Animal Health - Gov't (F/P/T/Municipal) emment (F/P/T/Municipal)					
Select the size of the facility/institution (based on the	approximate number	of laboratory sta	aff/students working in the facility):					
Large (greater than 150 staff)								
1.6 - Reporter's contact Information (provide contact	dataila faceles associ							
Reporter's Name: (First, Last): Catherine Robertson	details for the persor	making the rep	ort;					
Reporter's Email: catherine.robertson@ph	ISC-SSNE PE ES							
Reporter's Telephone: 204-789-6079	- O3PG-Be-CO		<del>-</del> -					
1.7 - Reporter's role in the incident								
Not involved/did not witness occurrence; informed following occurrence  1.8 - Investigational team members and roles (provide first and last name and role on investigation team for each team member)								
1.8 - Investigational team members and roles (provide	first and last name o	and role on invest	tigation team for each team member)					
1.8 - Investigational team members and roles (provide Catherine Robertson, Investigation and reporting Sherisse Lavineway, Clean up and Investigation Lisa Fernando, Special pathogens, investigation	first and last name o	and role on invest	tigation team for each team member)					
Catherine Robertson, Investigation and reporting Sherisse Lavineway, Clean up and investigation								
Catherine Robertson, Investigation and reporting Sherisse Lavineway, Clean up and Investigation Lisa Fernando, Special pathogens, investigation clion 2.0: Occurrence - Incident Description (basic det 2.1 Indicate the type(s) of incident that occurred (cher	ails on what, where	e, when, etc. th	e incident occurred}					
Catherine Robertson, Investigation and reporting Sherisse Lavineway, Clean up and Investigation Lisa Fernando, Special pathogens, investigation clion 2.0: Occurrence - Incident Description (basic det 2.1 Indicate the type(s) of incident that occurred (chee i.e. if an inadvertent release AND exposure of an individual to	ails on what, where the all that apply for 2. dividual(s) occurred, a a human (ii) li	e, when, etc. th 1 (i) and/or 2.1 ( theck both incide ndicate other inc	e incident occurred} ii) below} nt types in (i) and (ii) below iident type below (iif (i) exposure/diseasu					
Catherine Robertson, Investigation and reporting Sherisse Lavineway, Clean up and Investigation Lisa Fernando, Special pathogens, investigation clion 2.0: Occurrence - Incident Description (basic det la lindicate the type(s) of incident that occurred (chee i.e. if an inadvertent release AND exposure of an incidents involving exposure of an individual to pathogen or toxin, select from the following AND individuals incidents apply, then continue to 2.2 below:	tails on what, where the all that apply for 2. dividual(s) occurred, if a human (ii) in the cate if any of	e, when, etc. th 1 (i) and/or 2.1 ( theck both incide indicate other in OT involved), sele	e incident occurred} ii) below} nt types in (i) and (ii) below cident type below (if (i) exposure/disease ect from the following then skip to 2.3):					
Catherine Robertson, Investigation and reporting Sherisse Lavineway, Clean up and Investigation Lisa Fernando, Special pathogens, investigation clion 2.0: Occurrence - Incident Description (basic det i.e. if an inadvertent release AND exposure of an incidents involving exposure of an individual to pathogen or toxin, select from the following AND individual.	ails on what, where  ck all that apply for 2.  dividual(s) occurred, e  a human (ii) li  cate if any of is No	e, when, etc. th 1 (i) and/or 2.1 (check both incidendicate other incommendicate other), selections when the control of the co	e incident occurred)  ii) below) int types in (i) and (ii) below  iident type below (if (i) exposure/diseasuect from the following then skip to 2.3):  ase of a human pathogen or toxin					
Catherine Robertson, Investigation and reporting Sherisse Lavineway, Clean up and investigation Lisa Fernando, Special pathogens, investigation  2.0: Occurrence - Incident Description (basic det  2.1 Indicate the type(s) of incident that occurred (chee i.e. if an inadvertent release AND exposure of an individual to pathogen or toxin, select from the following AND indiciti) incidents apply, then continue to 2.2 below:  Exposure (may cause disease - see definition at to  Lab acquired infection - suspected	tails on what, where the all that apply for 2. dividual(s) occurred, if a human (ii) licate if any of Security p of page 1)	e, when, etc. th 1 (i) and/or 2.1 ( theck both incide ndicate other inc or involved), seld Inadvertent rele Inadvertent prod	e incident occurred)  ii) below)  iit types in (i) and (ii) below  iident type below (if (i) exposure/disease  ect from the following then skip to 2.3):  ase of a human pathogen or toxin  duction of a human pathogen or toxin					
Catherine Robertson, Investigation and reporting Sherisse Lavineway, Clean up and investigation Lisa Fernando, Special pathogens, investigation  2.0: Occurrence - Incident Description (basic det  2.1 Indicate the type(s) of incident that occurred (chee i.e. if an inadvertent release AND exposure of an individual to pathogen or toxin, select from the following AND individuals incidents apply, then continue to 2.2 below:  Exposure (may cause disease - see definition at to	tails on what, where the all that apply for 2. dividual(s) occurred, is a human (ii) li cate if any of is No p of page 1)	e, when, etc. th 1 (i) and/or 2.1 ( theck both incide ndicate other inc or involved), seld Inadvertent rele Inadvertent prod	e incident occurred)  ii) below) int types in (i) and (ii) below  iident type below (if (i) exposure/diseasuect from the following then skip to 2.3):  ase of a human pathogen or toxin					
Catherine Robertson, Investigation and reporting Sherisse Lavineway, Clean up and investigation Lisa Fernando, Special pathogens, investigation  2.0: Occurrence - Incident Description (basic det indicate the type(s) of incident that occurred (chee i.e. if an inadvertent release AND exposure of an individual to pathogen or toxin, select from the following AND indiciti) incidents apply, then continue to 2.2 below:  Exposure (may cause disease - see definition at to Lab acquired infection - suspected	tails on what, where the all that apply for 2. dividual(s) occurred, is a human (ii) li cate if any of is No p of page 1)	e, when, etc. th 1 (i) and/or 2.1 (theck both incide indicate other inc or involved), sele inadvertent rele inadvertent prod Missing human p Other, specify:	e incident occurred)  ii) below}  nt types in (i) and (ii) below  iident type below (if (i) exposure/disease  ect from the following then skip to 2.3):  ase of a human pathogen or toxin  duction of a human pathogen or toxin					
Catherine Robertson, Investigation and reporting Sherisse Lavineway, Clean up and Investigation Lisa Fernando, Special pathogens, investigation ion 2.0: Occurrence - Incident Description (basic det 2.1 Indicate the type(s) of incident that occurred (chee i.e. if an inadvertent release AND exposure of an individual to pathogen or toxin, select from the following AND indiciti) incidents apply, then continue to 2.2 below:  Exposure (may cause disease - see definition at to Lab acquired infection - suspected  Lab acquired infection - confirmed	ails on what, where the all that apply for 2. dividual(s) occurred, if a human (ii) licate if any of is No p of page 1)	e, when, etc. th 1 (i) and/or 2.1 ( theck both incide ndicate other inc or involved), self Inadvertent rele Inadvertent prod Missing human p Other, specify:	e incident occurred}  ii) below} int types in (i) and (ii) below  cident type below (if (i) exposure/disease ect from the following then skip to 2.3): ase of a human pathogen or toxin duction of a human pathogen or toxin eathogen or toxin  Steam Leak from CL-4 autoclave					
Catherine Robertson, Investigation and reporting Sherisse Lavineway, Clean up and investigation Lisa Fernando, Special pathogens, investigation  ion 2.0: Occurrence - Incident Description (basic det 2.1 Indicate the type(s) of incident that occurred (cheile. if an inadvertent release AND exposure of an individual to pathogen or toxin, select from the following AND indicition incidents apply, then continue to 2.2 below:  Exposure (may cause disease - see definition at to Lab acquired infection - suspected  Lab acquired infection - confirmed	tails on what, where the all that apply for 2. dividual(s) occurred, is a human (ii) licate if any of is No p of page 1)	e, when, etc. th 1 (i) and/or 2.1 ( theck both incide indicate other inc OT involved), sele Inadvertent rele Inadvertent proo Missing human p Other, specify:	e incident occurred)  ii) below) Int types in (i) and (ii) below  cident type below (if (i) exposure/disease  ect from the following then skip to 2.3):  ase of a human pathogen or toxin  duction of a human pathogen or toxin  pathogen or toxin  Steam Leak from CL-4 autoclave  tals for both (i) and (ii, if applicable) below):					
Catherine Robertson, Investigation and reporting Sherisse Lavineway, Clean up and Investigation Lisa Fernando, Special pathogens, investigation clion 2.0: Occurrence - Incident Description (basic det i.e. if an inadvertent release AND exposure of an individual to pathogen or toxin, select from the following AND indicition incidents apply, then continue to 2.2 below:  Exposure (may cause disease - see definition at to Lab acquired infection - suspected  Lab acquired infection - confirmed	ails on what, where the all that apply for 2. dividual(s) occurred, a a human (ii) licate if any of Section Se	e, when, etc. th 1 (i) and/or 2.1 ( check both incide ndicate other inc OT involved), sele Inadvertent rele Inadvertent proc Missing human p Other, specify: iduals (provide to	e incident occurred}  ii) below} int types in (i) and (ii) below  iident type below (if (i) exposure/disease ect from the following then skip to 2.3): ase of a human pathogen or toxin duction of a human pathogen or toxin bathogen or toxin  Steam Leak from CL-4 autoclave  tals for both (i) and (ii, if applicable) below): exposures/LAIs) 0					
Catherine Robertson, Investigation and reporting Sherisse Lavineway, Clean up and Investigation Lisa Fernando, Special pathogens, investigation climateria Fernando, Special pathogens, investigation 2.0: Occurrence - Incident Description (basic det 2.1 Indicate the type(s) of incident that occurred (cheille, i.e. if an inadvertent release AND exposure of an individual to pathogen or toxin, select from the following AND indicition incidents apply, then continue to 2.2 below:  Exposure (may cause disease - see definition at to Lab acquired infection - suspected Lab acquired infection - confirmed  2.2 For exposure/LAI incidents, Indicate the total number of Individuals exposed/infected during (ii) Indicate if any secondary transmission (person-to-per	ails on what, where the all that apply for 2. dividual(s) occurred, a a human (ii) licate if any of Section Se	e, when, etc. th 1 (i) and/or 2.1 ( theck both incide indicate other inc of involved), sele Inadvertent rele Inadvertent proc Missing human p Other, specify: iduals (provide to imber of primary turred and provic	e incident occurred)  ii) below) Int types in (i) and (ii) below  ident type below (if (i) exposure/disease  cot from the following then skip to 2.3): ase of a human pathogen or toxin  duction of a human pathogen or toxin  pathogen or toxin  Steam Leak from CL-4 autoclave  tals for both (i) and (ii, if applicable) below): exposures/LAIs)  It number of lab or community contacts:  mber of secondary cases in					
Catherine Robertson, Investigation and reporting Sherisse Lavineway, Clean up and Investigation Lisa Fernando, Special pathogens, investigation climateria Fernando, Special pathogens, investigation 2.0: Occurrence - Incident Description (basic det 2.1 Indicate the type(s) of incident that occurred (cheille, i.e. if an inadvertent release AND exposure of an individual to pathogen or toxin, select from the following AND indicition incidents apply, then continue to 2.2 below:  Exposure (may cause disease - see definition at to Lab acquired infection - suspected Lab acquired infection - confirmed  2.2 For exposure/LAI incidents, Indicate the total number of Individuals exposed/infected during (ii) Indicate if any secondary transmission (person-to-per	tails on what, where the all that apply for 2. dividual(s) occurred, if a human (ii) licate if any of is No p of page 1)  ber of affected indiving the incident (i.e. nuesson spread) has occurred of secondary cases	e, when, etc. th 1 (i) and/or 2.1 ( theck both incide indicate other inc of involved), sele Inadvertent rele Inadvertent proc Missing human p Other, specify: iduals (provide to imber of primary turred and provic	e incident occurred)  ii) below} Int types in (i) and (ii) below  sident type below (if (i) exposure/disease ect from the following then skip to 2.3): ase of a human pathogen or toxin duction of a human pathogen or toxin bathogen or toxin  Steam Leak from CL-4 autoclave  tals for both (i) and (ii, if applicable) below): exposures/LAIs) 0					

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	2.3 (i) - Select the occurrence type that best characterizes the incident:							
	Equipment-related							
효	2.3 (ii) - Select the majn activity that best describes the work being undertaken during the Incident:							
tinue	Other, describe in brief description below							
(com	2.3 (iii) - Briefly describe the incident (if necessary, more detail can be provided)	led in the	Additional Notes at the end of this form).					
Š	Steam leak from autoclave during a cycle to autoclave scrubs. Pool of wate occurred appx 37 minutes in to the run at 121 degrees C	r seen on	the floor of the clean autoclave room. Leak					
Ē	(Normal procedure is 60 minutes at 121 degrees C							
Ŝ								
NTD								
CIDE	2.4 - Indicate/describe the location where the incident occurred within the	facility:						
<u> </u>	Clean side of autoclave in CL-4 suite							
OCCURENCE - INCIDENT DESCRIPTION (continued)								
ğ	2.5. Is the date and factions the levident							
ŏ	2.5 - Is the date and/or time the incident occurred known? ( • Yes → Go to	2.6	○ No → Go to 2.8					
	2.6 - Date the incident occurred: 2.7 - Time the incident occurred:	2.8 - Da	ate incident <u>first reported</u> to facility authority:					
•	12:00	22-Jul-2	015					
	2.9 - is the biological agent involved in the incident known? (a. Yes $\rightarrow$ Go	to 2.10	C No → Go to 2.12 (iii)					
	2.10 - Select the HPTA Schedule to which the biological agent belongs:		2.11 (i) - Select the type of biological agent:					
	Other		Other					
Ė	2.11 (ii) - if "Other" type of biological agent was selected, describe below:							
AGE	We selected other since the autoclave load was scrubs that are worn under	a positiv	e pressure suit. There is no exposure of the					
3	scrubs to an agent under normal working conditions. This was a normal law	indry loa	d of scrubs.					
BIOLOGICAL AGENT	2.12 (i) - Identify the specific biological agent (genus, species): 2.12 (ii)	- Specify	sub-type, strain, etc. if known:					
읉			•					
	2.12 (III) - If the specific biological agent (genus, species) Is not known, explain:							
	1122 (III) III wild specific biological agent (gents), species) is not known, explain:							
_	·							
	2.13 - Was decontamination /disinfection performed (*Yes, provide furth	er details	in 2.14 helow					
	2125 Tros accontentinación distribución per lot med,		ifection was not required → Go to 2.15					
	applicable standards and guidelines?  (No, Other, explain in 2.14 below why not done or not done per standards							
NO NO								
IN IN	2.14 Additional details (decontamination/disinfection details where done OR explain why not done if and as required, etc.).  The leak occurred after 37 minutes of autoclaving at 121 degrees which was an adequate time for a kill cycle. However since the							
TAIM	normal protocol is 60 minutes, as a precaution, two staff members donned appropriate PPE and performed a cleanup and decon of							
DECONTAMINATION	the area before allowing the autoclave technicians to enter the room and assess the problem with the autoclave. In addition, the load was returned to the dirty side of the autoclave to be re-run and all cleanup materials were passed into the CL-4 suite for							
DE	autoclaving.	•						
			i					
	2.15 - Did/will any of the affected person(s) travel outside of the province/of Illness?	territory	in the days/weeks following exposure or onset					
	No							
Ęŗ								
TRAVEL	2.16 - If any affected person(s) have travel outside of the province/territory	in the d	ays/weeks following exposure or onset of					
_	illness, indicate if travel did/will occur during the known incubation period suspected or confirmed LAI)	(exposed	d persons) or infectious period (persons with					
	No ·		Page: 70 of de					

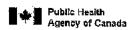
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A2017000048

PRIVACY NOTE: <u>DO NOT</u> provide persona  Affected Person 1	Affected Person	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Affected Person	
8.1 (i) - Indicate exposure or illness/	3.1 (li) - Indicate exposure	or illness/	3.1 (iii) - Indicate exposur	e or illness/
lisease status at the time of this report	disease status at the time of	of this report	disease status at the time	of this report
3.2 (i) - Primary route of exposure	3.2 (li) - Primary route of e	rposure	3.2 (iii) - Prlmary route of	exposure
3.3 (i) - If Unknown/Other route of exposure, explain :	3.3 (ii) - If Unknown/Other exposure, explain :	route of	3.3 (iii) - If Unknown/Oth exposure, explain :	er route of
3.4 (i) - Indicate onset of symptomatic liness/presentation	3.4 (ii) - Indicate onset of sillness/presentation	ymptomatic	3.4 (iii) - Indicate onset of illness/presentation	symptomatic
3.5 (i) - Onset Date: Check if unknown	3.5 (ii) - Onset Date:	Check If unknown	3.5 (iii) - Onset Date:	Check if unknown
.6 (i) - Indicate all the immediate and/or early post-exposure Interventions, i.e. hose administered within 0-7 days of the mown/suspected exposure incident?  Check all that apply)  first-aid administered immediately after the exposure  occupational health consultation within 0-7 days of the exposure  medical consultation within 0-7 days of the exposure post-exposure prophylaxis (PEP) within 0-7 days of the exposure drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure  Not applicable  Other, describe below:	3.6 (ii) - indicate all the immor early post-exposure inte those administered within 0 known/suspected exposure (Check all that apply)    first-ald administered in after the exposure occupational health con within 0-7 days of the exposure post-exposure post-exposure prophyla: within 0-7 days of the exposure Not applicable Other, describe below:	rventions, i.e. 1-7 days of the incident? Incident? Incident Incid	3.6 (iii)- Indicate all the Imor early post-exposure int those administered within known/suspected exposur (Check all that apply)  first-ald administered after the exposure occupational health cowithin 0-7 days of the medical consultation wof the exposure post-exposure prophy within 0-7 days of the drug treatment (antibility antifungal, etc.) within exposure Not applicable Other, describe below	erventions, i.e. 0-7 days of the e incident?  Immediately  possure evithin D-7 days  laxis (PEP) exposure ortic, antiviral, a 0-7 days of the  :
.7 (i) - Indicate all of the later post- xposure interventions i.e. those dministered more than 7 days after the xposure incident? (Check all that apply) cocupational health consultation > 7 days after the exposure medical consultation > 7 days after the exposure post-exposure prophylaxis (PEP) > 7 days after the exposure drug treatment (antibiotic, antiviral, antifungal, etc.) > 7 days after the Not applicable Other, describe below:	3.7 (ii) - Indicate all of the exposure interventions i.e. administered more than 7 dexposure Incident? (Check a occupational health condays after the exposure medical consultation > the exposure post-exposure prophyladays after the exposure drug treatment (antible antifungal, etc.) > 7 day.  Not applicable Other, describe below:  3.8 (ii) - Illness Outcome	those lays after the lil that apply) sultation > 7  days after  xis {PEP} > 7  tic, antiviral,	3.7 (iii) - Indicate all of the exposure interventions i.e. administered more than 7 exposure incident? (Check occupational health or days after the exposure medical consultation the exposure post-exposure prophy days after the exposure drug treatment (antibinantifungal, etc.) > 7 da Not applicable Other, describe below	those days after the all that apply) onsultation > 7 re 7 days after (laxis (PEP) > 7 re 6 totic, antiviral, sys after the
.9 (i) - If recovered, indicate the	2-0 (ii) - inness outcome		3.8 (iii) - Illness Outcome	

1	Affected Person 1	ase request Additional Affected Persons Form from expos  Affected Person 2	Affected Person 3
ļ.	4.1 (i) - What is the affected person's	4.1 (ii) - What is the affected person's	4.1 (iii) - What is the affected person
	highest completed level of education?	highest completed level of education?	highest completed level of education
- 1	Indicate this person's laboratory experience in years	Indicate this person's laboratory experience in years	Indicate this person's laboratory experience in years
	4.2 (i) - What is the affected person's laboratory qualifications or regular role in the laboratory/facility?	4.2 (ii) - What is the affected person's laboratory qualifications or regular role in the laboratory/facility?	4.2 (iii) - What is the affected person laboratory qualifications or regular r in the laboratory/facility?
- 1	4.3 (l) - if "Other" or no laboratory qualifications explain below:	4.3 (ii) - If "Other" or no laboratory qualifications explain below:	4.3 (iii) - If "Other" or no laboratory qualifications explain below:
OI L	n 5.0: Risk Rating and Risk Potential (t	his section and beyond pertains to the <u>over</u>	erall incident)
Т	(note this scale applies broadly, considering	west and 5 being highest), the actual or poten the risk/impact to the individual, other staff A e most appropriate level of severity for the inc	ND public health: see examples
1	4= Major high risk of severe disease/death <u>an</u>	risk to public health; public health; <u>pr</u> moderate risk to public health (limited spread a <u>d/or</u> significant public health impact (community <u>ND</u> severe public health impact (severe epidemic/)	spread/outbreak/fatalities):
		rest and 5 being highest), the likelihood of rec	
1	Where 1= Rare, incident will probably never	recur; 2= Unlikely, not expected to recur; 3= F int circumstance; 5= Almost Certain, will undo	Possible, may recur occasionally; ubtedly recur
•	5.3 - Automatically Calculated, Multiplying (Value of 5.1) x (Value of 5.2) = (Value	3 5.1 and 5.2 results in the risk rating of the oc e of 5.3)	courrence
5	5.4 - Was the actual severity less than the p	otential severity (i.e. was there a potential fo	or the incident to have been more severe
	() Yes → Go to 5.5		't know → Go to Section 6.0
	5.5.i Engineering Controls:  Automation or computerization - u Design of facilities and equipment containers, sealed biological waste	potential severity, Indicate what safeguards use of devices or systems removed people from use of design features (ventilation, biosafety containers, sealable centrifuge cups, etc.) redu hysical/design barriers prevented errors or red	n error prone or high risk activities cabinets, engineered sharps, sharps iced error, exposure/extent of hazard
	reduced errors and/or extent, seve.	ools and/or processes - use of standardized eq rity or duration of the hazard/exposure	
	guidance such as Biosafety Manual:	ectronic procedures, drop-down menus - avail s, Pathogen Safety Sheets, Laboratory noteboo ks - pop up reminders, verification sign-offs, ch a hazard	ks etc. reduced error/hazard
		s nazal u	
İ	5.5.lii - Individual Controls (Human Actio		
	procedures/rules and other adminis	nonitoring, early, appropriate response - indiv strative controls prevented errors or reduced o	vidual awareness, strict adherence to contact/exposure to the hazard
1		se of individual physical barriers (lab coat, glov	

	6.1 - What is the current status of the investigation?
	Not yet started → Go to 6.3 In progress → Go to 6.2 Completed → Go to 6.2
	6.2 - Have the root causes of the incident been established by the investigation?
	Root causes established: Investigation in process → Go to 6.4.i
•	6.3 - Explain why the investigation has not begun OR describe investigative activities to date:
: (	Cause Analysis (Questions 6.4- 6.10) - Identify root causes of all causal factors for the incident in the sections/sub-sections beloe
	6.4.1 - Were there standards, policies, procedures or other expected practice documents that guided the work/activities related the incident(these may include SOPs, requirements, written guides, instructions, rules and checklists)?
ŀ	
	5.4.il - If yes, check all that apply  The standards, policies, procedures or other expected practice documents that guided work:
	were known but not followed
	were not followed because they were not known by the user
	were not followed correctly (followed as written, but may have been confusing, not detailed enough or unclear, etc.)
ı	were followed but were not correct for the task (contained wrong information as in-dependent as in-
	were followed but were not correct for the task (contained wrong information or inadequate to address the situation)
	were followed but were not correct for the task (contained wrong information or inadequate to address the situation)  were not in place but should have been in place (the nature of the hazard warrants written direction)
	were followed but were not correct for the task (contained wrong information or inadequate to address the situation)  were not in place but should have been in place (the nature of the hazard warrants written direction)  6.4.III - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.1 - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforcement of the occurrence of the problems with management and/or oversight directly related to the occurrence (in this section, "enforcement of the occurrence occurrence occurrence of the occurrence occurren
	were followed but were not correct for the task (contained wrong information or inadequate to address the situation) were not in place but should have been in place (the nature of the hazard warrants written direction)  6.4.III - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:
	were followed but were not correct for the task (contained wrong information or inadequate to address the situation)  were not in place but should have been in place (the nature of the hazard warrants written direction)  6.4.III - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.1 - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforcement refers to facility-driven enforcement)?  C Yes → Go to 6.5.ii C No → Go to 6.6.i  N/A → Go to 6.6.i
	were followed but were not correct for the task (contained wrong information or inadequate to address the situation)  were not in place but should have been in place (the nature of the hazard warrants written direction)  6.4.III - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.1 - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforcementerers to facility-driven enforcement)?  Yes - Go to 6.5.ii
	were followed but were not correct for the task (contained wrong information or inadequate to address the situation)  were not in place but should have been in place (the nature of the hazard warrants written direction)  6.4.III - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.I - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforcements to facility-driven enforcement)?  Yes -> Go to 6.5.II
	were followed but were not correct for the task (contained wrong information or inadequate to address the situation)  were not in place but should have been in place (the nature of the hazard warrants written direction)  6.4.III - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.1 - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforcements to facility-driven enforcement)?  Yes -> Go to 6.5.ii
	were followed but were not correct for the task (contained wrong information or inadequate to address the situation)  were not in place but should have been in place (the nature of the hazard warrants written direction)  6.4.III - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.II - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforcementers to facility-driven enforcement)?  Yes → Go to 6.5.ii No → Go to 6.6.i N/A → Go to 6.6.i  6.5.II - If yes, check all that apply:  No supervision of work related to the incident as/when there should have been Improvement needed re: supervision of work related to the incident  No auditing, evaluation, or enforcement re: USE of standards, policies or procedures or other documents
	were followed but were not correct for the task (contained wrong information or inadequate to address the situation)  were not in place but should have been in place (the nature of the hazard warrants written direction)  6.4.III - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.1 - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforcements to facility-driven enforcement)?  Yes -> Go to 6.5.ii
	were followed but were not correct for the task (contained wrong information or inadequate to address the situation)  were not in place but should have been in place (the nature of the hazard warrants written direction)  6.4.III - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.II - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforcement refers to facility-driven enforcement)?  Yes → Go to 6.5.II
	were followed but were not correct for the task (contained wrong information or inadequate to address the situation)  were not in place but should have been in place (the nature of the hazard warrants written direction)  6.4.III - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.I Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforcement refers to facility-driven enforcement)?  ∴ Yes → Go to 6.5.ii ∴ No → Go to 6.6.i  6. N/A → Go to 6.6.i  5.5.II - If yes, check all that apply:  ☐ No supervision of work related to the incident as/when there should have been ☐ Improvement needed re: supervision of work related to the incident ☐ No auditing, evaluation, or enforcement re: USE of standards, policies or procedures or other documents ☐ Improvement needed on auditing, evaluation, or enforcement re: USE of standards, policies, procedures etc. ☐ Training lacks auditing, evaluation, or enforcement ☐ Training needs improvement re: auditing, evaluation, or enforcement ☐ Preparation needs improvement (e.g., walk-through, job planning, pre-work briefing) for activities related to the incident
	were followed but were not correct for the task (contained wrong information or inadequate to address the situation)  were not in place but should have been in place (the nature of the hazard warrants written direction)  6.4.III - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.I - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforceme explanation below:  C Yes → Go to 6.5.II  No → Go to 6.6.I  S.5.II - If yes, check all that apply:  No supervision of work related to the incident as/when there should have been   Improvement needed re: supervision of work related to the incident   No auditing, evaluation, or enforcement re: USE of standards, policies or procedures or other documents   Improvement needed on auditing, evaluation, or enforcement re: USE of standards, policies, procedures etc.   Training lacks auditing, evaluation, or enforcement   Training needs improvement re: auditing, evaluation, or enforcement   Preparation needs improvement (e.g., walk-through, job planning, pre-work briefing) for activities related to the incider   Human factors need improvement (e.g., recognition of fatigue, impairment, work load, state of mind, team selection)
	were followed but were not correct for the task (contained wrong information or inadequate to address the situation) were not in place but should have been in place (the nature of the hazard warrants written direction)  6.4.III - If a Risk Group 3. Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.II - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforcement refers to facility-driven enforcement)?  ∴ Yes → Go to 6.5.II
	were followed but were not correct for the task (contained wrong information or inadequate to address the situation)  were not in place but should have been in place (the nature of the hazard warrants written direction)  6.4.III - If a Risk Group 3. Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.II - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforcement refers to facility-driven enforcement)?  ∴ Yes → Go to 6.5.ii
	were followed but were not correct for the task (contained wrong information or inadequate to address the situation) were not in place but should have been in place (the nature of the hazard warrants written direction)  6.4.III - If a Risk Group 3. Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.II - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforcement refers to facility-driven enforcement)?  ∴ Yes → Go to 6.5.II
	were followed but were not correct for the task (contained wrong information or inadequate to address the situation)  were not in place but should have been in place (the nature of the hazard warrants written direction)  6.4.III - If a Risk Group 3. Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  6.5.II - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforcement refers to facility-driven enforcement)?  ∴ Yes → Go to 6.5.ii



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	6.6.i - Was there a <u>training</u> Issue related to the incident?
	C Yes → Go to 6.6.ii C No → Go to 6.7.i
	6.6.ii - If yes, check all that apply:
	There was no training for the task related to the incident
	Training was inappropriate or insufficient to support adequate understanding
9	Appropriate and sufficient training was available, but not completed
TRAINENG	Staff was not qualified or proficient in performing the task related to the incident
TRA	6.5.iii If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or
	explanation below:
	•
	6.7.1 - Were there communication factors directly related to the occurrence?
	C Yes → Go to 6.7.ii C No → Go to 6.8.i
	6.7.îi - If yes, check all that apply:
z.	There is no method or system for communication
OE.	No communication occurred but should have
2	Communication occurred but was unclear, ambiguous, misunderstood, incorrect or not detailed enough
COMMUNICATION	
MO.	6.7.(ii, If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:
•	CAPACITICALITY DELIVER.
	6.8.i - Were there equipment factors that may directly relate to the occurrence?
	6.8.ii - If yes, check all that apply:
	The equipment design needs improvement (e.g. design does not meet specifications, specifications inadequate, etc.)
	Equipment was not properly maintained (e.g. equipment not maintained to manufacturer or facility standards, etc.)
<u></u>	Equipment maintenance needs improvement (e.g. maintenance meets specifications but equipment still failed)
EQUIPMENT	Equipment used was not fit for purpose (e.g. equipment is being used beyond intended/recommended use)
를	Quality control was not done (e.g. calibration, validation or testing was not done as/when it should have been)
Ē	Quality control needs improvement (e.g. calibration, validation, testing done to accepted standards but still failed)
	6.8.iii If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or
	explanation below;
	Leak occurred at a drain pipe gasket. Gasket was found to be brittle and hard. Gasket is not inspected as part of the regular maintenance procedures
-	6.9.i - Was there human interaction or human factors related to work demands or the work environment that directly related to
	the incident? $\bigcirc$ Yes $\rightarrow$ Go to 6.9.ii $\bigcirc$ No $\rightarrow$ Go to 6.10.i $\bigcirc$ N/A $\rightarrow$ Go to 6.10.i
	(i) N/A → GD tO 6.10.1
	6.9.ii - If yes, check all that apply
ğ	Improvement needed with respect to:
ÀĆŢ	The labelling, placement, operation, displays or other functions of tools/equipment in the work environment
JER	Environmental factors within in the work area (e.g., temperature, obstructions, dutter, distractions/noise, surfaces, lighting, etc.)  Workload constraints, pressures or other demands (constraints/demands interfered with staff capability in managing tasks)
HUMAN INTERACTION	
JMA	6.9.lii If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:
_	with the first second
I	aspendent below.
I	
I	aspectively delicated and the second

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	6.10.1 - Were there any other factors related to the incident?	
	C Yes → Go to 6.10.li C No → Go to Secti	on 7.0
OTHER FACTORS	6.10.ii - If other factors were involved, provide more detall or explanation b	elow.
	on 7.0: Outcome	
	7.1 - Based on your investigation and root causes described above, Indicate completion date for each. If more room is needed, use Additional Notes section.	on at the end of the form.
	Corrective Action Planned or Taken	Implementation Date
CTION	1. Replacement of gasket	29/juil/2015
CORRECTIVE ACTION	Other corrective actions to be determined after meeting with autoclave repair techs	
SOR	3.	
	4.	
	7.2 - Has management been informed of this incident?   (• Yes	( No or unknown, explain below
MANAGEMENT		
	7.3 - Have there been similar <u>previous</u> occurrences at your location in the pa	(3)10 000111 (3)10 000111
ŝ	7.4 - Were corrective actions specified to address one or more <u>previous</u> occu	
JRREN	7.5 - Were corrective actions taken to address one or more <u>previous</u> occurre	
PREVIOUS OCCURR	7.6 - Describe the corrective actions taken to address the <u>previous</u> occurrent specified and/or taken.  Changes made to maintenance/inspection schedules, Changes made to particular components of equipment Change to procedures	ces, OR explain why corrective actions were NOT
	7.7 - Based on your <u>current</u> investigation, what components of your biosafel reduce the likelihood of future occurrences of this incident? Check all that a	ty program management system could be improved to
MENTS	Standards and Policies	gement system and/or oversight ment factors n interaction or human factors
IMPROVEMENTS	7.8 - Provide more detail/explanation based on your responses selected in 2 We will be meeting with the autoclave repair techs to determine if the gaske I am submitting this as a preliminary report as I will be out of the office for 2	et can be replaced on a regular maintenance schedule.

	was knocked over onto desk").			
			•	
			•	
			•	
		•		
			5	
HAC - CENTRE FOR BIOSECUR	NOTES:	ng Brish kanalagi pada da na ng	The state of the state of	1. (a) (a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
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ECEIVED BY PHAC (NAME: FI	PCT I ACT			
	A DECEMBER 1997 AND ADDRESS OF A SECOND		and the second of the second of the second	the second of the

ATIA - 19(1)

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### Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

Finare

Type of report / New Occurrence / Situation Nouvelle

Genre de rapport :

Other / Autre

Type of occurrence / Genre de situation :

Autre - Préciser :

\* Other - Specify / Potentail Exposure

#### Employer Information / Information de l'employeur

Employer's name and mailing address / I	Nom et a	adresse postale	dę l'employ	eur:	
* Region & Province Région et Province	Dir	* Branch ection générale		torate ction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba		AC-IDPC / SPC-PCMI	N	ML 	
Building ` Immeuble		stal Locator lisateur postal		l code postal	Telephone number Numéro de téléphone
1015 Arlington / 1015 Arlington			R3E	3R2	
Site of hazardous occurrence Lieu de la situation comportant des risqu	res .			ldress iresse	
	i		1015	Arlington	
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ		of hazardous oc de la situation co des risques 08:45 AM HH.N	omportant	Conditio	Weather ons météorologiques
2015-08-30					·
Witnesses Témoins				ervisor's na du surveilla	

Description of what happened / Description des circonstances: on duty for the weekend in CL3 entered to perform normal husbandry duties including room cleaning with a pressure washer, feeding and watering of the mallard ducks. The ducks had not been wing clipped to remove flight feathers yet at this time, so likely some birds still flew around the room white member formed these duties. Potential exposure to Avian Influenza aerosols as wild ducks were thought to be free of infectious disease. Staff exposure was through direct and indirect handling for husbandry procedures such as feeding and cleaning the cubicles.

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?:

red Individual's Info ired employee's name /	<del></del>			
m de l'employé blessé:				
Birth date YYYY-MM-DD Date de naissance AAAA-MM-JJ	Age Åge	Sex Sexe	Occupation Profession	Years of experience in occupation No. d'années d'expérience dans profession

ATIA-16(2)(c)
ATIA - 19(1)

Description of injury / Description de la blessure:

\* Nature of Injury / Nature de la lésion: No injuries / Aucune blessures

\* Part of Body / Partie du corps: No Injuries / Aucune Blessures

\* Event or Exposure / Évenement ou exposition:

Other - Specify / Autres - Préciser

\* Other: Potential Exposure to Zoonotic Avian Influenza Virus. - The fact that wild ducks were handled as if they were "clean" animals because they had not yet been infected with the virus of interest here in the facility led to exposure of several staff to the strain(s) of virus the ducks were shedding naturally. As such, clean animals are not usually handled with any additional Personal Protective Equipment (PPE).

- Additionally, no pre-screening was done on the wild ducks prior to their admittance to the animal facility and their handling by staff; this has not been the usual procedure in the past and virus has not previously been isolated on pre-inoculation swabs of wild birds (ducks and geese mainly) brought into the facility. On Sept 4, it was noted that pre-samples of the ducks were indeed positive for the virus Avian Influenza with the potential of being zoonotic. The Occ Health nurse and supervisors were notified. The risk is was deemed to be low and staff were to indicate to supervisors if felt ill with flu-like symptoms.

 Staff exposure was through indirect aerosol contact while transporting ducks in the van, direct and indirect handling for husbandry procedures such as feeding and cleaning the cubicles and direct handling for pre-inoculaiton swabbing and blood sampling, and flight feather clipping.

#### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Inadequate protective equipment / Equipement de protection inadequats

\* Source of Inlury / Origine de la blessure:

Persons- plants- animals and minerals / Personnes- plantes- animaux et minéraux

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence?/

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

Yes / Oui

\* Specify / Préciser: Animal Users Training, CL3 Bio Containment training, all relevant training was up-to date

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?;

Yes / Oui

- \* Specify / Préciser: Any wild animals will be treated as "contaminated" until testing might prove otherwise and even that may not remove the requirement for additional PPE to be worn by staff as a precaution. This would include but not be exclusive of Personal Air Powered Respirators (PAPR's), coveralls, nitrile gloves, steel toed rubber boots. While it would be ideal to perform pre-screening testing of animals PRIOR to their admittance animal facility, logistics preclude this as there is usually no option for longer term holding of the animals elsewhere.
- Showers will be mandatory on exit from any animal cubicle containing wild animals (as it would be for any cubicle containing contaminated animals). When treated as "clean" animals, showers on exit were not mandatory, only a change of clothes from scrubs and runners worn in the clean hall to coveralls and rubber boots to be worn in the cubicle.

* Date employer will implement /	Date de leur mise	en oeuvre:
YYYY-MM-DD / AAAA-MM-JJ		

Date: 2015-09-04

Supplementary preventive measures / Autres mesures de prévention;	
<ul> <li>ALL pre-inoculation tissue samples (whether from wild animals, "clean" animals from known farm sources, etc.) will be it</li> </ul>	randled
as if coming from contaminated animals. This means dunking the sample containers in Virkon of appropriate concentration	on to
ensure they are surface decontaminated before leaving process to be handled by lab staff	was

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l'accès à l'information par l'Agence de la santé

also done with CFIA staff thru their reporting system, with the manager of the area being rep being Andrea Pickering.

and the PSAC OSH

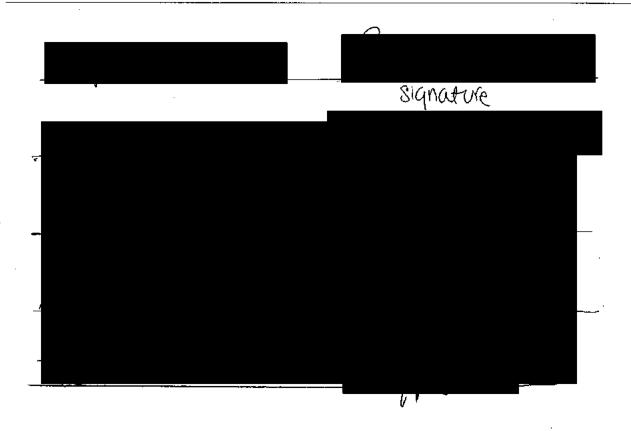
* Name of person investigating Nom de la personne faisant Fenquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
			2015-09-15

#### Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Committee member's or representative's Title	Telephone Number	Date YYYY-MM-DD
Titre du membre du comité ou de représentant	Numéro de téléphone	Date AAAA-MM-JJ
		2015-09-16

\* Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant:
This investigation was preformed by \*\*This investigati



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### Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques



Type of report / New Occurrence / Situation Nouvelle

Genre de rapport :

Other / Autre

Type of occurrence / Genre de situation :

\* Other - Specify / Near Mlss - MB-Sask 1015 Arlington

Autre - Préciser :

#### Employer Information / Information de l'employeur

Employer's name and mailing address / Nom et adresse postale de l'employeur:					
* Region & Province Région et Province				torate ction	. Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	PHAC-IDPC / NML ASPC-PCMI				
Building Immeuble		Postal Locator Postal code Localisateur postal Code postal		Telephone number Numéro de téléphone	
1015 Arilington / 1015 Arilington	R3E 3P6		2047892000		
Site of hazardous occurrence Lieu de la situation comportant des risqu	Address ques Adresse				
Winnipeg	1015 Arlington Street		et		
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ	Time of hazardous occurrence Heure de la situation comportant des risques  09:00 AM HH:MM		Conditio	Weather ns météorologiques	
2015-09-08					
Witnesses Témoins	* Supervisor's name Nom du surveillant				
Les Wittmeler/HC-SC/GC/CA@HWC			Todd Cou	lter/HC-SC/	GC/CA

Description of what happened / Description des circonstances:

A HEPA filter on two autoclaves, which isolate the containment level 4 laboratory from a service corridor, were not in place. The filters had been removed as early as 2011 by a 3rd party contractor. The filters were replaced on August 17th and August 28th by the same contractor, they notified NML facility staff Aug 28th of the omission. A full risk assessment was completed in consultation with our Infectious Diseases Physician. The risk was considered negligable. No illness or injury occurred, Incident reporting guidelines were followed for reporting to staff and the community.

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

#### Injured Individual's Information / Information de l'individu accidenté

\*Injured employee's name /

Nom de l'employé blessé:

1015 Arlington MB

Blith date YYYY-MM-DD Date de naissance AAAA-MM-JJ	Age Âge	Sex Sexe	Occupation Profession	Years of experience in occupation No. d'années d'expérience dans profession
		Male / Homme		

Description of injury / Description de la blessure:

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- \* Nature of Injury / Nature de la lésion: No Injuries / Aucune blessures
- \* Part of Body / Partie du corps: No Injuries / Aucune Blessures
- \* Event or Exposure / Évenement ou exposition: Other - Specify / Autres - Préciser
  - \* Other: potential exposure to biologicals

#### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant Lisa Podhorodecki/HC-SC/GC/CA

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident: Operating without authority / Autorisation etc - travailler sans

\* Source of Injury / Origine de la blessure: Bullding systems / Procédés de construction

Other - Specify / Autres - Préciser
\* Other: No injury

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence? /

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

Yes / Oui

\* Specify / Préciser: A full review of service standards is under way.

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?: No / Non

Reasons for not taking corrective measures / Raisons pour lesquelles aucune mesure corrective n'a été prise: Corrective actions are being developed; to include contractor oversight, education of contractor host, documented service requirements and procedures, sign off of work performed.

* Name of person investigating Nom de la personne faisant	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
l'enquête	Director, Real Property.		2015-09-16
	Safety, and Security		

#### Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Lisa Podhorodecki

Committee member's or representative's Title	Telephone Number	Date YYYY-MM-DD
Titre du membre du comité ou de représentant	Numéro de téléphone	Date AAAA-MM-JJ
PSAC Health and Safety Rep	204-789-7072	2015-10-13

Safety and health committee's or representative's comments /
 Observations du comité de sécurité et de santé ou de représentant:
 This AIRS report will remain open for at least 6 months while new processes are being designed and implemented to prevent this occurance from happening again.

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Please leave this AIRS report open while corrective actions are being developed.

A HEPA filter has been added to the vent line and the vent line has been plumbed to the exhaust capture hood providing two levels of HEPA filtration. A procedure is in place to ensure the autoclave is not run when the air system is off, which would reduce to the two levels of HEPA filtration to one. Contractor safety training was revised and delivered. The following have been developed:

management oversight plan for autoclaves

change management for critical containment building equipment

out of compliance notification process

This incident is now closed 2016-04-19 Lisa Podhorodecki PSAC Health and Safety Rep. at the National Microbiology Laboratory.

Finalised 2016-03-29

2016-03-29 follow up email to manager - LDS

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Incident Report Form

15-05 Accountable Individual: Shawh Comed Incident: Office Room Sink Drain Drain has collapsed under the 1st floor Admin area. See attached 4 discovered 15/09/21 15/09/22 Dated: Signed: Actions Undertaken See attachol Signed: Date: 15/01/22 Persons Informed: Mette, Carla Dallan, Laurie Elliott

FRM-073-00

Incident Report Form

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	HAZARDOUS OCCURRENCE INVESTIGATION REPORT
ATIA - 19(1)	SCHEDULE 1 / ANNEXE 1 SECTION 15.8 / ARTICLE 15.
	SCHEDULE 1 / ANNEXE 1

Type of оссителсе / Type de situation accès

First Aid / Premiers Soins

ı	г	- 444			res in	11 1 1	49.50	20.00	ional	
J	ı.	Har	II O	ıal (T	Hir	4 J H	HIDS	II ron	COO.	

du/Ganada/

Employer ID No. / Numero didentification de l'employeu

### RAPPORT D'ENQUÊTE DE SITUATION COMPORTANT DES RISQUES

Employer Name and Mailing Address / Nom et adresse postale de l'employeur Health Canada / Santé Canada, PHAC-IDPC / ASPC-PCMI, NML, RPSSD 1015 Arlington / 1015 Arlington 1015 Arlington St Postal Code / Code postal

R3E 3P6

Telephone Number / Numéro de téléphone

Site of Hazardous Occurrence / Lieu de la situation hasardeuse	Date and Time of Hazardous Occurrence / Date et heure de la situation hasardeuse
	2015-09-25 11:00 AM
Mechanical Space	Weather / Conditions métérologiques
Witnesses / Témoins	Supervisor's Name / Nom du surveillant

Description of what happened / Description des circonstances

While working on a piping job, arm brushed against a steam sensing line. Minor burn on left wrist.

Brief description and estimated cost of property damage / Description sommaire et coût estimatif des dommages matériels

n <u>jured Emplo</u> yee's Name (if applicable) / Nom de l'employé blessé (s'il y a lieu)	Age / Åge	Occupation / Profession
·		Years of experience in occupation / Nombre d'années d'expérience dans la profession
Description of injury / Description de la blessure Vrist / Poignet -> Left / Gauche	Sex / Sexe	Direct cause of injury / Cause directe de la blessure Contact with temperature extreme / Exposition à des températures extrêmes

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence?

L'employé blessé a-t-il reçu un entraînement en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation hasardeuse?

Yes / Oui

Specify / Préciser Nature of profession and certification training and on job experience.

Direct causes of Hazardous Occurrence / Causes directes de la situation hasardeuse

Other - Specify / Autres - Préciser

== Brush against hot pipe

Building systems / Procédés de construction

Corrective action and date employer will implement / Mesures correctives qui seront appliquées par l'employeur et date d'entrée en vigueur

Supplementary preventative measures / Autres mesures de prévention

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ATIA - 19(1)	Information Act by the Public Health	n Agency of
Name of person investigating / Nom de la personne menant l'enquête	Signatuda Mahumant divulgué en ve l'accè pn par l'Agence	
Title / Titre	Telephique vidraber an Numéro de téléphone	2015-09-26
Safety & Health Committee's or Representative's Comments / Observations du comité d'hygiène Talked with employee about minor skin burn on left wrist approx. 1 inch x 1/2 inch. E area following the occurrence.		ream to the
Committee Member or Representative Name / Nom de membre du comité ou du représentant	Signa	Date / Date
		Date / Date

Document Released Under the Access to

COPIES 1 & 2 to R.S.O., COPY 3 to the Safety and Health Committee or Representative, COPY 4 to the Employer. COPIES 1 et 2 à A.R.S., COPIE 3 au Comité d'hygiène et de sécurité ou au représentant, COPIE 4 à l'employeur.

Page: 85 of/de 247 A2017000048

# Incident Reporting System (IRS) Released Under the Access to Information Act by the Public Health Agency of

Sherisse Lavineway, Catherine Robertson, Kym Antonation, Sara Christianson.

**Utilization Report** 

Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé

publique du Canada

Incident ID:

904

Date:

2015-09-01

Time:

12:00

Review Team:

12.00

Kelly Keith

Incident:

Spill in biosafety cabinet (BSC) in PHAC CL3

#### Incident Description:

While bing trained under the direct supervision of a senior technician, a technician working at a biosafety cabinet (BSC) in containment level 3 (CL3) noticed a small glass bijoux\* bottle containing glass beads and a CL3 micro-organism in fluid appeared to have leaked while being vortexed (a device for rapid mixing). The vortexing was stopped and a very small hole (the size of a glass bead) was observed in the bottle. The spilled material (less than 3 ml) was contained within the BSC. The broken glass bottle was disposed of in the sharps container and the BSC was decontaminated as per standard operating procedures. Appropriate personal protective equipment including a respirator, gown, and two pairs of gloves were being worn and only the outter pair of gloves were comprimised. The senior technician indicated to the trainee that the occurrence was dealt with appropriately and no further action was necessary. The incident was not reported at that time. In December, new management decided that the incident required documentation and investigation so that preventative action could be taken. The lab is looking into transitioning to plastic bottles from glass. The investigation is ongoing, including a determination of how the hole could have occurred. The risk to the employee was negligible. \*A bijoux bottle is a small volume glass bottle with thick walls and a screw cap that is used for this type of mixing.

### **Incident Communication Responses**

People:	
Individual -	1
Other People -	1
Environment:	•
Internal to CSCHAH -	1
External to CSCHAH -	1
Property:	-
Within CSCHAH -	1
External to CSCHAH -	1
Social/Psychological:	_
Individual -	. 1
Community -	_
Opinion:	1
Individual -	1
Community -	1

#### Communication Complete as of:

2017-08-31

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Incident Reporting System (IRS)

#### **Utilization Report**

Incident ID:

905

Date:

2015-09-04

Time:

10:30

**Review Team:** 

Valerie Smid, Catherine Robertson, Jim Strong, Eleanor Pearcy, Kelly Keith

Incident:

Compromised biosafety suit, potential exposure in PHAC CL4

#### Incident Description:

An employee was pressure washing an animal cage in containment level 4. The cage had housed animals infected with Ebola but had previously been sprayed with a disinfectant. The person was wearing all required protection, including the full-body positive pressure biosafety suit used in level 4. After a few minutes, liquid was noted inside the suit on the visor area over the face. The employee informed a colleague in the lab and immediately exited the laboratory into the chemical shower as per protocol. The employee was able to follow all the steps of the standard exit procedures. The suit had passed a standard leak check two days prior. The leak appeared to have occurred in a spot where the suit had previously been repaired. It has now been decontaminated and removed from service permanently.

The supervisors, Safety and Environmental Services staff, and the Special Pathogens Advisory Committee (SPAC) were immediately notified. SPAC includes various internal experts as well as an external infectious disease physician and they meet as required to assess the risk of this type of event. The risk was determined by SPAC to be low. The employee was to report to the occupational health nurse if they felt unwell within the following 21 days.

### Incident Communication Responses

Individual -	2
Other People -	1
Environment:	_
Internal to CSCHAH -	1
External to CSCHAH -	1
Property:	
Within CSCHAH -	1
External to CSCHAH -	1
Social/Psychological:	_
Individual -	1
Community -	1

#### Communication Complete as of:

1

2

2017-08-31

Opinion: Individual -

Community -

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Incident Reporting System (IRS) Released Under the Access to Information Act by the Public Health Agency of

Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé

publique du Canada

Utilization Report

Incident ID:

907

Date:

2015-09-08

Time:

9:00

Review Team:

Catherine Robertson, Todd Coulter, Michael Drebot, Kelly Keith

Incident:

Removal of filter on PHAC CL4 autoclave

#### Incident Description:

Management at the National Microbiology Laboratory (NML) was made aware of an unacceptable standard of maintenance associated with the autoclave air filtration systems that filter air coming from its containment level 4 laboratories on September 8, 2015. The HEPA filter associated with the autoclaves had been removed by a third-party contractor for some time and had since been replaced. The removal of the filter resulted in neither injury nor illness. The risk of exposure was assessed by the Special Pathogens Advisory Committee as negligible for the autoclave service technicians and even lower for any others working in this area, at no time was the community surrounding the lab at risk.

in the run used for the highest risk materials, air bypasses the main pipe that leads to the vent and is fed into the biowaste cookers where material is treated before being released. Further, most materials processed in these autoclaves are disinfected prior to autoclaving and during all runs, secondary containment was maintained through directional air flow and HEPA filtration of the autoclave service room.

All autoclaves in the Canadian Science Centre for Human and Animal Health (CSCHAH), NML and National Centre for Foreign Animal Disease (NCFAD), have been inspected for the presence of required filters and it was determined that there is negligible risk of exposure associated with any of the autoclaves.

#### **Incident Communication Responses**

People:	
individual -	1
Other People -	1
Environment:	•
Internal to CSCHAH -	1
External to CSCHAH -	1
Property:	_
Within CSCHAH -	1
External to CSCHAH -	1
Social/Psychological:	-
Individual -	1
Community -	1
Opinion:	Ţ
Individual -	1
Community -	. I
•	4

#### Communication Complete as of:

2017-08-31

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# Incident Reporting System (IRS) Canada

#### **Utilization Report**

Incident ID:

908

Date:

2015-09-15

Time:

9:14

Review Team:

Rick Holmes, Laura Landry, Kelly Keith

Incident:

PHAC Level 3 Lab Shutdown due to a faulty component

#### Incident Description:

The malfunction of an airflow sensing device caused a PHAC CL3 room to shutdown and enter its fail-safe mode, as designed. The component has been replaced and all related equipment is back to normal operation. The area was not occupied during the time of the occurrence.

### **Incident Communication Responses**

People:	
Individual -	1
Other People -	î
Environment:	•
Internal to CSCHAH -	. 1
External to CSCHAH -	1
Property:	
Within CSCHAH -	1
External to CSCHAH -	1
Social/Psychological:	
Individual -	1
Community -	1
Opinion:	•
Individual -	1
Community -	í

#### Communication Complete as of:

2017-08-31

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### Incident Reporting System (IRS) Released Under the Access to Information Act by the Public Health Agency of

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l'accès à l'information par l'Agence de la santé

publique du Canada

**Utilization Report** 

Incident ID:

912

Date:

2015-09-24

Time:

16:00

Review Team:

Todd Coulter, Kelly Keith

Incident:

False Fire Alarm due to steam in CSCHAH cafeteria air system duct sensor

Incident Description:

First stage fire alarm bells sounded for approximately 15 seconds due to steam on the cafeteria air system duct sensor. Fire trucks responded and gave the all clear.

### **Incident Communication Responses**

People:	
Individual -	1
Other People -	1
Environment:	-
Internal to CSCHAH -	1
External to CSCHAH -	1
Property:	-
Within CSCHAH -	1
External to CSCHAH -	1
Social/Psychological:	
Individual -	1
Community -	_
Opinion:	1
Individual -	1
Community -	1
	-

#### Communication Complete as of:

2017-08-31

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Click to Submit by Email to: exposure-exposition@phac-aspcgc.ca Page A of &nce de la santé

### Incident Investigation and Reporting Form

The purpose of this tool is to help you to:

- Establish the facts surrounding the incident, including:
  - What precisely happened, and how
  - When and where the incident occurred
  - Why the incident occurred
- Look for improvements in existing systems and processes
- Formulate recommendations and a corrective action plan
- Share lessons learned within your organization

#### **EXPOSURE INCIDENT DEFINITION:**

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.

Canadian Biosofety Standards and Guidelines, 1<sup>st</sup> ed.

	ministrative Information	Y A	1 1 . Data 8		4.2 Base Design   100 and 100
	ning spire ( respination and energy		1.1 - Date Rep 25-Sep-2015	ort Created:	1.2 - Date Revised (if applicable):
	okir Mina	1	L.3 - <u>If revised</u>	, indicate the reas	son for the update to an earlier report
1.4 Please	indicate the laboratory contain	ment level:	C CL2	C cr3	<b>€</b> . CL4
1.5 How v	vould you describe the sector/p	rimary area of foci	us for your ins	titution/facility's	activities? (Check all that apply)
☐ Acade	mic (University, Veterinary College,	College, CEGEP, High	School, etc.)	Public Hea	tth - Government (F/P/T/Municipal)
Privat	e industry/Business (Animal Heal aceutical, Food industry, Pathogen o	ith, Human Health, Bi or Toxin distributor)	iotechnology;	_	nt - Government (F/P/T/Municipal) /Animal Health - Gov't (F/P/T/Municipal)
☐ Hospi	tal (Academic-offiliated, non-ocader	nic offilioted)		Other Gove	ernment (F/P/T/Municipal)
	e size of the facility/institution ( eater than 150 staff)	based on the appro	oximate numbe	er of laboratory st	aff/students working in the facility):
1.6 - Rec	orter's contact information (pro	wide contact detail	s for the person	on making the rea	orth
	s Name: (First, Last): Catherine I		is for the person	in making me reb	<u> </u>
	Reporter's Email: catherine.r		spc.gc.ca		<u> </u>
Re	porter's Telephone: 204 789-60	)79	<u> </u>		
1.7 - Rei	oorter's role in the incident	<del></del> -		<del></del>	
i	ved/did not witness occurrence	; informed following	ng occurrence		
			and last name	and role on inves	tigation team for each team member)
Dr. Valeri Dr. Jim St Carol Star Eleanor P	e Smid, Manager of affected em rong, Supervisor in CL4 nsfleld, Senior Biosafety Officer ercy, Occupational Health Nurso	ployee			
Dr. Valeri Dr. Jim St Carol Sta Eleanor P	e Smid, Manager of affected em rong, Supervisor in CL4 nsfield, Senior Biosafety Officer ercy, Occupational Health Nurso currence - Incident Description	ployee	on what, whe	re, when, etc. th	re incident occurred)
Dr. Valeri Dr. Jim St Carol Sta Eleanor P tion 2.0: Oc	e Smid, Manager of affected em rong, Supervisor in CL4 nsfleld, Senior Biosafety Officer ercy, Occupational Health Nurso currence - Incident Descriptions ate the type(s) of Incident that o	ployee  on (basic details of	on what, whe	re, when, etc. th	le incident occurred)
Dr. Valeri Dr. Jim St Carol Stal Eleanor P tion 2.0: Oc 2.1 Indic i.e. if (i) For ind pathoger	e Smid, Manager of affected em rong, Supervisor in CL4 nsfleld, Senior Biosafety Officer ercy, Occupational Health Nurse currence - Incident Descriptionate the type(s) of Incident that con inadvertent release AND expedients involving exposure of an or toxin, select from the follow	ployee on (basic details of the courred (check all assure of on individual to a hurding AND indicate lenger of the courred of	on what, whe that apply for ual(s) occurred, man (li)	re, when, etc. th 2.1 (i) and/or 2.1 check both incide Indicate other in	le incident occurred)
Dr. Valeri Dr. Jim St Carol Stan Eleanor P ion 2.0: Oc 2.1 Indic i.e. if (i) For ind pathoger (ii) incide	e Smid, Manager of affected em rong, Supervisor in CL4 nsfleld, Senior Biosafety Officer ercy, Occupational Health Nurse currence - Incident Descriptional the the type(s) of Incident that con inadvertent release AND expedidents involving exposure of an or toxin, select from the followints apply, then continue to 2.2	ployee  on (basic details of the control of the con	on what, whe that apply for ual(s) occurred, man (li) If any of is t	re, when, etc. th 2.1 (i) and/or 2.1 check both incide Indicate other in NOT involved), sel	ie incident occurred) (ii) below) ent types in (i) and (ii) below cident type below (if (i) exposure/disea:
Dr. Valeri Dr. Jim St Carol Star Eleanor P tion 2.0: Oc 2.1 Indic i.e. if (i) For ind pathoger (ii) incide	e Smid, Manager of affected em rong, Supervisor in CL4 nsfleld, Senior Biosafety Officer ercy, Occupational Health Nurse currence - Incident Descriptionate the type(s) of Incident that con inadvertent release AND expedients involving exposure of an or toxin, select from the follow	ployee  on (basic details of the control of the con	on what, whe that apply for ual(s) occurred, man (li) If any of is t	re, when, etc. th 2.1 (i) and/or 2.1; . check both incide Indicate other in NOT involved), sel Inadvertent rele Inadvertent pro	te incident occurred) (ii) below) ent types in (i) and (ii) below cident type below (if (i) exposure/disea; ect from the following then skip to 2.3): ease of a human pathogen or toxin duction of a human pathogen or toxin
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Dr. Valeri Dr. Jim St Carol Stal Eleanor P ion 2.0: Oc 2.1 Indica i.e. if (i) For ind pathoger (ii) incide Exp Lab Lab	e Smid, Manager of affected emrong, Supervisor in CL4 nsfield, Senior Biosafety Officer ercy, Occupational Health Nurse currence - Incident Description ate the type(s) of Incident that con inadvertent release AND expectedents involving exposure of an or toxin, select from the followents apply, then continue to 2.2 posure (may cause disease - see diacquired infection - suspected acquired infection - confirmed exposure/LAI incidents, indicate the number of individuals exposed/in	ployee  on (basic details of cocurred (check all coursed) on individual to a hurling AND indicate is below: efinition at top of purchased to the course of t	on what, whe that apply for tici(s) occurred, man (li) if any of is t coage 1)  f affected indi incident (i.e. n	re, when, etc. th 2.1 (i) and/or 2.1; check both incide Indicate other in NOT involved), sel Inadvertent rele Inadvertent pro Missing human Other, specify: viduals (provide to	ie incident occurred) (ii) below) ent types in (i) and (ii) below cident type below (if (i) exposure/disea; ect from the following then skip to 2.3): ease of a human pathogen or toxin duction of a human pathogen or toxin pathogen or toxin tals for both (i) and (ii, if applicable) below)
Dr. Valeri Dr. Jim St Carol Stan Eleanor P ition 2.0: Oc 2.1 Indica i.e. if (i) For indica Table Lab 2.2 For ex (ii) Indica	e Smid, Manager of affected emrong, Supervisor in CL4 nsfield, Senior Biosafety Officer ercy, Occupational Health Nurse currence - Incident Description ate the type(s) of Incident that con inadvertent release AND expectedents involving exposure of an or toxin, select from the followents apply, then continue to 2.2 posure (may cause disease - see diacquired infection - suspected acquired infection - confirmed exposure/LAI incidents, indicate the number of individuals exposed/in	ployee  on (basic details of pocurred (check all assure of an individual to a huring AND indicate below: effinition at top of position at top of p	on what, whe that apply for tici(s) occurred, man (li) if any of is t coage 1)  f affected indi incident (i.e. n	re, when, etc. th 2.1 (i) and/or 2.1 (check both incide Indicate other in NOT involved), sel Inadvertent rele Inadvertent pro Missing human ( Other, specify: Viduals (provide to humber of primary courred and provides) No.	te incident occurred) (ii) below) (iii) below (iii) below (iiii) below (iiii) below (iiii) exposure/diseated from the following then skip to 2.3): (iii) ease of a human pathogen or toxin duction of a human pathogen or toxin (iiii) pathogen or toxin

	2.3 (I) - Select the occurrence type that best characterizes the incident:  PPE-related (inadequate or failure of PPE)				
(penu	2.3 (II) - Select the <u>main activity</u> that best describes the work being undertaken during the incident: Animal care				
OCCURENCE - INCIDENT DESCRIPTION (continued)	2.3 (iii) - <u>Briefly</u> describe the incident (if necessary, more detail can be provided in the Additional Notes at the end of this form). Employee was washing cage with pressure washer. Bent down to see better and noticed water inside on visor of positive pressure suit.				
ENCE - INCIDENT D	acility:				
OCCUR	2.5 - Is the date and/or time the incident occurred known?	2.6			
	2.6 - Date the incident occurred:  2.7 - Time the incident occurred:  D4-Sep-2015  HH::::::::::::::::::::::::::::::::::	2.8 - Date Incident first reported to facility authority: 04-Sep-2015			
	2.9 - Is the biological agent involved in the incident known?	to 2.10			
	2.10 - Select the HPTA Schedule to which the biological agent belongs:	2.11 (i) - Select the type of biological agent:			
5	Schedule 4 - Risk Group 4 Human Pathogens	Virus			
BIOLOGICAL AGENT	2.11 (ii) - If "Other" type of biological agent was selected, describe below:				
90	2.12 (i) - Identify the specific biological agent (genus, species): 2.12 (ii)	Specify sub-type, strain, etc. if known:			
BIOL	Ebola virus	opening saw type, sound, etc. ii knowiti			
	2.12 (iii) - If the specific biological agent (genus, species) is not known, exp	lain:			
_	© Yes provide furths	r details in 2.14 below			
	area decontaminatory distriction performed,	on/disinfection was not required → Go to 2.15			
Š	No, Other, explain	in 2.14 helow why not done or not done per standards			
2.14 Additional details (decontamination/disinfection details where done OR explain why not done if and as require Person left per protocol via the disinfectant chemical shower.					
•					
	2.15 - Did/will any of the affected person(s) travel outside of the province/t of filness?  No	erritory in the days/weeks following exposure or onset			
ᇳ					
TRAVEL	2.16 - If any affected person(s) have travel outside of the province/territory illness, indicate if travel did/will occur during the known incubation period ( suspected or confirmed LAI)	in the days/weeks following exposure or onset of exposed persons) or infectious period (persons with			

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Affected Person 1	Affected Perso		ted persons anywhere on this fo		
3.1 (i) - Indicate exposure or illness/	3.1 (ii) - Indicate exposure	<u> </u>	3.1 (iii) - Indicate exposul		
fisease status at the time of this report exposure		disease status at the time of this report		disease status at the time of this report	
3.2 (i) - Primary route of exposure Other, explain in 3.3 below	3.2 (ii) - Primary route of exposure		3.2 (iii) - Primary route of exposure		
8.3 (i) - If Unknown/Other route of exposure, explain : No contact was made with the liquid, but it was in close proximity to the employees face.	3.3 (ii) - If Unknown/Othe exposure, explain :	r route of	3.3 (iii) - tf Unknown/Oth exposure, explain :	er route of	
3.4 (i) - Indicate onset of symptomatic Ilness/presentation	3.4 (ii) - Indicate onset of illness/presentation	symptomatic	3.4 (iii) - Indicate onset o	fsymptomatic	
3.5 (i) - Onset Date:	3.5 (ii) - Onset Date:	Check If unknown	3.5 (til) - Onset Date:	Check if unknown	
i.6 (i) - Indicate all the immediate and/ or early post-exposure interventions, i.e. hose administered within 0-7 days of the inown/suspected exposure incident?  Check all that apply)  if irst-aid administered immediately after the exposure  occupational health consultation within 0-7 days of the exposure  medical consultation within 0-7 days of the exposure  post-exposure prophylaxis (PEP) within 0-7 days of the exposure  drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure  Not applicable  Other, describe below:	3.6 (ii) - Indicate all the im or early post-exposure int those administered within known/suspected exposure (Check all that apply)  first-ald administered in after the exposure occupational health convirtin 0-7 days of the indicate of the exposure post-exposure prophyl within 0-7 days of the individual days of the exposure prophyl within 0-7 days of the individual days of the individual days of the individual days of the individual days of the exposure Not applicable Other, describe below:	erventions, i.e. 0-7 days of the e incident?  mmediately  nsultation exposure eithin 0-7 days  axis (PEP) exposure out, antiviral, 0-7 days of the	3.6 (iii) Indicate all the in or early post-exposure in those administered within known/suspected exposu (Check all that apply)  first-aid administered after the exposure occupational health of within 0-7 days of the medical consultation of the exposure prophy within 0-7 days of the drug treatment (antible antifungal, etc.) within exposure Not applicable Other, describe below	terventions, i.e. 10-7 days of the re incident?  Immediately  onsultation exposure within 0-7 days  daxis (PEP) exposure iddic, antiviral, n 0-7 days of the	
A.7 (i) - Indicate ail of the later post- xposure interventions i.e. those dministered more than 7 days after the xposure incident? (Check all that apply) occupational health consultation > 7 days after the exposure medical consultation > 7 days after the exposure post-exposure prophylaxis (PEP) > 7 days after the exposure drug treatment (antibiotic, antiviral, antifungal, etc.) > 7 days after the Not applicable Other, describe below:	3.7 (ii) - Indicate all of the exposure interventions i.e administered more than 7 exposure incident? (Check occupational health or days after the exposure the exposure prophy days after the exposure drug treatment (antibiantifungal, etc.) > 7 da Not applicable Other, describe below  3.8 (ii) - Illness Outcome	those days after the all that apply) insultation > 7 e 7 days after laxis (PEP) > 7 e otic, antiviral, ys after the	3.7 (iii) - Indicate all of the exposure interventions in administered more than 7 exposure incident? (Check occupational health of days after the exposure medical consultation the exposure post-exposure prophidays after the exposure days after the exposure of drug treatment (antible antifungal, etc.) > 7 drug treatment (antible of the exposure of	e. those days after the call that apply) onsultation > 7 re > 7 days after  claxis (PEP) > 7 re clotic, antiviral, ays after the	
3.9 (f) - if recovered, Indicate the	3.9 (II) - If recovered, indic		3.9 (iii) - If recovered, ind		

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Section	on 4.0: Affected Person(s) - Laboratory e	nt investigation and Reporting Fo sperience and role each person exposed/infector		
ш	Affected Person 1	ease request Additional Affected Persons Form from expos	ure-exposition@phac-aspc.gc.ca  Affected Person 3	<u>:</u>
ICE AND ROU	4.1 (i) - What is the affected person's highest completed level of education?	affected person's 4.1 (ii) - What is the affected person's 4.1 (iii) - What is the affected		l person's
Y EXPERIEN	Indicate this person's laboratory experience in years	Indicate this person's laboratory experience in years	Indicate this person's laboratory experience in year	
- LABORATOR	4.2 (I) - What is the affected person's laboratory qualifications or regular role in the laboratory/facility?	4.2 (ii) - What is the affected person's laboratory qualifications or regular role in the laboratory/facility?	4.2 (III) - What is the affected laboratory qualifications or re in the laboratory/facility?	
AFFECTED PERSONS - LABORATORY EXPERIENCE AND RDIE	4.3 (I) - If "Other" or no laboratory qualifications explain below:	4.3 (ii) - If "Other" or no laboratory qualifications explain below:	4.3 (lii) - If "Other" or no labor qualifications explain below:	ratory
	on 5.0: Risk Rating and Risk Potential (	this section and beyond pertains to the <u>ov</u>	erali incident)	
•	[[note this scale applies broadly, considerin	owest and 5 being highest), the actual or poten g the risk/impact to the individual, other staff A he most appropriate level of severity for the inc	ND public health: see examples	
	1= Negligible, minimal risk for disease and na 2= Minor, low risk disease <u>and/or</u> low risk to 3= Moderate, moderate risk for disease <u>and/</u> 4= Major high risk of severe disease/death <u>a</u>	risk to public health:	among close contacts, no deaths); spread/outbreak/futolities):	· 1
	Indicated above.  Where 1= Rare, incident will probably neve 4= Likely to happen again but not a persist  5.3 - Automatically Calculated, Multiplyin	west and 5 being highest), the likelihood of receiver recur; 2= Unlikely, not expected to recur; 3= Fent circumstance; 5= Almost Certain, will undoing 5.1 and 5.2 results in the risk rating of the or	Possible, may recur occasionally; ubtedly recur	2
_	(Value of 5.1) x (Value of 5.2) = (Value of 5.4) = (Value	potential severity (i.e. was there a potential for	or the incident to have been more	
SESSMENT	(^ Yes → Go to 5.5		't know → Go to Section 6.0	severe)
RISK RATING AND RISK AŠSES	5.5.i Engineering Controls:  Automation or computerization -  Design of facilities and equipment containers, sealed biological waste	use of devices or systems removed people from t - use of design features (ventilation, biosafety e containers, sealable centrifuge cups, etc.) redu physical/design barriers prevented errors or re-	n error prone or high risk activities cabinets, engineered sharps, shar iced error, exposure/extent of haz	ps eard
	Standards/SOPs, policies, rules, el guidance such as Biosafety Manua	tools and/or processes - use of standardized exertity or duration of the hazard/exposure lectronic procedures, drop-down menus - avail is, Pathogen Safety Sheets, Laboratory noteboocks - pop up reminders, verification sign-offs, che hazard	ability and required/reinforced us ks etc. reduced error/hazard	e <b>o</b> f
•	procedures/rules and other admin	monitoring, early, appropriate response - indivistrative controls prevented errors or reduced of istrative controls prevented errors or reduced of ise of individual physical barriers (lab coat, glow	contact/exposure to the hazard	

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Completed To Go to 6.2   Completed To Go t	
6.2 - Have the root causes of the incident been established by the investigation?  Root causes established: Investigation complete	
Root Cause Analysis (Questions 6.4- 6.10) - Identify root causes of all causal factors for the incident in the sections/sub-se	
Root Cause Analysis (Questions 6.4- 6.10) - Identify root causes of all causal factors for the incident in the sections/sub-se	
Root Cause Analysis (Questions 6.4- 6.10) - Identify root causes of all causal factors for the incident in the sections/sub-se	
Root Cause Analysis (Questions 6.4- 6.10) - Identify root causes of all causal factors for the incident in the sections/sub-se	
6.4.1 - Ware there standards political procedures and	ctions below
6.4.1 - Were there standards, policies, procedures or other expected practice documents that guided the work/activities the incident (these may include SOPs, requirements, written guides, instructions, rules and checklists)?	es related to
C Yes → Go to 6.4.ii C No → Go to 6.5.i © N/A → Go to 6.5.i	····
Section of the standards, policies, procedures or other expected practice documents that guided work:   Were known but not followed   Were not followed because they were not known by the user   Were not followed correctly (followed as written, but may have been confusing, not detailed enough or unclear   Were followed but were not correct for the task (contained wrong information or inadequate to address the sit   Were not in place but should have been in place (the nature of the hazard warrants written direction)   Section of the standards, policies, procedures or other expected practice documents that guided work:   Were not followed because they were not known by the user   Were not followed brough or unclear   Were followed but were not correct for the task (contained wrong information or inadequate to address the sit   Were not in place but should have been in place (the nature of the hazard warrants written direction)   Section of the standards, policies, procedures or other expected practice documents that guided work:	
were not followed because they were not known by the user	
were not followed correctly (followed as written, but may have been confusing, not detailed enough or unclear were followed but were not correct for the task (contained wrong Information or inadequate to address the sit	r, etc.)
were not in place but should have been in place (the nature of the hazard warrants written direction)	dation
6.4.iii - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide mon	
6.5.i - Were there problems with <u>management and/or oversight</u> directly related to the occurrence (in this section, "e refers to facility-driven enforcement)?	 enforcement"
C Yes $\rightarrow$ Go to 6.5.ii $\bigcirc$ No $\rightarrow$ Go to 6.6.i $\bigcirc$ N/A $\rightarrow$ Go to 6.6.i	
6.5.Ji - If γes, check all that apply:	
No supervision of work related to the incident as/when there should have been	
Improvement needed re: supervision of work related to the Incident	
No auditing, evaluation, or enforcement re: <u>USE</u> of standards, policies or procedures or other documents	
Improvement needed on auditing, evaluation, or enforcement re: USE of standards, policies, procedures etc.	
Training lacks auditing, evaluation, or enforcement  Training lacks auditing, evaluation, or enforcement	
Training lacks auditing, evaluation, or enforcement  Training needs improvement re: auditing, evaluation, or enforcement  Preparation needs improvement for a walk through to be placed as a walk hardfall for a walk through to be placed as a walk hardfall for a walk through to be placed as a walk hardfall for a walk through to be placed as a walk hardfall for a walk through to be placed as a walk hardfall for a walk through to be placed as a walk hardfall for a walk through the placed as a walk hardfall for a walk through the placed as a walk hardfall for a walk through the placed as a walk hardfall for a walk through the placed as a walk hardfall for a walk through the placed as a walk hardfall for a walk through the placed as a walk hardfall for a walk through the placed as a walk hardfall for a walk through the placed as a walk hardfall for a walk through the placed as a walk hardfall for a walk through the placed as a walk hardfall for a walk through the placed as a walk hardfall for a walk through the placed as a walk hardfall for a walk through the placed as a walk hardfall for a walk through the placed as a walk through through the placed as a walk through through the placed as a walk through the placed as a walk through through the place	
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Training lacks auditing, evaluation, or enforcement  Training lacks auditing, evaluation, or enforcement  Training needs improvement re: auditing, evaluation, or enforcement  Preparation needs improvement (e.g., walk-through, job planning, pre-work briefing) for activities related to t  Human factors need improvement (e.g., recognition of fatigue, impairment, work load, state of mind, team sel  Risk assessment prior to work was not done	
Training lacks auditing, evaluation, or enforcement  Training lacks auditing, evaluation, or enforcement  Training needs improvement re: auditing, evaluation, or enforcement  Preparation needs improvement (e.g., walk-through, job planning, pre-work briefing) for activities related to the Human factors need improvement (e.g., recognition of fatigue, impairment, work load, state of mind, team set Risk assessment prior to work was not done  Risk assessment conducted prior to the work needs Improvement	
Training lacks auditing, evaluation, or enforcement  Training needs improvement re: auditing, evaluation, or enforcement  Preparation needs improvement (e.g., walk-through, job planning, pre-work briefing) for activities related to the Human factors need improvement (e.g., recognition of fatigue, impairment, work load, state of mind, team sellow.  Risk assessment prior to work was not done	
Training lacks auditing, evaluation, or enforcement  Training needs improvement re: auditing, evaluation, or enforcement  Preparation needs improvement (e.g., walk-through, job planning, pre-work briefing) for activities related to the Human factors need improvement (e.g., recognition of fatigue, impairment, work load, state of mind, team sellows assessment prior to work was not done  Risk assessment conducted prior to the work needs improvement	lection)
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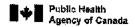
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	6.6.1 - Was there a training issue related to the incident?
	C Yes $\rightarrow$ Go to 6.6.ii G No $\rightarrow$ Go to 6.7.i C N/A $\rightarrow$ Go to 6.7.i
	6.6.ii - If yes, check all that apply:
	There was <u>no training for the task</u> related to the incident
	Training was inappropriate or insufficient to support adequate understanding
G	Appropriate and sufficient training was <u>available</u> , <u>but not completed</u>
Ž	Staff was not qualified or proficient in performing the task related to the incident
FRAINING	
-	5.6.iii If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the Incident, provide more detail or explanation below:
	i
	·
	6.7.i - Were there communication factors directly related to the occurrence?
	$\bigcirc \text{Yes} \rightarrow \text{Go to 6.7.ii} \qquad \bigcirc \text{No} \rightarrow \text{Go to 6.8.i} \qquad \bigcirc \text{N/A} \rightarrow \text{Go to 6.8.i}$
	6.7.ii - If yes, check all that apply:
. 중	There is no method or system for communication
. E	No communication occurred but should have
Ĭ	Communication occurred but was unclear, ambiguous, misunderstood, incorrect or not detailed enough
COMMUNICATION	6.7 lii Han Dick Group 3. Dick Court And Court C
ē	6.7.lii. If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:
	6.8.i - Were there equipment factors that may directly relate to the occurrence?
	Yes → Go to 6.8.ii
	6.8.ii - If yes, check all that apply:
	The equipment design needs improvement (e.g. design does not meet specifications, specifications inadequate, etc.)
	Equipment was not properly maintained (e.g. equipment not maintained to manufacturer or facility standards, etc.)
	Equipment maintenance needs improvement (e.g. maintenance meets specifications but equipment still failed)
N.	Equipment used was not fit for purpose (e.g. equipment is being used beyond intended/recommended use)
₩	Quality control was not done (e.g. calibration, validation or testing was not done as/when it should have been)
EQUIPMENT	Quality control needs improvement (e.g. calibration, validation, testing done to accepted standards but still failed)
ш	The state of the s
	6.8.lll If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or
	explanation below:  None of the Items in 6.8ii are appropriate, so none were selected. The equipment (PPE) functioned as designed and was used as
	per sops in place. It had a small repair on the "ear" and this is where the leak is presumed to have occurred.
	,
	6.9.i - Was there human interaction or human factors related to work demands or the work environment that directly related to
	the incident?
	C Yes → Go to 5.9.li ⑥ No → Go to 6.10.l N/A → Go to 6.10.l
	6.9.ii - If yes, check all that apply
Ž	Improvement needed with respect to:
9	The labelling, placement, operation, displays or other functions of tools/equipment in the work environment
Æ	Environmental factors within in the work area (e.g., temperature, obstructions, clutter, distractions/noise, surfaces, lighting, etc.)
HUMAN INTERACTION	Workload constraints, pressures or other demands (constraints/demands interfered with staff capability in managing tasks)
NA	6.9.iii If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or
5	explanation below:
Ţ	
	·

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	6.10.i - Were there any other factors related to the incident?	<del></del> -	
	Yes → Go to 6.10.ii	ion 7.0 ⊝ N/A → Go to Sectio	n 7.0
ž	6.10.ii - If other factors were involved, provide more detail or explanation 1	below.	
CTC			
OTHER FACTORS			
뿚			
٥			
	•		
_			
Sectio	n 7.0: Outcome		
	7.1 - Based on your investigation and root causes described above, indicate	any corrective actions to be taken	
	completion date for each. If more room is needed, use Additional Notes sect	tion at the end of the form.	and the falket
	Corrective Action Planned or Taken	Implementation Date	
	The suit was taken out of rotation.		<del></del>
z		04/sept/2015	
욢			i
/E A(	2.		
CTIV			ŀ
CORRECTIVE ACTION			
8	3.		
	4.		
	7.2 - Has management been informed of this incident? • • Yes	No or unknown, explain be	low
<b>=</b>			
ME	Provide more detail or explanation below.  none required		•
AGE			
MANAGEMENT			
_			
	7.3 - Have there been similar <u>previous</u> occurrences at your location in the p	ast?	∩ No → Go to 7.7
	7.4 - Were corrective actions specified to address one or more previous occ	urrence(s)? (Yes → Go to 7.5	No → Go to 7.6
χĵ		1,000	(€) NO → GO 10 7.6
ENCES	7.5 - Were corrective actions taken to address one or more previous occurr	ences? C Yes → Go to 7.6	<b>©</b> No → Go to 7.6
PREVIOUS OCCURR	7.6 - Describe the corrective actions taken to address the previous occurren	00	
ö	specified and/or taken.		
Š	Positive pressure suits are required to work in CL4. They sometimes acquire	small holes etc which are repaired	. The suit continues
ž	to be used as long as it passes the weekly pressure decay test, which this su employee.	it had done 2 days prior to being w	orn by this
£			
	7.7 - Based on your <u>current</u> investigation, what components of your biosafe	tv program management system co	nuld be improved to
	reduce the likelinood of future occurrences of this incident? Check all that a	pply:	Table 10 mprotes to
	Procedures, Protocols and SOPs Mana	gement system and/or oversight	
	<u> </u>	ment factors	
Ž,	<u> </u>	n interaction or human factors	
MPROVEMENTS	Communication Other	_·	
Š	7.8 - Provide more detail/explanation based on your responses selected in	7.7 above	
MP	None of the above. All procedures were followed. All training was complet The equipment was functioning as expected and the affected employee rea	<ul> <li>There was no lack of communical</li> </ul>	ition or oversight.
-	significant experience working in a high containment animal area.	ссса и ан арргорнаце плаплет ТСП	ng someone with
			Page: 97 of/de

Non	e required.			5	
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РНА	C - CENTRE FOR BIOSECURIT	ry notes			
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Click to Submit by Email to: exposure-exposition@phac-aspc.gc.ca Tables a funformation paragraph of a contraction of the contra

### Incident Investigation and Reporting Form

The purpose of this tool is to help you to:

- Establish the facts surrounding the incident, including:
  - What precisely happened, and how
  - When and where the incident occurred
  - Why the incident occurred
- Look for improvements in existing systems and processes
- Formulate recommendations and a corrective action plan
- Share lessons learned within your organization

#### **EXPOSURE INCIDENT DEFINITION:**

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.

Canadian Biosofety Standards and Guidelines, 1<sup>st</sup> ed.

INSTRUCTIONS: Fill the form sequentially. Depending on your response, you may be directed to skip certain questions.

ection :	1.0: Administrative Information				
9	nAspandor, into exercise para comisci.	1.1 - Date Rep 14-Oct-2015	port Created:	1.2 - Date Revised (if applical	ble):
经	eptellado (rmo	1.3 - <u>If revised</u>	l, indicate the reas	on for the update to an earlier (	eport
1.4	4 Please Indicate the laboratory containment level:	C CL2	C CL3		
1.5	5 How would you describe the sector/primary area of fo	ocus for your ins	titution/facility's	activities? (Check all that apply)	
	Academic (University, Veterinary College, College, CEGEP, H			th - Government (F/P/T/Municipa	1)
-	Private Industry/Business (Animal Health, Human Health,	h. Biotechnology. Tenviron		nt - Government (F/P/T/Municipa	l)
ADMINISTRATIVE INFORMATION	Pharmaceutical, Food Industry, Pathogen or Taxin distributor	)	Veterinary/	Animal Health - Gov't (F/P/T/M	inicipal)
	Hospital (Academic-offiliated, non-academic affiliated)		Other Gove	rnment [F/P/T/Municipal)	
∯ Se	elect the size of the facility/institution (based on the app	oroximate numb	er of laboratory sta	aff/students working in the facili	ty}:
ا يَ	arge (greater than 150 staff)				
<u>≧</u> 1.	.6 - Reporter's contact information (provide contact de	tails for the ness	on making the sec-		
Re	eporter's Name: (First, Last): Catherine Robertson	talls for the persi	on making the repo	ort):	
<u> </u>	Reporter's Email: catherine.robertson@phac	-aspc.gc.ra			
₹	Reporter's Telephone: 204-789-6079		<del></del>	<u>.</u> .	
1.1	7 - Reporter's role in the incident				
1.i	ot involved/did not witness occurrence; informed follows:  8 - Investigational team members and roles (provide finodd Coulter Director RPSSD - Investigator RPSD - Inve	st and last name	and role on invest	tigation team for each team men	nber)
1.: To Le Ca	8 - Investigational team members and roles (provide fir	rst and last name	and role on invest	tigation team for each team men	nber)
1.i To Le Ca To	8 - Investigational team members and roles (provide fined Coulter Director RPSSD - Investigator as Wittmeier Manager Technical Services, RPSSD - Invest atherine Robertson, Head, Safety and Environmental Seodd Mitchell, Senior Mechanical Specialist, RPSSD - Invested Mitchell, Senior Mechanical Specialist, RPSSD - Invested	rst and last name igator rvices, RPSSD - li stigator	e and role on invest		nber)
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-	220 (.)		<del></del> .			
	2.3 (I) - Select the occurrence type that best characterizes the incident:					
	Loss of Containment					
	2.3 (ii) - Select the main activity that best describes the work being undertaken during the incident:					
ed	Other, describe in brief description below		g the niciuent:			
Ē	•					
OCCURENCE - INCIDENT DESCRIPTION (continued)	2.3 (iii) - <u>Briefly</u> describe the incident (if necessary, more detail can be provided autoclaving RG4 carcasses and waste. filter was not in place during autoclaying autocla	ded in the ave runs.	Additional Notes at the end of this form).			
₫						
ñ			·			
Ä						
Ë						
8	2.4 - Indicate/describe the location where the incident occurred within the	facility:				
₽	Autoclave serving the NML CL-4 laboratory					
岁						
띭						
1000	2.5 - Is the date and/or time the incident occurred known? ☐ Yes → Go to	2.6	No → Go to 2.8			
	2.6 - Date the incident occurred: 2.7 - Time the incident occurred:	2.8 - Dat	te incident first reported to facility authority:			
	HH:mm					
		08-Sep-2	015			
	2.9 - Is the biological agent involved in the incident known? $\bigcirc$ Yes $\rightarrow$ Go	to 2.10	(": No → Go to 2.12 (iii)			
	2.10 - Select the HPTA Schedule to which the biological agent belongs:		11 (i) - Select the type of biological agent:			
	Schedule 4 - Risk Group 4 Human Pathogens		/irus			
¥	2.11 (ii) - If "Other" type of biological agent was selected, describe below:					
Ğ	- 122 (ii) in Ordier Lype of Biological agent was selected, describe below:					
हे						
BIOLOGICAL AGENT	2.12 (i) - Identify the specific biological agent (genus, species): 2.12 (ii					
절	Z.12 (ii)	- Specity :	sub-type, strain, etc. if known:			
-	Multiple RG4 agents					
	2.12 (iii) - If the specific biological agent (genus, species) is not known, exp	plain:	······································			
			<b>`</b>			
-	•					
	2.13 - Was decontamination/disinfection performed, C Yes, provide furth	er details i	in 2.14 below			
	2.25 - 1103 decontamination/disinfection performed,		ection was not required → Go to 2.15			
	applicable standards and suitables?		elow why not done or not done per standards			
2	(= No, Other, explain	n in 2.14 <b>0</b>	elow why not done or not done per standards			
DECONTAMINATION	2.14 Additional details (decontamination/disinfection details where done O	R explain v	why not done if and as required, etc.).			
Ž	Decontamination was performed by autoclaving. However it was discovered	ed that an	in-line filter was missing from the autoclave			
₹	in contravention of the CBSG R 3.6.14 which states that two stages of HEPA has been missing. Estimation based on last filter purchased points ot it bel	filtration i	s required. It is unknown how long this filter			
Š	that been missing. Estimation based on last filter purchased points of it bei	ng missing	j since 2012.			
품			İ			
	2 dF Didby(II Ch) - (C					
	2.15 - Did/will any of the affected person(s) travel outside of the province/ of illness?	territory li	n the days/weeks following exposure or onset			
	Unknown					
Ķ						
TRAVEL	2.16 - If any affected person(s) have travel outside of the province/territor	y in the da	ys/weeks following exposure or onset of			
_	illness, indicate if travel did/will occur during the known incubation period suspected or confirmed LAI)	{exposed	persons) or infectious period (persons with			

Incident Investigation and Reporting Form  $^{\rm Dublique}$  du Canada Section 3.0: Affected Person(s) - route of exposure, post-exposure interventions and illness outcome for each person exposed/infected If more than three affected persons, please request Additional Affected Persons Form from exposure-exposition@phac-aspc.gc.ca PRIVACY NOTE: DO NOT provide personal names or personal identifying information on affected persons anywhere on this form. Affected Person 2 Affected Person 1 Affected Person 3 3.1 (i) - Indicate exposure or illness/ 3.1 (ii) - Indicate exposure or iliness/ 3.1 (iii) - Indicate exposure or illness/ disease status at the time of this report disease status at the time of this report disease status at the time of this report 3.2 (i) - Primary route of exposure 3.2 (ii) - Primary route of exposure 3.2 (iii) - Primary route of exposure 3.3 (i) - If Unknown/Other route of 3.3 (ii) - If Unknown/Other route of 3.3 (iii) - If Unknown/Other route of exposure, explain : exposure, explain : exposure, explain: 3.4 (i) - Indicate onset of symptomatic 3.4 (li) - Indicate onset of symptomatic 3.4 (iii) - Indicate onset of symptomatic illness/presentation illness/presentation illness/presentation 3.5 (i) - Onset Date: 3.5 (ii) - Onset Date: 3.5 (iii) - Onset Date: Check if Check if Checkif unknown 3.6 (i) - Indicate all the immediate and/ 3.6 (ii) - Indicate all the immediate and/ 3.6 (iii)- Indicate alf the Immediate and/ OUTCOM or early post-exposure interventions, i.e. or early post-exposure interventions, i.e. or early post-exposure interventions, i.e. those administered within 0-7 days of the those administered within 0-7 days of the those administered within 0-7 days of the known/suspected exposure incident? known/suspected exposure incident? known/suspected exposure incident? (Check all that apply) AFFECTED PERSONS: EXPOSURE, POST-EXPOSURE INTERVENTIONS, (Check all that apply) (Check all that apply) first-aid administered immediately first-aid administered immediately first-aid administered immediately after the exposure after the exposure after the exposure occupational health consultation occupational health consultation occupational health consultation within 0-7 days of the exposure within 0-7 days of the exposure within 0-7 days of the exposure medical consultation within 0-7 days medical consultation within 0-7 days medical consultation within 0-7 days of the exposure of the exposure of the exposure post-exposure prophylaxis (PEP) within 0-7 days of the exposure post-exposure prophylaxis (PEP) post-exposure prophylaxis (PEP) within 0-7 days of the exposure within 0-7 days of the exposure drug treatment (antibiotic, antiviral, drug treatment (antibiotic, antiviral, drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the antifungal, etc.) within 0-7 days of the antifungal, etc.) within 0-7 days of the exposure exposure exposure Not applicable Not applicable Not applicable Other, describe below: Other, describe below: Other, describe below: 3.7 (i) - Indicate all of the later post-3.7 (ii) - Indicate all of the later post-3.7 (III) - Indicate all of the later postexposure interventions i.e. those exposure interventions i.e. those exposure interventions i.e. those administered more than 7 days after the administered more than 7 days after the administered more than 7 days after the exposure incident? (Check all that apply) exposure incident? (Check all that apply) exposure incident? (Check all that apply) occupational health consultation > 7 occupational health consultation > 7 occupational health consultation > 7 days after the exposure days after the exposure days after the exposure medical consultation > 7 days after medical consultation > 7 days after medical consultation > 7 days after the exposure the exposure the exposure post-exposure prophylaxis (PEP) > 7 post-exposure prophylaxis (PEP) > 7 post-exposure prophylaxis (PEP) > 7 days after the exposure days after the exposure days after the exposure drug treatment (antiblotic, antiviral, drug treatment (antibiotic, antiviral, drug treatment (antibiotic, antiviral, antifungal, etc.) > 7 days after the antifungal, etc.) > 7 days after the antifungal, etc.) > 7 days after the Not applicable Not applicable Not applicable Other, describe below: Other, describe below: Other, describe below: 3.8 (i) - Illness Outcome 3.8 (ii) - Illness Outcome 3.8 (iii) - Illness Outcome 3.9 (i) - If recovered, indicate the 3.9 (ii) - If recovered, Indicate the 3.9 (iii) - If recovered, Indicate the recovery time recovery time recovery time

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Section	on 4.0: Affected Person(s) - Laboratory	experience and role each person exposed/infect please request Additional Affected Persons Form from expos	ed:				
	Affected Person 1	Affected Person 2	Affected Person 3	<del>-                                    </del>			
AFFECTED PERSONS - LABORATORY EXPERIENCE AND ROLE	4.1 (i) - What is the affected person's highest completed level of education?	4.1 (ii) - What is the affected person's highest completed level of education?  4.1 (iii) - What is the affected highest completed level of education?		person's			
	Indicate this person's laboratory experience in years	Indicate this person's laboratory experience in years	Indicate this person's laboratory experience in years				
	4.2 (i) - What is the affected person's laboratory qualifications or regular role in the laboratory/facility?	4.2 (ii) - What is the affected person's laboratory qualifications or regular role in the laboratory/facility?  4.2 (iii) - What is the affected laboratory qualifications or re in the laboratory/facility?		•			
AFFECTED PERSONS	4.3 (i) - If "Other" or no laboratory qualifications explain below:	4.3 (ii) - If "Other" or no laboratory qualifications explain below:	4.3 (iii) - If "Other" or no labor qualifications explain below:	ratory			
Sectio	on 5.0: Risk Rating and Risk Potential	(this section and beyond pertains to the ov	orall incident)				
	5.1 - Indicate, on a scale of 1-5 (1 being I (note this scale applies broadly, considering)	owest and 5 being highest), the actual or poten ng the risk/impact to the individual, other staff A the most appropriate level of severity for the ind	tial severity of the occurrence.  ND public health: see examples				
	1= Negligible, minimal risk for disease and no risk to public health; 2= Minor, low risk disease and/or low risk to public health; 3= Moderate, moderate risk for disease and/or moderate risk to public health (limited spread among close contacts, no deaths); 4= Major high risk of severe disease/death and/or significant public health impact (community spread/outbreak/fatalities); 5= Catastrophic, high risk of severe disease AND severe public health impact (severe epidemic/high mortality)						
	5.2 - Indicate, on a scale of 1-5 (1 being lowest and 5 being highest), the likelihood of recurrence at the severity indicated above.  Where 1= Rare, incident will probably never recur; 2= Unlikely, not expected to recur; 3= Possible, may recur occasionally; 4= Likely to happen again but not a persistent circumstance; 5= Almost Certain, will undoubtedly recur  5.3 - Automatically Calculated. Multiplying 5.1 and 5.2 results in the risk rating of the occurrence						
	(Value of 5.1) x (Value of 5.2) = (Value of 5.3)  5.4 - Was the actual severity less than the potential severity (i.e. was there a potential for the incident to have been more						
Ä				severe)?			
SESSMENT	(7: Yes → Go to 5.5	No → Go to Section 6.0	't know → Go to Section 6.0	İ			
RISK RATING AND RISK ASSES	5.5 - If the actual severity was less than the potential severity, indicate what safeguards prevented a more severe (check all that apply for 5.5); 5.5lí and 5.5lií below)						
N ON	5.5.i Engineering Controls:						
VG A	Automation or computerization - use of devices or systems removed people from error prone or high risk activities						
WI!	Design of facilities and equipment - use of design features (ventilation, biosafety cabinets, engineered sharps, sharps containers, sealed biological waste containers, sealable centrifuge cups, etc.) reduced error, exposure/extent of hazard						
RISK	Forcing function and constraints - physical/design barriers prevented errors or reduced the amount, potency or extent of exposure/contact with the hazard						
	5.5.ii - Administrative Controls:  Standardization/simplification of tools and/or processes - use of standardized equipment, measures, terminology reduced errors and/or extent, severity or duration of the hazard/exposure  Standards/SOPs, policies, rules, electronic procedures, drop-down menus - availability and required/reinforced use guidance such as Biosafety Manuals, Pathogen Safety Sheets, Laboratory notebooks etc. reduced error/hazard  Reminders, checklists, double checks - pop up reminders, verification sign-offs, checklist actions, etc. reduced error extent of exposure/contact with the hazard						
	5.5.iii - Individual Controls (Human Action/Individual last line of defence):  Human observation (astute staff, monitoring, early, appropriate response - Individual awareness, strict adherence procedures/rules and other administrative controls prevented errors or reduced contact/exposure to the hazard  Personal Protective Equipment - use of individual physical barriers (lab coat, gloves, eye protection, face shield, etc.)						
	prevented or reduced contact/ex	use of individual physical barriers (lab coat, glov posure to the hazard	es, eye protection, face shield, etc	÷)			

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Section inves	on 6.0: Investigation Status and Root Cause Analysis tigation Status (Questions 6.1-6.3) - Indicate the current status of the investigation			
	6.1 - What is the current status of the investigation?  ○ Not yet started → Go to 6.3			
TATUS	6.2 - Have the root causes of the incident been established by the investigation?			
IION S	Root causes established: Investigation complete → Go to 6.4.i			
INVENSTIGATION STATUS	6.3 - Explain why the investigation has not begun OR describe investigative activities to date:			
Root	Cause Analysis (Questions 6.4-6.10) - Identify root causes of all causal factors for the incident in the sections/sub-sections below			
PROTOCOLS, PROCEDURES & SOPS	6.4.i - Were there standards, policies, procedures or other expected practice documents that guided the work/activities related to the incident (these may include SOPs, requirements, written guides, instructions, rules and checklists)?			
	refers to facility-driven enforcement)?			
	6.5.ii - If yes, check all that apply:			
	No supervision of work related to the incident as/when there should have been			
	Improvement needed re: supervision of work related to the incident			
Ė	No auditing, evaluation, or enforcement re: <u>USE</u> of standards, policies or procedures or other documents  [] Improvement needed on auditing, evaluation, or enforcement re: <u>USE</u> of standards, policies, procedures etc.			
SIG	Training lacks auditing, evaluation, or enforcement			
OVE	☐ Training needs improvement re: auditing, evaluation, or enforcement			
≅	Preparation needs improvement (e.g., walk-through, job planning, pre-work briefing) for activities related to the incident			
MEN	Human factors need improvement (e.g., recognition of fatigue, impairment, work load, state of mind, team selection)			
MANAGEMENT & OVERSIGHT	Risk assessment prior to work <u>was not done</u> Risk assessment conducted prior to the work <u>needs improvement</u>			
MAI	Worker selection needs improvement			
	6.5.iii - If a Risk Group 3. Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:			
	Further detail on maintenance records needed from outside contractors. Increased oversight of contractors, contractor awareness training, documented maintenance expectations.			

	6.6.i - Was there a training issue related to the incident?
	Yes → Go to 6.6.fi
	6.6.ii - If yes, check all that apply:
	There was no training for the task related to the incident
	<ul> <li>✓ Training was <u>inappropriate or insufficient</u> to support adequate understanding</li> <li>☐ Appropriate and sufficient training was <u>available</u>, <u>but not completed</u></li> </ul>
TRAINING	Staff was not qualified or proficient in performing the task related to the incident
-	6.6.iil If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was Involved in the incident, provide more detail or explanation below:
	were not sufficiently aware of the risks of removal of this filter
	·
	·
_	
	6.7.1 - Were there communication factors directly related to the occurrence?
	Yes → Go to 6.7.ii
	6.7.ii - If yes, check all that apply:
Ξ	There is no method or system for communication
ATIC	✓ No communication occurred but should have
Ĭ	Communication occurred but was unclear, ambiguous, misunderstood, incorrect or not detailed enough
COMMUNICATION	6.7.iii. If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or
Ŝ	explanation below:
	Service records were not detailed enough to determine if full maintenance of the equipment was carried out according to service manual. The NML was not providing adequate oversight of the maintenance activities.
	6.8.i - Were there equipment factors that may directly relate to the occurrence?
	(a) Yes → Go to 6.8.ii
	6.8.ii - If yes, check all that apply:
	☐ The equipment design needs improvement (e.g. design does not meet specifications, specifications inadequate, etc.)  ✓ Equipment was not properly maintained (e.g. equipment not maintained to manufacturer or facility standards, etc.)
	Equipment maintenance needs improvement (e.g. maintenance meets specifications but equipment still failed)
ΕÑ	Equipment used was not fit for purpose (e.g. equipment is being used beyond intended/recommended use)
E Z	Quality control was not done (e.g. calibration, validation or testing was not done as/when it should have been)
EQUIPMENT	Quality control needs improvement (e.g. calibration, validation, testing done to accepted standards but still failed)
	GPW We hist Course Publication of the Course
	6.8.1ii If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:
	See 6.7 above. because of the lack of detail in the maintenance records it was difficult to ascertain if complete maintenance was
	performed. The NML was not providing adequate oversight of the maintenance activities.
	6.9.1 - Wire those burners issue with a subsume Section of the sec
	6.9.1 - Was there <u>human interaction or human factors</u> related to work demands or the work environment that directly related to the incident?
	( Yes → Go to 6.9,ii
	6.9.ii - If yes, check all that apply
NO	Improvement needed with respect to:
CTK	The labelling, placement, operation, displays or other functions of tools/equipment in the work environment
TER	Environmental factors within in the work area (e.g., temperature, obstructions, clutter, distractions/noise, surfaces, lighting, etc.)
HUMAN INTERACTION	Workload constraints, pressures or other demands (constraints/demands interfered with staff capability in managing tasks)
ΑM	6.9.iii If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:
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	6.10.i - Were there any other factors related to the incident?					
	Yes → Go to 6.10.ii No → Go to Se	ction 7.0 C N/A → Go to Section 7.0				
£3	6.10.il - If other factors were involved, provide more detail or explanation	below.				
OTHER FACTORS						
E.F.A.						
THER						
5						
	<u> </u>					
Sectio	n 7.0; Outcome					
	7.1 - Based on your investigation and root causes described above, Indicat					
	completion date for each. If more room is needed, use Additional Notes se	te any corrective actions to be taken and the target ction at the end of the form.				
	Corrective Action Planned or Taken	Implementation Date				
	in line HEPA filter was installed on Friday August 28th. The vent line					
Z	has been piped to the autoclave capture hood, to provide 2nd filtration	complete				
CORRECTIVE ACTION						
E AC	2. received further training will					
Ę	train RPSSD maintenance staff on their return	15-09-28 until October 9th 2015				
E E						
Ö	3. The autoclave manufacturer will provide a detailed check list of tasks to					
	be performed for each scheduled maintenance activity on each type of autoclave	check list being provided to RPSSD				
	A MAIL DOCCO Amelia that a fine of the co					
	NML-RPSSD develop their own checklist from service manual will report to the NML's Senior					
	Mechanical Technologist (or alternate) when on site	complete in place				
_	72 (					
_	7.2 - Has management been informed of this incident?	○ No or unknown, explain below				
	Provide more detail or explanation below.					
35	Management/oversight plan has been prepared to ensure closer oversigh	t of activities performed by contractors.				
MANAGEMENT		·				
ž						
	7.3 - Have there been similar previous occurrences at your location in the	past? CYes → Go to 7.4 © No → Go to 7.7				
	7.4 Minus contractions actions are 25 along dis-					
,	7.4 - Were corrective actions specified to address one or more <u>previous</u> or	ccurrence(s)? CYes → Go to 7.5 CNo → Go to 7.6				
ENCES	7.5 - Were corrective actions taken to address one or more previous occur	rrences? C Yes → Go to 7.6 C No → Go to 7.5				
. 65						
PREVIOUS OCCUR	7.6 - Describe the corrective actions taken to address the <u>previous</u> occurre specified and/or taken.	nces, OR explain why corrective actions were NOT				
osr	skepuled and or facely					
Š		·				
PRE						
		·				
	7.7 - Based on your <u>current</u> investigation, what components of your blosa reduce the likelihood of future occurrences of this incident? Check all that	fety program management system could be improved to				
	5-1-	nagement system and/or oversight				
		ipment factors				
ys.		nan Interaction or human factors				
	Communication Oth					
MPROVEMENTS						
ğ	7.8 - Provide more detail/explanation based on your responses selected i Maintenance checklists with signoff will ensure that contractors is carrying	n 7.7 above				
Ž	for better oversight of the contractors.	· 1				
	Training to RPSS staff on autoclave performance and maintenance will hel experience to improve oversight of contractors.	p them identify problems and proved them the				
Superione to improve oversight of contractors.						
	· ·					
		D 40E				

	beaker containing Salmonella was knocked	over onto desk").			
	•				
	•				
		·			
			•		
	HAC - CENTRE FOR BIOSECURITY NOTES				
		Figure (1997) (1997) (1997) (1997) Gravity Lagrage (1997) (1997) (1997) Gravity Lagrage (1997) (1997) (1997)		A (film of the American State of the America	
F	RECEIVED BY PHAC (NAME: FIRST, LAST)				
			the contract of the contract o		

## incident Reporting System (IRS) Act by the Public Health Agency of

Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé publique du Canada

#### **Utilization Report**

Incident ID:

913

Date:

2015-09-25

Time:

11:35

Review Team:

Laura Douglas, Carol Stansfield, Kelly Keith

Incident:

PHAC Level 3 Lab air system shutdown due to a faulty component

#### Incident Description:

The malfunction of an airflow sensing device caused the air system for a PHAC CL3 room to shutdown and enter its fail-safe mode, as designed. The component has been replaced and all related equipment is back to normal operation. The area was not occupied during the time of the occurrence.

#### Incident Communication Responses

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#### Communication Complete as of:

2017-08-31

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Biosecurity Portal (/) → Reporting (/reports/) → Exposure Notification Report - Occurrence Information s à l'information par l'Agence de la santé publique du Canada

## Exposure Notification Report - Occurrence Information

Exposure Incident Identification	Number: NR-16-000047				
	asterisk (*) are required to a section sign (§) are requir		·		
Are/did any of the individuals or infectious period? •	exposed or infected duri	ing the incident travelling ou	itside the province/territo	ory during the potenti	al incubation
No	<b>*</b>	•			
is the date that the incident o	ecurred known?		•		
Yes					•
<sup>™</sup> No					
Date the incident occurred					
2016-09-13					
Date the incident was first rep	norted to internal authorif	files)			
2016-09-13		()			
Indicate the location where th		<u> </u>			
Containment Level 2 small an	imai room				
· .					
Select the occurrence type(s)	that best characterise th	e incident (if more than one t	type is significant, check	k all that apply)	
Spill		•			
* Loss of containment					
Sharps-related (needle stick/	sharps injury)				
Animal-related (bites/scratche	3S)				
: Insect-related					
Personal protective equipmer	nt (PPE) related (inadequat	le or failure)			
Equipment-related Procedure-related					
Unknown					
Other					
ndicate the main activity that	best describes the work	being undertaken during the	incident		
Animal care	The second secon	** · · · · · · · · · · · · · · · · · ·			
s/are the biological agent(s) in	nvolved in the incident kr		•		
: Yes					
· No		•			
•	-				
Biological Agents				. •	
Specify the name(s) of the biol	ogical agent(s) involved	in the incident	·		· ···· <del>- · ,</del>
Start typing a biological agent r	name	· · · · · · · · · · · · · · · · · · ·			Add

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Name <b>1 ↓</b>	Human Risk Group 1 ♣	Animal Risk Group ★↓	Terrestrial Animal Path Authority	Canada /	DS&Qiilly the Pul Sensitive ★●/ul Unformation par	
Zika virus	RG2	RG1	Yes		d <b>N</b> •Canada	Not Applicable
Other Biologica	al Agents (10 maxim	num. Use semicolon	s ';' to add muftiple at a time	e.)		
Enter other bid	ological agent name	-	The state of the s	The control of the co		Add
-				· · · · · · · · · · · · · · · · · · ·	m in the water constant decide to be	
Other Biologic	cal Agent Name		er er en en en er er en en en er er en en er er egwe en er er er er er er er er er er er er er			
: :			No data is available in the	table ,		
Specify the ene	wific etrain sub-tun	e etc of the biologi	ical agent, if known/applical	Na &		
opecity the ape	onic ditain, add-typ	e, etc. or are brorog	on agent, it known applica			
	•					
<u> </u>	**************************************	and the second s				
			- *			
Was decontami standards and		of materials and sur	rfaces performed using pro-	cesses and method	s in accordance wi	th applicable
ା Yes, provide f	urther details below		`			
r∴ No, decontam	nination/disinfection w	as not required				
No, Other rea	son (explain below w	thy not done or not do	one per standards and guideli	nes)		
" Unknown (exp	olain below)					
Index (https://b	iosecurity-portal.hc-s	c.gc.ca/reports/notific	cation-index/?rid=0cb9dfb3-39	97c-e611-80eb-0050	56820108)	
Previous (https	://biosecurity-portal.h	nc-sc.gc.ca/reports/nc	tification-administrative-inform	nation/?rid=0cb9dfb3	3-397c-e611-80eb-00	5056820108)

Next Submission (https://biosecurity-portal.hc-sc.gc.ca/reports/notification-submission/?rid=0cb9dfb3-397c-e611-80eb-005056820108)

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**Attestation** 

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Not involved/did not witness; informed following the incident ▼

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Biosecurity Portal (/) → Reporting (/reports/) → Exposure Notification Report - Submission

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#### **Exposure Notification Report - Submission**

## I declare to the best of my knowledge, the information contained in this report is correct and complete. Reporter's Name (first, last) \*Reporter's role in the incident (select the option that best describes your role/participation during the incident)

Previous (https://biosecurity-portal.hc-sc.gc.ca/reports/notification-occurrence-information/?rid=0cb9dfb3-397c-e611-80eb-005056820108)

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Blosecurity Portal (/) → Reporting (/reports/) → Exposure Notification Report - Administrative Information

## **Exposure Notification Report - Administrative Information**

momation	
Exposure Incident identificati	on Number: NR-16-000047
<b>A</b> ▼ Information	
Fields marked with a	an asterisk (*) are required to save the page.
Select the incident type tha	at best describes the incident being reported 🖯
Exposure	
Licence Number associate	d with this incident
	t: 
Licence Holder	
Matthew Gilmour	
Indicate the containment le	vel of the laboratory associated with the incident
Containment Level 2	
Index (https://biosecurity-po	ortal.hc-sc.gc.ca/reports/notification-index/?rid=0cb9dfb3-397c-e611-80eb-005056820108) Next
Submission (https://biosect	urlty-portal.hc-sc.gc.ca/reports/notification-submission/?rid=0cb9dfb3-397c-e611-80eb-005056820108)

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## **Exposure Follow-up Report - Administrative Information**

	047 4		· · · · · · · · · · · · · · · · · · ·	
posure Incident Identification Number: FR-16-000	U47-1			
Fields marked with an asterisk (*) are require				
Sections marked with a section sign (§) are	required to submit the	report.		
		<b></b>		
elect the incident type that best describes the in	icident being report	ea <b>u</b>		
Exposure				
cence Number associated with this Incident				
▼				
icence Holder				
Matthew Gilmour				
Matthew Surrour				
dicate the containment level of the laboratory a	ssociated with the In	cident		
Containment Level 2 *		'		
·	lanna and the finda at a dis-	dente a tha beat to a		
edicate the <u>total</u> number of Individuals affected (	exposed + infected)	during the incident <b>6</b>		
edicate the <u>total</u> number of Individuals affected (	exposed + infected)	during the incident 🖰		
·	exposed + infected)	during the incident <b>6</b>		
ndicate the <u>total</u> number of Individuals affected (	exposed + infected)	during the incident <b>6</b>		● Add Affected Pers
edicate the <u>total</u> number of Individuals affected (				• Add Affected Pers
dicate the <u>total</u> number of Individuals affected (  1  Affected Persons	exposed + infected)  Disease  Status 1	during the incident <b>6</b> Route of Exposure <b>1</b>	Iliness Outcome 1	● Add Affected Pers
dicate the <u>total</u> number of Individuals affected (  1  Affected Persons	Disease	Route of		
dicate the <u>total</u> number of Individuals affected (	Oisease Status ↑↓	Route of Exposure 1 ↓		Completed 1
ndicate the <u>total</u> number of Individuals affected (	Oisease Status ↑↓	Route of Exposure 1 ↓		Completed 1
dicate the <u>total</u> number of Individuals affected (	Oisease Status ↑↓	Route of Exposure 1 ↓		Completed 1
dicate the <u>total</u> number of Individuals affected (  Affected Persons  Affected Person Identification Number	Disease Status 1 ↓ Exposure	Route of Exposure ♣ ♣	Outcome 🕕	Completed ★↓
adicate the <u>total</u> number of Individuals affected (	Disease Status 1 ↓ Exposure	Route of Exposure ♣ ♣	Outcome 🕕	Completed ★↓

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Start typing a biological agent name

Exposure Incident Identification Number: FR-16-000047-1

Gouvernement du Canada Document Released Under the Access to Information Act by the Public Health Agency of Canada / Document divulgué en vertu de la Loi sur

Biosecurity Portal (/) → Reporting (/reports/) → Exposure Follow-up Report - Occurrence Information par l'Agence de la santé publique du Canada

### **Exposure Follow-up Report - Occurrence Information**

Fields	rmation arked with an asterisk (*) are required to save the page.	
Section	marked with a section sign (§) are required to submit the report.	
* Are/did any of or infectious p	e individuals exposed or infected during the incident travelling outside the province/territory during the potential incution?	batic
No	<b>▼</b>	
* Indicate if any	econdary transmission (person-to-person spread) occurred following the incident <b>①</b>	
∴ Yes	The state of the s	
* No		
Unknown		
* is the date that	he Incident occurred known?	
₹ Yes		
No		
* Date the incide	t occurred	
2016-09-13		
* Date the incide	t was first reported to Internal authorit(ies)	
2016-09-13		
*Indicate the loc	tion where the incident occurred	
Containment L	vei 2 small animal room	
The first of the f		
* Select the occu	rence type(s) that best characterise the incident (if more than one type is significant, check all that apply)	
Spill		
Loss of conta	ment	
Sharps-relate	(needle stick/sharps injury)	
Animal-relate	(bites/scratches)	
Insect-related		
-	tive equipment (PPE) related (inadequate or failure)	
Equipment-re		
Procedure-rel	ed ·	
Unknown		
Other		
Indicate the ma	activity that best describes the work being undertaken during the Incident	
Animal care	¥	
ls/are the biolog	af agent(s) involved in the incident known?	
○ Yes		
: No		
§ Dialania	Aganta	
§Biologica		
Specify the nam	s) of the biological agent(s) involved in the Incident	

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		_		Document Released Un Information Act by the P		
				Canada / Document divi	ulgué en vertu	d <del>e la l</del>
Name <b>↑↓</b>	Human Risk Group ★↓	Animal Risk Group 🚹 🛡	Terrestrial Animal Pathogen	l'accès à l'information pa under CFIA e Security da Sensitive 1	ar l'Agence de Trigger Qu (mg) 1 ↓	antity
Zika virus	RG2	RG1	Yes	No	Not Applica	ble
Other Biologica	l Agents (10 maxin	num. Use semicolor	s ';' to add multiple at a time.)		. ,	
Enter other bid	logical agent name					Add
At - 51-1						
Other Biologic	al Agent Name			NEW COLUMN COLORS AND THE COLUMN ASSESSMENT OF	en energy of the first factor of the	
•			No data is available in the table	•		
pecify the spe	cific strain, sub-typ	e, etc. of the biolog	ical agent, if known/applicable	Ankak kula 4 matahan sahar 4 matahan		
Vas decontami tandards and (		of materials and su	rfaces performed using process	es and methods in accordance	with applicable	
Yes, provide f	urther details below					
No, decontam	ination/disinfection v	vas not required	•			
No, Other rea	son (explain below w	rhy not done or not d	one per standards and guidelines)			

Index (https://biosecurity-portal.hc-sc.gc.ca/reports/follow-up-index/?rid=6217ba1a-029a-e611-80fe-0050568253d3).

Previous (https://biosecurity-portal.hc-sc.gc.ca/reports/follow-up-administrative-information/?rid=6217ba1a-029a-e611-80fe-0050568253d3)

Submission (https://biosecurity-portal.ho-sc.gc.ca/reports/follow-up-submission/?rid=6217ba1a-029a-e611-80fe-0050568253d3)

Unknown (explain below)

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Biosecurity Portal (/) → Reporting (/reports/) → Exposure Follow-up Report - Risk Rating

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#### **Exposure Follow-up Report - Risk Rating**

Exposure Incident Identification Number: FR-16-000047-1



#### Information

Fields marked with an asterisk (\*) are required to save the page.

\*Indicate, on scale of 1-5, the <u>actual severity</u> of the incident, where 1 represents least severe and 5 represents most severe.

Note: this scale applies broadly, considering the risk/impact to the individual, other staff AND public health; see examples for each level from 1 to 5 to select the most appropriate level of severity for the incident on this broad scale.

1

Negligible, e.g. minimal risk for disease in the Individual/other staff AND no risk to public health

9

Minor, e.g. low risk for disease in the individual/other staff and/or low risk to public health

3

Moderate, e.g. moderate risk for disease in the individual/other staff and/or moderate risk to public health (limited spread among close contacts, no deaths)

4 Major

, e.g. high risk of severe disease/death in the individual/other staff and/or significant public health impact (community spread/outbreak/fatalities)

5

Catastrophic, e.g. high risk of severe disease in the individual/other staff AND severe public health impact (severe epidemic/high mortality etc.)

#### Unknown

\*Indicate, on a scale of 1 to 5, the <u>likelihood of a recurrence</u> of this type of incident at the severity indicated above, where 1 represents least likely and 5 represents most likely.

1

Rare, this type of incident will probably never recur

2

Unlikely, this type of incident is not expected to recur

3

Possible, this type of incident may recur occasionally

4

Likely

, this type of incident will probably happen again but is not a persistent problem/circumstance

5

Almost Certain

, this type of incident will undoubtedly recur (persistent problem/circumstance)

Unknown

Risk Rating (automatically calculated)

\*Was the <u>actual severity</u> less than the potential severity (i.e. was there a potential for the incident to have been more severe)?

Yes

: 1

Nο

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" Double leaves	Document Released Under the Access to
Don't know	Information Act by the Public Health Agency of
* If the actual severity was less than the potential severity, indicate wha	at type of safeguards prevented a more severe. Check all that applye la Loi su
	l'accès à l'information par l'Agence de la santé
Check all that apply	publique du Canada
Automation or computerization, e.g. use of devices or systems ren	noved people from error prone or high risk activities

Design of facilities and equipment, e.g. use of design features (ventilation, biosafety cabinets, engineered sharps, sharps containers, sealed biological waste containers, sealable centrifuge cups, etc.) reduced error, exposure/extent of hazard

Forcing function and constraints, e.g. physical/design barriers prevented errors or reduced the amount, potency or extent of exposure/contact with the hazard

Administrative Controls

Individual Controls (Human action/Individual last line of defence)

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Previous (https://biosecurity-portal.hc-sc.gc.ca/reports/follow-up-occurrence-information/?rid=6217ba1a-029a-e611-80fe-0050568253d3)

Next

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Biosecurity Portal (/) → Reporting (/reports/) → Exposure Follow-up Report - Investigation & Root Cause Analysis publique du Canada

## Exposure Follow-up Report - Investigation & Root Cause Analysis

ada			_

Exposure Incid	dent Identification Number: FR-16-000047-1
⊕ v Inf	formation
Fields	marked with an asterisk (*) are required to save the page.
*Incident Inve	atigation team members (provide first and last name and role for each member of the investigation team)
	urrent status of the investigation
Complete	
Root Ca	uses
* Have root cau	ises been established for the incident based on the investigation to date?
F Root cause	s established, analysis complete
Some root	causes established, investigation/analysis ongoing
Root cause	s not yet established, investigation/analysis in process
Unable to e	stablish root causes, investigation terminated
Standard	ds, Policies, Procedures
	andards, policies, procedures or other expected practice documents that guided the work/activities (these may include SOPs,
requirements,	written guides, instructions, rules and checklists)?
* Yes	
No	$\cdot$
Unknown	
Not Applicat	ole ·
Check all that	apply re: The standards, policies, procedures or other expected practice documents that guided the work were:
: Known but I	ot followed
Not followed	because they were not known by the user(s)
Not followe	d correctly (followed as written, but may have been confusing, not detailed enough or unclear, etc.)
Followed bu	t not correct for the task/activity (contained wrong information or were inadequate to address the situation)
Mot in place	but should have been in place (the nature of the hazard warrants written direction)
If a Risk Group	3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below
İ	
; :	
i	

#### **Training**

ALS THALA	a <u>frankind</u> isone talated to the incidenc	£
	_	

Yes

· No

Unknown

Information Act by the Public Health Agency of Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé

Communications	•	public	que du Canada		
*Were there any communication factors directly related to	the incident?	•			
্ Yes					
√ No					
Unknown					
Not Applicable					
Check all that apply					
There was no method or system for communication					
No communication occurred but should have					
Communication occurred but was unclear, ambiguous, m	nisunderstood, inco	orrect or not detailed	enough		
If a Risk Group 3, Risk Group 4 or Security Sensitive Biol	logical Agent was in	nvolved in the incide	nt, provide more	detail or explana	tion below
			`		
		•			
Management Oversight					
*Were there problems with management and/or oversight facility-driven enforcement)	directly related to t	he incident? (in the a	root causes belov	y "enforcement" :	refers to
Yes					
No					
Unknown					
Not Applicable					
Equipment					
*Were there equipment factors that directly related to the in	ncident?				
Yes		•			
⊗ No					
Unknown					
Not Applicable					
	•				
Human Interaction				-	
				W- 11449	
* Did any <u>human interactions or human factors</u> related to w	ork demands of the	a Mork auaitoitiusut	directly relate to	ine incident?	
Yes No					
Unknówn					
Not Applicable					
· ·	·			· ,	
Other Factors					
*Were there any other factors related to the incident?			•		
Yes	•				
No					
*Specify other factors		n			
Expected PA notification of switch from generator to commer occurring but lost track of time and was relying on usual PA a switch.	cial power did not oc	ccur (human error). Af	ffected employee v		

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Regarding the report from the website, I've been advised that the program tried to log on and expand the text boxes or copy the text into another document and wasn't able to. ATIP will have to contact the Centre for BioSecurity for the Information from that website.

Page cannot be printed from the system.

Missing underlined Information was provided by HSIB:

1. Facilities have added a line indicating no work in Type II A2 or II B2 cabinets should occur during planned switchover times to notification email sent to all building staff in advance of test day. (Complete) 2. Upon receipt of this email, security will add reminder to make PA announcement to Security Supervisor's Lotus Notes calendar to help prevent Commissionaire from forgetting. (effective as of next generator test Nov 2016)

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Biosecurity Portal (/) + Reporting (/reports/) + Exposure Follow-up Report - Outcome

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#### **Exposure Follow-up Report - Outcome**

Exposure Incident Identification Number: FR-16-000047-1



#### ♠ ▼ Information

Fields marked with an asterisk (\*) are required to save the page.

*Indicate whether corrective actions are planned or have been taken in relation to this incident.
® Yes
C No
Indicate the categories of corrective actions that apply for this incident (check all that apply).
F Procedures, protocols and SOPs
Standards and policies
Training .
Management system and/or oversight
Equipment factors
Human interaction or human factors
Other
Describe each corrective action implemented or planned <u>AND</u> indicate the expected completion date in brackets at the end of each correct action.
Example: Reinforce training on proper hand washing procedures among all staff and students working in the containment zone (January 31st, 2016).
<ol> <li>Facilities have added a line indicating no work in Type II A2 or II B2 cabinets should occur during planned switchover times to notification email sent to all building staff in advance of test day. (Complete)</li> <li>Upon receipt of this email, security will add reminder to make PA announcement to Security Supervisor's Lotus Notes calendar to help prevent</li> </ol>
Has management been informed of this incident?
© Yes
© No
5. Don't know
Have there been previous occurrence(s) (i.e. one or more previous similar incidents) at your location in the past?
Yes
™ No
Don't know
Based on the current <u>incident investigation</u> and root causes, what components of your blosafety program management system could be improved to reduce the likelihood of future occurrences?
Procedures, protocols and SOPs
Standards and policies
Training
Communication .
Management system and/or oversight
Equipment factors
Human Interaction or human factors
□ Unknown · · · · · · · · · · · · · · · · · · ·
Cother Control of the
f the incident involved a Risk Group 3. Risk Group 4 or Security Sensitive Biological Agent, explain or provide details on biosafety program
improvements:

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Additional Notes (provide any further details to describe the maj	Information Act by the Public Health Agency of in essence of the incident or additional comments on the investigation Canada / Document divulgue en vertu de la Loi su
findings).	3
	l'accès à l'information par l'Agence de la santé
	publique du Canada
	013-0047L-4-000

Index (https://biosecurity-portal.hc-sc.gc.ca/reports/follow-up-index/?rid=6217ba1a-029a-e611-80fe-0050568253d3)

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Biosecurity Portal (/) → Reporting (/reports/) → Exposure Follow-up Report - Submission

#### Document Released Under the Access to Information Act by the Public Health Agency of Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé publique du Canada

#### **Exposure Follow-up Report - Submission**

# Attestation I declare to the best of my knowledge, the information contained in this report is correct and complete. Reporter's Name (first, last) Laura Landry \*Reporter's role in the incident (select the option that best describes your role/participation during the incident) Not involved/did not witness; informed following the incident Previous (https://biosecurity-portal.hc-sc.gc.ca/reports/follow-up-outcome/?rid=6217ba1a-029a-e611-80fe-0050568253d3)

Page: 123 of/de 247 A2017000048 ATIA - 20(1)(b)
ATIA - 20(1)(c)

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l'accès à l'information par l'Agence de la santé

Formulaire de rapport d'incident blique du Santé

Incident : Mueller Hinton Broth 11 mi	Personne responsable :  Danielle Daignault			
Lot of Mueller Hinton Broth 11ml received. In numerous tubes with uneven level of liquid.	Upon verification, the lot showed			
Signature :	Date: 2015-12-02			
Mesures	prises			
Following an e-mail exchange	the lot was sterilized and discarded.			
The lot was replaced The	lot and the subsequent one showed the			
same problem, and were discarded. None o	f the tubes were used for testing.			
A forth lot was sent and this time showed a	cceptable levels of broth in the tubes.			
QA certificate was verified and sterility test	passed (attached).			
The issue had been communicated to the state of the same of the sa				
teams was assembled and will be meeting t	this month and a resolution plan will be			
sent to us.				
Signature :	Date: 2015-12-02			
Personnes informées : Shelley Frost	Date : 2015-12-04			
	Slatoy			

Formulaire de rapport d'incident

FRM-073-00

Page: 124 of/de 247 A2017000048 ATIA-16(2)(c) **ATIA - 19(1)** ATIA - 20(1)(b) ATIA - 20(1)(c)

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Formulaire de rapport d'incident blique du Canada

Canada / Document divulgué en vertu de la Loi sur l'accès à information par l'Agence de la santé

Formulaire de rapport d'incident blique du Canada

Canada / Document divulgué en vertu de la Loi sur l'accès à information par l'Agence de la santé

Incident : QC Problems Enterococcus faecalis ATCC 29	9212				
Personne responsable : Danielle Daignauit					
•					
Numerous QC failures related to Enterococcus faecalis ATCC 29212 for					
Chloramphenicol, gentamicin and tetracycline when usi	ng both Optireads.				
Signature :	Date: 2015-12-02				
Mesures prises					
Since all QCs passed when using Vizion, only manual r	eading will be performed until				
the problem is solved. This remains in compliance with	RAM-001 (see section 8).				
The issue had been communicated to	and it was				
decided that	. A				
resolution teams was assembled and will be meeting this month. A resolution plan will					
be sent to us.					
Signature : Date : 2	2015-12-02				
	· · · · · · · · · · · · · · · · · · ·				
Personnes informées : Shelley Frost	Date: 2015-12-04				
	12				
A) 6/n/ot					
	6/12/04				
·					

Formulaire de rapport d'incident

FRM-073-00

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Document Released Under the Access to

#### Incident Reporting System (IRS) Act by the Public Health Agency of ocument divulgué en vertu de la Loi sur

**Utilization Report** 

l'accès à l'information par l'Agence de la santé publique du Canada

Incident ID:

914

Date:

2015-10-22

Time:

10:01

Review Team:

Rick Holmes, Kerry Magill, Laura Landry, Kelly Keith

Incident:

PHAC Level 3 Air System Shutdown due to a faulty component

#### **Incident Description:**

An air system experienced a hardware related failure and was shutdown into its fail-safe condition. The component has been replaced and all related equipment is back to normal operation. Although the area was occupied during the time of the occurrence, all relevant procedures were followed to ensure that containment was maintained.

#### **Incident Communication Responses**

People:	
Individual -	1
Other People -	1
Environment:	_
Internal to CSCHAH -	1
External to CSCHAH -	1
Property:	_
Within CSCHAH -	1
External to CSCHAH -	1
Social/Psychological:	
Individual -	1
Community -	1
Opinion:	
Individual -	1
Community - `	1

#### Communication Complete as of:

2017-08-31

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## Incident Reporting System (IRS) Released Under the Access to Reporting System (IRS) Released Under the Access to Released Under the

publique du Canada

Canada / Document divulgué en vertu de la Loi sur

l'accès à l'information par l'Agence de la santé

**Utilization Report** 

Incident ID:

. 917

Date: 2015-11-26

Time: 13:30

Review Team: Sherisse Lavineway, Shafquat Siddiqui, Kathy Bernard, Kelly Keith

Incident: Small chemical spill (50 ml ammonium hydroxide) in PHAC clean lab area (reserve

for activities no involving infectious materials)

#### **Incident Description:**

While a 500 ml bottle of 38% ammonium hydroxide was being retrieved from a chemical storage cabinet under a fume hood, the bottle fell on the floor and the lid broke due to the instability of the cabinet. Approximately 50 ml of chemical spilled on the floor. Two employees were in the vicinity and were exposed to the chemical fumes for a brief time but chose not to seek medical attention at that time. One employee picked up the spilled bottle and placed it in the fume hood. The spill was immediately reported to SES and cleaned up as per standard operating procedures while wearing appropriate personal protective equipment. The chemical remaining in the bottle was transferred to a new, fully labelled bottle and stored in a new location. All spill clean up materials were sent for hazardous waste disposal. SES noted the storage cabinet was not level and appeared to be top and front heavy. SES instructed the program to discontinue using this chemical storage cabinet until appropriate modifications could be made as it is possible that the spill was due to the cabinet tipping forward while being opened. The manager placed a work order to have the cabinet levelled and properly secured. This work was completed 2015-12-11. The investigation is ongoing.

#### **Incident Communication Responses**

People:	
Individual -	1
Other People -	1
Environment:	_
Internal to CSCHAH -	1
External to CSCHAH -	1
Property:	
Within CSCHAH -	1
External to CSCHAH -	1
Social/Psychological:	
Individual -	1
Community -	1
Opinion:	1
Individual -	1
Community -	1

#### Communication Complete as of:

2017-08-31

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Document Released Under the Access to Information Act by the Public Health Agency of Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé

oublique du Canada

#### **Hazardous Occurrence Investigation Report** Rapport D'Enquête de Situation Comportant des Risques



Type of report /

New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / First Aid / Premiers Soins

Genre de situation :

#### Employer Information / Information de l'employeur

Employer's name and mailing address / I			de l'employe	eur:	
* Region & Province Région et Province	ı	* Branch tion générale		torate ction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba		C-IDPC / PC-PCMI	Ni	ML .	_
Building Immeuble		al Locator ateur postal		i cođ <del>e</del> postal	Telephone number Numero de téléphone
1015 Arlington / 1015 Arlington		R3E 3R2		3R2	
Site of hazardous occurrence Lieu de la situation comportant des risqu	ıes			ldress Iresse	•
	1015 Arlington Street			t	
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des	Time of hazardous occurrence Heure de la situation comportan des risques		omportant	Conditio	Weather ns météorologiques
risques AAAA-MM-JJ 2015-12-02	09:45 АМ нн:мм		Fog	ggy / Brumeux	
Witnesses Témoins	* Supervisor's name Nom du surveillant				
					·

Description of what happened / Description des circonstances:

The individual was performing routine animal proceedures, which consisted of mouse injections followed by in vivo imaging. When injecting an RML scrapis infected mouse intraperitoneally (body cavity) with a bioluminescent reporter (D-Luciferin), the infected mouse kicked at the needle, causing it slip and puncture the flesh at the base thumb. Immediately following, gloves were removed, and the puncture site was squeezed to make it bleed to flush the site of the needle stick, the individual then washed the site with soap and water and then poured 2% bleach (sodium hypochlorite) over the site and let sit for 5 minutes before washing the hands again. Upon leaving the VTS area, the Occupational Health Nurse was contacted, who then called the infectious diseases doctor on call, who advised that no further action was required and the risk was considered negligible. In addition, an SES Biosafety Officer was notified.

Puncture resistant gloves were not worn at the time as since it was deemed previously that the lack of dexterity caused by puncture resistant gloves could be detrimental to performing the proceedure safely. To clarify, the needle itself had just been used to inject into the body cavity of a scrapie prior infected mouse, and then after being potentially exposed to priors from the injection, then went into the hand of the individual. The needle hub itself did not contain infectious prior within it, it contained the bioluminescent D-Luciferin reporter solution. The MSDS of D-luciferin, lists it as not WHIMIS controlled, not a dangerous

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

njured Individual's In	formation / in	formation de l'ir	ndivídu accidenté	
*Injured employee's name Nom de l'employé blessé				
Birth date YYYY-MM-DD	Age Age	Sex Sexe	Occupation Profession	Years of experience in occupation

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Date de naissance AAAA-MM-JJ		рі	No. d'années d'expérience dans profession

Description of injury / Description de la blessure:

\* Nature of Injury / Nature de la lésion:

Cut - taceration - puncture / Coupure - lacération - perforation

\* Part of Body / Partie du corps:

Hand / Main

\* Hand: Affected Side / Main: Côté Affecté: Left / Gauche

\* Event or Exposure / Evenement ou exposition:

Needle sticks / Piqure d'aiguille

#### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name

Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Other - Specify / Autres - Préciser

\* Other: spontaneous accident

\* Source of Injury / Origine de la blessure:

Medical and surgical instruments / Instruments médicaux et chirurgicaux

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

No / Non

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?: No / Non

Reasons for not taking corrective measures / Raisons pour lesquelles aucune mesure corrective n'a été prise: There was nothing that could be corrected. All correct procedures were followed. Other options for protective equipment to prevent such occurances have been looked at in the past and have been deemed to impede dexterity and potentially cause greater risk to individuals.

* Name of person investigating Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
			2015-12-02

#### Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name

Nom du membre du comité de sécurité et santé ou de représentant

Committee member's or representative's Title	Telephone Number	Date YYYY-MM-DD
Titre du membre du comité ou de représentant	Numéro de téléphone	Date AAAA-MM-JJ
		2015-01-11

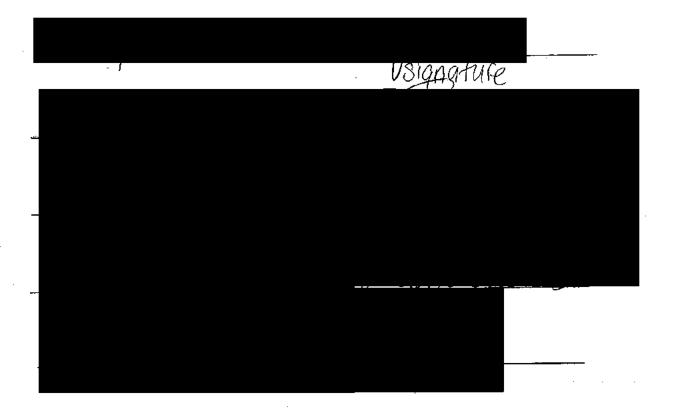
Safety and health committee's or representative's comments / Observations du comité de sécurité et de santé ou de représentant:

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This incident was reviewed. IP injections are performed while mouse is awake becasue the reporter dyes pass through the

Other safety methods such as puncture resistant gloves have been previously explored but create more of a problem with deminished dexterity and inability to see area of injection.



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IA - 19(1)		formation Act by the Public Health Agency o
SCHEDULE I / ANNEXE I		anada <b>Depaiment file No. (M. de vossleis du ministère</b> de la Li ccès a l'information par l'Agence de la sante
SECTION 15.8 / ARTICLE 15.8)		iblique Regional Office / Bureau régional
	e of occurrence / Type de situation	
INVESTIGATION REPORT	First Aid / Premiers	Soins Employer ID No. / Numero d'Identification de l'employeur
RAPPORT D'ENQUÊTE DE		Employer to No. 7 Numero cridentification de l'employeur
SITUATION COMPORTANT DES RISQUES		
Employer Name and Mailing Address / Nom et adresse postal		Postal Code / Code postal
Health Canada / Santé Canada, PHAC-IDPC / ASPC-Po	CMI, NML, RPSSD	R3E3P6
1015 Arlington / 1015 Arlington 1015 Arlington St.		Telephone Number / Numéro de téléphone
		<del></del>
ite of Hazardous Occurrence / Lieu de la situation hasardeuse	·	ccurrence / Date et heure de la situation hasardeuse
	2015-12-07 09:30 AM	· · · · · · · · · · · · · · · · · · ·
Mechanical Space	Weather / Conditions métérolog	iques
Witnesses / Témoins	Supervisor's Name / Nom du su	urveillant
		·
Description of tubes have and fine and the same and the s		
Description of what happened / Description des circonstances		
Moving equipment from cart onto floor. Person noticed	I small cut / puncture on hand after	work was complete. Person was wearing cut
resistant gloves at the time. Likely cause of injury was	an unseen fastener on the bottom of	the equipment being lifted.
•		
Brief description and estimated cost of property damage / Des	cription sommaire et coût estimatif des c	lommages matériels
		40.6
njured Employee's Name (if applicable) / Nom de l'employé bl	essé (s'il y a lieu) Age / Age   Occupatio	n / Profession
HC-SC/GC/CA	Years of e	xperience in occupation /
·	Nombre d'	années d'expérience dans la profession
Description of injury / Description de la blessure	Sex / Sexe Direct caus	se of injury / Cause directe de la blessure
Hand / Main -> Right / Droit	Other - S	Specify / Autres - Préciser
Vas training in accident prevention given to injured employee in	relation to duties performed at the time	of the hazardous occurrence?
employé blessé a-t-il reçu un entraînement en prévention des	accidents relativement aux fonctions qu	l'il exerçait au moment de la situation hasardeuse?
es / Oui Specify / Préciser Lifting tr	aining	
		····
Direct causes of Hazardous Occurrence / Causes directes de la Other - Specify / Autres - Préciser	a situation hasardeuse	
== Un seen sharp edge / object		
		·
Other - Specify / Autres - Préciser		·
== Sharp edge / object		
corrective action and date employer will implement / Mesures of	correctives qui seront appliquées par l'en	nployeur et date d'entrée en vigueur
		•
upplementary preventative measures / Autres mesures de pré	vention	<del></del>
Abbiernaura brazantaria measinas vivorras masmas de bra	VEHILOTI	

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Name of person investigating / Nom de la personne menant l'enquête  Title / Titre	Document Released Under the Acidem Health Health Telephone Number / Numero de téléphone mation par l'Agence	cess to h Date / Date h Agency of ertu de la Loi sur d2dP6301167
Safety & Health Committee's or Representative's Comments / Observations du comité d'hygi Conducted the investigation with the employee, management and SES. After a brei happened to cause the injury we were all satisfied that the proper procedures were PPF was in use	f discription of the work, and explaination of	
Committee Member or Representative Name / Nom de membre du comité ou du représentar	it Signatural Sighthura	Date / Date
Title / Title	Telephone Number / Numéro de téléphone	2016-01-07

COPIES 1 & 2 to R.S.O., COPY 3 to the Safety and Health Committee or Representative, COPY 4 to the Employer. COPIES 1 et 2 à A.R.S., COPIE 3 au Comité d'hygiène et de sécurité ou au représentant, COPIE 4 à l'employeur.

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## HAZARDOU( INVESTIGATI

## HAZARDOU( CCURRENCE INVESTIGATION REPORT

## DORAMEDRIODENQUÊTE DESITUATION INCOMPORTANT DESPRISQUESITA Agency of

$\Gamma$ / .			lacces a lillollia	tion par l'Agence de
Injury Explosion / Fire Loss of		Threats Eme	publique du Canad	da Near Miss
Blessure Explosion / Feu Evano	pujssement (7)	Menaces () Mes	ures d'urgence	V Quasi-accident
Other (specify):			<del></del>	
Autres (précisez): Type of Injury		<u> </u>	WCB Claim Initiated	. — . — . — . — . — . — . — —
Genre de blessure			Demande d'indemnité pa	résentée à la CAT
Minor - First Aid Minor - Medical Aid	C Disabling	_ Fatei	€ Yes/ Oui	○ No / Non
Superficielle - Superficielle - soins premiers soins médicaux	() Invalidante (	Mortelle,	(Cr. Test Out	( NOVINON
Department file no. No de dossier du	Regional or District Office		Employer ID No.	N₂ d'identification
ministère		ou de district	- i	de l'employeur
A - INJURED EMPLOYEE INFORMATION / RENS	SEIGNEMENTS SIID I	EMDLOE/E) BLESS	:B(E)	
1. Name/Nom	·	2. Sex/Sexe	()	3. Date of Birth / Date de
	<u>-</u>			Y/A M/M D/J
4. Classification 5. O	occupation/Poste	6. Time in this type	Years Months	7. Safety training received
		of work / Fait ce genre de travail	Années Mois	Formation en matière de
L	Į	depuis	<b>•</b>	© Yes/Oui ○
7a. Specify type of safety training received and date of tra	aining / Précisez la formation	n reçue en matière de s	sécurité et la date de la form	nation
0 50 5	n e	-4-		10 -
erlihication ru	wils an	e al		office
8. Name of Employer / Nom de l'employeur A	ddress (including postal co	de) / Adresse (y compri	s le code postal)	Telephone No. / Na de
l				
'R _ HAZADDOUS OCCUDDENCE I SITUATION C	AMBADTANT DES DIS	OHE		
			nctions régulières	11. Supervisor / Supervise
HAZARDOUS OCCURRENCE / SITUATION C      Hazardous Occurrence Location / Lieu de la situation c		SQUES 10. Regular Dutles / Fo	nctions régulières	11. Supervisor / Supervise
			nctions régulières	11. Supervisor / Supervise
N/A			nctions régulières	11. Supervisor / Supervise
		10. Regular Duties / Foil	3. First Aid Treatment	
9. Hazardous Occurrence Location / Lieu de la situation de		10. Regular Duties / Foil	<del>Å</del>	11. Supervisor / Supervise
9. Hazardous Occurrence Location / Lieu de la situation de la		10. Regular Duties / Fo	3. First Aid Treatment Premiers soins	Yes / Dui No
9. Hazardous Occurrence Location / Lieu de la situation co	omportant des risques	10. Regular Duties / For	3. First Aid Treatment Premiers soins	Yes / Dui No.  16. Date and Time Reports et heure de la déclaration
9. Hazardous Occurrence Location / Lieu de la situation de la	ate and Time or Accident/	10. Regular Duties / For	3. First Aid Treatment Premiers soins	Yes / Dui No
9. Hazardous Occurrence Location / Lieu de la situation de la	are and Time or Accident /	Date et neure de Jacobo	3. First Aid Treatment Premiers soins  lent  5 1/5 p partie du corps blessée)	Yes / Dui No.  16. Date and Time Reports et heure de la déclaration
9. Hazardous Occurrence Location / Lieu de la situation de la	are and Time or Accident /	Date et neure de Jacobo	3. First Aid Treatment Premiers soins  lent  5 1/5 p partie du corps blessée)	Yes / Dui No.  16. Date and Time Reports et heure de la déclaration
9. Hazardous Occurrence Location / Lieu de la situation de la	ate and Time or Accident/	Date et neure de Jacobo	3. First Aid Treatment Premiers soins  lent  5 1/5 p partie du corps blessée)	Yes / Dui No.  16. Date and Time Reports et heure de la déclaration
9. Hazardous Occurrence Location / Lieu de la situation de la	are and Time or Accident /	Date et neure de Jacobo	3. First Aid Treatment Premiers soins  lent  5 1/5 p partie du corps blessée)	Yes / Dui No.  16. Date and Time Reports et heure de la déclaration
9. Hazardous Occurrence Location / Lieu de la situation de la	are and Time or Accident /	Date et neure de Jacobo	3. First Aid Treatment Premiers soins  lent  5 1/5 p partie du corps blessée)	Yes / Dui No.  16. Date and Time Reports et heure de la déclaration
9. Hazardous Occurrence Location / Lieu de la situation de la	are and Time or Accident /	Date et neure de Jacobo	3. First Aid Treatment Premiers soins  lent  5 1/5 p partie du corps blessée)	Yes / Dui No.  16. Date and Time Reports et heure de la déclaration
9. Hazardous Occurrence Location / Lieu de la situation de la	are and Time or Accident /	Date et neure de Jacobo	3. First Aid Treatment Premiers soins  lent  5 1/5 p partie du corps blessée)	Yes / Dui No.  16. Date and Time Reports et heure de la déclaration
9. Hazardous Occurrence Location / Lieu de la situation de la	ate and Time of Accident/  NOV. 10 / 1) / Nature et gravité de la t	Dommages matériel	3. First Aid Treatment Premiers soins  lent  5.15. p.n. partie du corps blessée)  4.11	Yes/Oui (No.)  16. Date and Time Reports et heure de la déclaration IDU. 12/2015
9. Hazardous Occurrence Location / Lieu de la situation de la	ate and Time of Accident/  NOV. 10 / 1) / Nature et gravité de la t	Dommages matériel	3. First Aid Treatment Premiers soins  lent  5.15. p.n. partie du corps blessée)	Yes/Oui (No.)  16. Date and Time Reports et heure de la déclaration IDU. 12/2015
9. Hazardous Occurrence Location / Lieu de la situation de la	ate and Time of Accident/  NOV. 10 / 1) / Nature et gravité de la t	Dommages matériel	3. First Aid Treatment Premiers soins  lent  5.15. p.n. partie du corps blessée)  4.11	Yes/Oui (No.)  16. Date and Time Reports et heure de la déclaration IDU. 12/2015
9. Hazardous Occurrence Location / Lieu de la situation de la	ate and Time of Accident/  NOV. 10 / 1) / Nature et gravité de la t	Dommages matériel	3. First Aid Treatment Premiers soins  lent  5.15. p.n. partie du corps blessée)  4.11	Yes/Oui (No.)  16. Date and Time Reports et heure de la déclaration IDU. 12/2015
9. Hazardous Occurrence Location / Lieu de la situation de la	ate and Time of Accident/  NOV. 10 / 1) / Nature et gravité de la t	Dommages matériel	3. First Aid Treatment Premiers soins  lent  5.15. p.n. partie du corps blessée)  4.11	Yes/Oui (No.)  16. Date and Time Reports et heure de la déclaration IDU. 12/2015
9. Hazardous Occurrence Location / Lieu de la situation de la	are and Time or Accident/ NOV. 10 / I) / Nature et gravité de la t	Dommages matériel Nature et étendue (v	3. First Aid Treatment Premiers soins  lent  5.15. p.n. partie du corps blessée)  4.11	Yes/Oul (No.)  16. Date and Time Reports et heure de la déclaration  IDU. 12/2015

C - INVESTIGATION OF ACCIDENT / Et TE SUR L'ACCIDENT			Jnder the Access to
20, Sequence of events leading to accident	Série d'evéneme	ent knof om co arainél accidenty the	Public Health Agency of
Identify equipment, tools, materials etc. that may have contributed to accident			Pontribueré l'accidentu de la Loi s
prepary tank lit in ord	n do a	L'accès à l'information publique du Canada	par l'Agence de la santé
24 Causa(a) at Assidest / Causana(a) do Paraidont			
21. Cause(s) of Accident / Causes(s) de l'accident a) Direct cause of injury / Cause directe de la blessure		1	
Bad huck! loss to	oteny and	Lolance	
b) Mechanical, physical, and/or environmental conditions / Conditions mecanique	s, physiques, et/ou env	ronnementates	
Jood			
c) Human factors (unsafe act) / Facteurs humains (acte dangereux)			
N/A			
d) Weather Conditions / Conditions météorologiques			
2004			
D. PREVENTIVE ACTION / MESURES PRÉVENTIVES			
22. Corrective and preventive measures planned or recommended / Mesures corrective	es et préventives planiflée	s ou recommandées	23.Date of implementation/
N/A			Date de mise en vigueur Y/A M/M D/J
			-
·			`','
			I
			·
24, Investigator- Investigation			Sizzatura
24. Investigator- Investigation  Name and phone no. Nom at n₀ de téléphone	Team / Enquêteur - Gro Title / Titre	Date (Y/A M/M D/J)	Signature
			Signature
			Signature
Name and phone no. Nom at na de téléphone			Signature
Name and phone no. Nom at na de téléphone			Signature
Name and phone no. Nom at na de téléphone  1   2   3   4			Signature
Name and phone no. Nom at n₀ de téléphone  1  2  4  55	Title / Titre	Date (Y/A M/M D/J)	Signature
Name and phone no. Nom at na de téléphone  1   2   3   4		Date (Y/A M/M D/J)	Signature
Name and phone no. Nom at no de téléphone  1   2   3   4   5   5   25. OSH Committee Review / Examen du Comité de SST	Title / Titre	Date (Y/A M/M D/J)	Signature
Name and phone no. Nom at n₀ de téléphone  1  2  4  55	Title / Titre	Date (Y/A M/M D/J)	Signature
Name and phone no. Nom at no de téléphone  1   2   3   4   5    25. OSH Committee Review / Examen du Comité de SST	Title / Titre	Date (Y/A M/M D/J)	Signature
Name and phone no. Nom at no de téléphone  1   2   3   4   5   5   25. OSH Committee Review / Examen du Comité de SST  (Yes / Oui No / Non	Title / Titre	Date (Y/A M/M D/J)	
Name and phone no. Nom at no de téléphone  1   2   3   4   5   5   25. OSH Committee Review / Examen du Comité de SST  (Yes / Oui No / Non	Title / Titre	Date (Y/A M/M D/J)	
Name and phone no. Nom at no de téléphone  1   2   3   4   5    25. OSH Committee Review / Examen du Comité de SST	Title / Titre	Date (Y/A M/M D/J)	
Name and phone no. Nom at no de téléphone  1   2   3   4   5   25. OSH Committee Review / Examen du Cornité de SST  ( Yes / Oui	Title / Titre	Date (Y/A M/M D/J)	
Name and phone no. Nom et no de téléphone  1   2   3   4   5   5    25. OSH Committee Review / Examen du Cornité de SST  ( Yes / Oui	Title / Titre	Date (Y/A M/M D/J)	
Name and phone no. Nom et no de téléphone  1	Title / Titre	Date (Y/A M/M D/J)	
Name and phone no. Nom et no de téléphone  1	Title / Titre	Date (Y/A M/M D/J)	
Name and phone no. Nom et no de téléphone  1	Title / Titre	Date (Y/A M/M D/J)	
Name and phone no. Nom et no de téléphone  1  2  3  4  5  25. OSH Committee Review / Examen du Comité de SST  ( Yes / Oui	Comments / Observa	Date (Y/A M/M D/J)	oprésident (direction)
Name and phone no. Nom et no de téléphone  1	Title / Titre	Date (Y/A M/M D/J)	
Name and phone no. Nom et no de téléphone  1  2  3  4  5  25. OSH Committee Review / Examen du Comité de SST  ( Yes / Oui	Comments / Observa	Date (Y/A M/M D/J)	oprésident (direction)

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		Carrada / Document divulgué en vertu de la L bi su l'accès à l'information par l'Agence de la santé publique du Canada
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		· .

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#### Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques



Type of report / New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / Minor Injuries / Blessures Mineurs

Genre de situation :

#### Employer Information / Information de l'employeur

Division
Telephone number Numéro de téléphone
<u> </u>
Weather ions météorologiques
nowing / Enneigé
name Ilant
_

Description of what happened / Description des circonstances:

Returning to work after my lunch, I exited my car. A few steps later, I walked on some snow covered ice in the parking lot. I fell on the ground, on my left knee. I use my right hand to stop my fall. For the first hour or so, I only felt pain on my left knee, but in the following days, I now felt pressure in between my sholder blade and lower back.

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

ijured employee's name / 'om de l'employé blessé:				Chronic Levil
Birth date YYYY-MM-DD Date de naissance AAAA-MM-JJ	Age Åge	Šex Sexe	Occupation Profession	Years of experience in occupation No. d'années d'experience dans profession

Description of injury / Description de la blessure:

\* Nature of Injury / Nature de la lésion: Contusion - crushing - bruise / Contusion - écrasement - meutrissure

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Other - Specify / Autres - Préciser

\* Other: shock from fall caused back pain

\* Part of Body / Partie du corps: Multiple parts / Parties multiples

\* Multiple Body Parts / Parties multiples du Corps: knee (brusing), back pain

\* Event or Exposure / Évenement ou exposition:

Fall from same level - Exterior / Chute au même niveau - Extérieur

Did death occur as a result of the injury?

Est-ce que la mort s'en est suivie suite à cet accident?

No / Non

Did the worker receive fiealth care?

Le travailleur a-t-il reçu des soins médicaux?

No / Non

Workers' Compensation Information /Information de la Commission des accidents du travail

Health Care / Soins Médicaux

Name and address of doctor/practitioner or medical facility / Le Nom et l'adresse du médicin/practicien ou de l'établissement de sons:

Claim Information /

Renseignements sur l'indemnisation

Sick leave without pay / No / Non Congé de maladie non payé:

Paid sick leave / No / Non Congé de maladie payé:

Date covered / Indiquer les dates: YYYY-MM-DD / AAAA-MM-JJ

Absent From/Du To/Au

Number of lost days / Nombre de jours perdus:

Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant -SC/GC/CA

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Other - Specify / Autres - Préciser

\* Other: A direct cause of this hazardous occurrence can not be determined becuase the individual that-filed the AIRS report did not wish to continue with the investigation.

\* Source of Injury / Origine de la blessure:

Non classifiable / Inclassable

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence? /

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

No / Non

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?: No / Non

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Reasons for not taking corrective measures / Raisons pour lesquelles aucune mesure corrective n'a été prise: No corrective measures could be determined because the individual that filed the AIRS report did not wish to continue with the investigation. >burturienco

* Name of person investigating Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
			2015-12-21

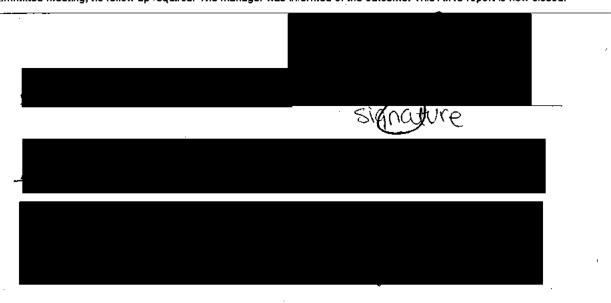
#### Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name

Nom du membre du comité de sécurité et santé ou de représentant

Committee member's or representative's Title	Telephone Number	Date YYYY-MM-DD
Titre du membre du comité ou de représentant	Numéro de téléphone	Date AAAA-MM-JJ
		2016-02-23

Safety and health committee's or representative's comments / Observations du comité de sécurité et de santé ou de représentant: An investigation was pursued with management and the individual involved. At this time the individual wished to withdraw their AIRS report. Report will remain in the system but will not be investigated. This situation was brought up at the Feb OSH Committee meeting, no follow up required. The manager was informed of the outcome. This AIRS report is now closed.



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ATIA-16(2)(c) **ATIA - 19(1)** 

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#### Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques



Type of report / New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / Other / Autre

Genre de situation:

\* Other - Specify / Fleet vehicle accident

injured Individual's Information / Information de l'individu accidenté

\*injured employee's name / Nom de l'employé blessé: Birth date

Autre - Préciser :

#### Employer Information / Information de l'employeur

Employer's name and malling address / I	Nom et adresse postal-	e de l'emp <b>i</b> oy	eur:		_
* Region & Province Région et Province	* Branch Direction générale		torate ection	Division ,	
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	PHAC-IDPC / ASPC-PCMI	N	ML		
Building Immeuble	Postál Locator Localisateur postal			Telephone number Numéro de téléphone	
1015 Arlington / 1015 Arlington		R36	3R3		
Site of hazardous occurrence Lieu de la situation comportant des risqu	ies .		dress dresse	•	
Outside the workplace	, .Logs	n Ave and F	leitta street,	winnipeg	
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des	Time of hazardous of Heure de la situation des risque	comportant	Conditio	Weather ns météorologiques	
risques AAAA-MM-JJ	12:25 PM нь	HMM ,	Sno	wing / Enneigé	
2015-12-16					
Witnesses Témoins			pervisor's na n du surveilla		
Non					
Description of what happened / Descript I was driving east on Logan ave going to - A car travelling in front of me going east community centre.) - I was travelling 30-40 km/h and started got traction to turn right where the van the truck on the right hand side of Logan Av I went into the bakery where the truck w registration on person.  Was there any property damage? / Est-celyes / Oui	owards JC Wilt Labora st bound Logan Ave s if braking but the van s hen bumped the rear o e. as parked and found t	itory at 12:25 topped sudd slid around 2- drivers side t the owner. W	enly to turn I  3 car length  bumper / who  e exchange	left (north) to Sherman is with the wheel turned eel fender (est. 5-10km.	St (By the I right and finally
* Brief description of property damage / D mirror were demaged on fleet vehicle. The * Estimated cost of property damage / Co	here was also demage	to parked v	ehicle.		t and driver side

Occupation

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Years of experience in

Document Released Under the Access to Information Act by the Public Health Agency of Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé

YYYY-MM-DD Âge Sexe Profession Date de naissance
AAAA-MM-JJ During Profession During Profession No. d'années d'expérience dans profession

Description of injury / Description de la blessure:

- \* Nature of Injury / Nature de la lésion: No injuries / Aucune blessures
- \* Part of Body / Partie du corps: No Injuries / Aucune Blessures
- \* Event or Exposure / Évenement ou exposition:

Other - Specify / Autres - Préciser

\* Other: No injuries reported

#### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques;

\* Causes of Accident / Causes de l'accident:

Environmental conditions / Condition du milieu de travail

\* Source of Injury / Origine de la blessure:

Non classifiable / Inclassable

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence?

L'employé blesse a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

Yes / Oui

\* Specify / Préciser:

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?: No / Non

Reasons for not taking corrective measures / Raisons pour lesquelles aucune mesure corrective n'a été prise: Unable to control natural hazard conditions like snowfalls etc.

* Name of person investigating Nom de la personne faisant	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
			2015-12-22

#### Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Committee member's or representative's Title	Telephone Number	Date YYYY-MM-DD
Titre du membre du comité ou de représentant	Numéro de téléphone	Date AAAA-MM-JJ
	-	;
		2016-01-08
		2010 01 00

<sup>\*</sup> Safety and health committee's or representative's comments /

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Observations du comité de sécurité et de santé ou de représentant:
There were no injuries in this incident. This gov vehile was not equipped with snow tires at the time of the incident. Snow tires will now be put on to the vehicle during repairs, before it is placed back in service.
The other driver will not be filling a claim, but was notified that a claim can be made.
The driver involved in this accident did complete the government defensive driving course.
All samples are transported in this vehicle following TDG regulations (documentation, packaging, and labelling.)



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## Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques



Employer Information / Information de l'employeur

Type of report / New Occurrence / Situation Nouvelle Genre de rapport :

Type of occurrence / First Ald / Premiers Soins Genre de situation :

Employer's name and mail	ing address / Nor	n et adresse postale i	de l'employe	eur:		
* Region & Provi Région et Provir		* Branch Direction générale		torate ction	Division	]
Manitoba & Saskatchewa et Saskatchewan - M Manitoba		PHAC-IDPC / ASPC-PCMI	NI	ML .		
Building Immeuble		Postal Locator Localisateur postal		l code postal	Telephone number Numéro de téléphone	]
1015 Arlington / 1015	Arlington		R3E	3R2		1
Site of hazardous o Lieu de la s <u>ituation comp</u> o				dress resse		<b>-</b>
			1015 Arii	ngton Stree	t	
* Date of hazardous or YYYY-MM-DD Date de la situation com risgues AAAA-MM	portant des	Fime of hazardous on eure de la situation d des risques 11:15 AM нн:к	omportant	Conditio	Weather ns météorologiques	
2016-01-07	.					
Witnes Témo				ervisor's na du surveilla		
			110/11	20 001 701110		
During regular work hours Protective Monoclonal Ant syringe and a 25 gauge 5/4 vaccinated with non-infetio glycoprotein from Sudan vi With some force, the need coworkers and first ald was was lost and continued medical issues arise. Was there any property dan No / Non	bodies against F  " needle as per us VSV-Sudan ( irus. Initialian ie bent and went s rendered by wa as Initialian iregular work da	Filoviruses". SOP VTS-WI-504 " Vesicular Stomatitis ished the exsangular through the needle ashing the area with placed 70% alcohol or y. Was instructed.	perfor Blood Colle Virus), mor ation proced cap and pur running wat n the area. d to monito	ming a card ction Techn e specifical lure and pur ectured er and sque Supervisor thumb	ilac puncture on a mousifues for Rodents". The by, the VSV vector export the needle back into the fit thumb	se using a 3 cc e mouse was essing the he needle cap, tely notified b incident. No time
						· · · · · · · · · · · · · · · · · · ·
njured Individual's Info Injured employee's name /		ormation de l'indi	vidu acci	aente		<del></del> -
Nom de l'employé blessé:						
Birth date YYYY-MM-DD Date de naissance AAAA-MM-JJ	Age Âge	Sex Sexe	Occup Profes		Years of experience occupation No. d'années d'expérie dans profession	

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#### Description of injury / Description de la blessure:

\* Nature of Injury / Nature de la lésion: Cut - laceration - puncture / Coupure - lacération - perforation

\* Part of Body / Partie du corps:

Finger / Doigt

\* Finger: Affected Side / Doigt: Côté Affecté: Left / Gauche

\* Event or Exposure / Évenement ou exposition: Needle sticks / Piqûre d'aiguille

## Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Human error / erreur humaine

\* Source of Injury / Origine de la blessure:

Other - Specify / Autres - Préciser

\* Other: needle stick

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence? /

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

Yes / Oui

\* Specify / Préciser: 2004

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:

Yes / Oui

\* Specify / Préciser: Staff member was remided to not re-cap needles and review SOP (VTS-PR-507). Supervisor to consult SES department for tools or equipment to better stabilize sharps equipment.

\* Date employer will implement / Date de leur mise en oeuvre:

YYYY-MM-DD / AAAA-MM-JJ

Date: 2016-01-07

Supplementary preventive measures / Autres mesures de prévention:

* Name of person investigating Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
			2016-01-07

## Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

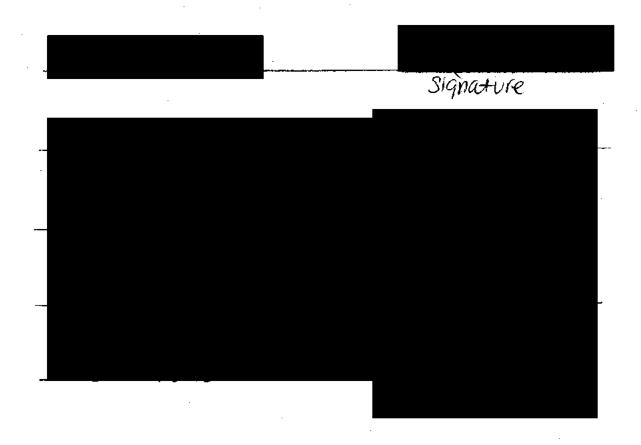
Safety & Heafth committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Committee member's or representative's Title	Telephone Number	Date YYYY-MM-DD
Titre du membre du comité ou de représentant	Numéro de téléphone	Date AAAA-MM-JJ
		2015-01-08

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\* Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant:
This incident was reviewed. An alternative to capping needles is being investigated. Puncture resistant gloves are not an option due to loss of dexterity and inability to properly see chest cavity. The VTS team has ordered an anesthetic table which will eliminate the need for the technician to hold the mouse and the anesthetic tubing at the same time. During this incident the anesthetic tubing had to be held in place to prevent unnecessary shifting of the mouse during the procedure. SOP VTS-PR-507 Cardiac puncture of the mouse/rat/hampster does say NOT to re-cap needles at 8.9 Due to the increase in needle stick incidents there will be a refresher course offered by the vet, date TBD.



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## Incident Reporting System (IRS) Act by the Public Health Agency of

Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé publique du Canada

## **Utilization Report**

incident ID:

918

Date:

2016-01-07

Time:

11:30

Review Team:

Julie Kubay, Laura Landry, Kelly Keith, Carol Stansfield

Incident:

Needle stick involving non-infectious material in NML containment level 2 laboratory

## **Incident Description:**

Employee was drawing blood from a mouse that had been vaccinated with non-infectious material. After the procedure was complete, the employee attempted to recap the needle. The needle punctured the plastic cap and the employee's left thumb. The employee notified co-workers and proceeded to self administer first-aid by encouraging bleeding, washing the wound with water, and applying 70% alcohol, as per protocol. The employee also informed the supervisor of the incident. All staff have been reminded that standard operating procedures indicate that needles must not be recapped.

## **Incident Communication Responses**

People:	
Individual -	1
Other People -	1
Environment:	Î
Internal to CSCHAH -	· 1
External to CSCHAH -	1
Property:	_
Within CSCHAH -	1
External to CSCHAH -	1
Social/Psychological:	_
Individual -	1
Community -	1
Opinion:	1
Individual -	1
Community -	1

## Communication Complete as of:

2017-08-31

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## Hazardous Occurrence Investigation Report nation par l'Agence de la santé Rapport D'Enquête de Situation Comportant des Risques

Drafi©

Type of report / Genre de rapport :

New Occurrence / Situation Nouvelle

Type of occurrence / Minor Injuries / Blessures Mineurs

Genre de situation :

## Employer Information / Information de l'employeur

* Region & Province Région et Province	D	* Branch Brection générale	Directorate Direction		Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	PHAC-IDPC / NML ASPC-PCMI			ML	
Building Immeuble		Postal Locator Postal code Localisateur postal Code postal			Telephone number Numéro de téléphone
1015 Arlington / 1015 Arlington	R3E 3M2				
Site of hazardous occurrence Lieu de la situation comportant des risqu	es	-	•	ldress Iresse	
Employee's cubicle	_	82	0 Elgin Ave	, Winnipeg	MB,
* Date of hazardous occurrence YYYY-MM-DD .Date de la situation comportant des risques AAAA-MM-JJ	Time of hazardous occurrence Heure de la situation comportan des risques			Condition	Weather ons météorologiques
2016-01-12				•	
Witnesses Témoins				ervisor's na du surveilla	

Description of what happened / Description des circonstances:

Important Dates

Injury Date: Jan 12, 2016

Reported to manager at work via Worker's Compensation Board form: January 26, 2016

Physician Appointment: January 25, 2016

Reported to Worker's Compensation Board: January 26, 2016

Physician letter was provided to employer for ergonomic assessment: February 5, 2016

Ergonomic Assessment: February 25, 2016

3 days of work missed due to appointments.

has summarized the procurement recommendations from the ergonomic report and emailed it

Brief Summary

I have taken the Mandatory Occupational Health and Safety training for Managers and Supervisors. I have not taken the Ergonomic course, but I have received an ergonomic handout (3 pages) with my ergonomic assessment in 2003 when I was located in a different building. My chair from 2003 has since worn out and I requested a replacement chair in 2013. 2013-06-07: I emailed the Building Accommodations person a request for a replacement chair as mine had worn out. followed up with the Building Accommodations person and my Manager/Director until a new chair was obtained a couple of years later (I cannot find the date that my current chair was obtained, but it was sometime in 2015). Sometime during this time, I gave a physician's letter to the Building Accommodations person for procurement of the ergonomic chair. This was requested by the Building Accommodations person for procurement.

I re-requested an ergonomic assessment from the Building Accommodations person through email on 2014-11-05, and through email to the Occupational Health Nurse on 2014-11-21, and again through email to the Occupational Health Nurse on 2014-12-02. I also requested an ergonomic assessment to my Director and the Building Accomodations person by email on 2014-12-03. No reply from both people, although prior to 2014-11-21, the Occupational Health Nurse said on the telephone that an ergonomic assessment could be done and told me to email my availability. That is what I did but I did not hear back. Someone told me that I did not need to have an ergonomic assessment in order to obtain a new chair, and the Building Accommodations person said that someone would check to make sure that my chair was a good fit. The Building Accommodations person requested that the Occupational Health Nurse check if my chair was a good fit but this email was not replied to and not done. On 2014-12-04: I asked my manager what could be done to find an ergonomic chalr, and I let him know that I had a medical note.

2014-11-06: The Building Accommodations person said that someone would assess the fit of my chair.

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Document Released Under the Access to Information Act by the Public Health Agency of Canada / Document divulgué en vertu de la Loi su

ATIA - 19(1) ATIA - 20(1)(b) ATIA - 20(1)(c) Canada / Document divulgué en vertu de la Loi eur leventually got a chair in 2015 and the sales reparation according to the ergonomist's assessment in 2016 the chair that I have is made for a taller person and it does not fit me. It is too big for me in width as well. Also a different sales rep possibly (not sure of her job) adjusted my workstation. The ergonomist said that it was not setup properly.

Issues that may have led to the injury:

Ergonomist said that my chair was too large and not adjusted properly

Twisting to see my dual monitors since they are at angles.

Larger monitors would be helpful now that I've reduced the resolution. The ergonomist recommended to not use dual monitors all the time unless necessary.

Resolution may be too high on my monitors (recommended to lower if possible)

Ergonomist recommends an ergonomic keyboard.

- · Re-opened case number 2016-PHAC-04 (Back Strain due to Improper Ergonomics) on November 24, 2016 following another investigation meeting.
- In October (2016-10-12), the manager of the employee that was involved in the previous incident reported that at the beginning of Sept (on or around 2016-09-09), they experienced pain down their right arm and numbness/tingling in their right hand.
- The employee also stated that they had shooting pains on the right side of their neck.
- Since the incident, the employee has had neck pains on and off.
- The employee sought medical treatment shortly after the date of injury (2016-09-10 and 2016-09-13).
- Since the employee thought that the injury was related to the original injury, the employee did not contact WCB directly following the incident.
- · When the employee eventually contacted WCB, WCB had already closed the first claim and stated that this was a new injury, not related to the previous injury.
- The employee filed a second WCB claim for this incident during the call, but later chose to close it and appeal the 1st claim.
- The manager and employee contacted Corporate OSH to determine whether this incident should be a continuation of the 1st incident or a 2nd independent incident. Corporate OSH asked that they include this in the first HOIR. A second HOIR that was entered was deleted from the system.
- Items recommended from the ergonomic assessment following the first injury not received prior to the second injury were:
   Dual monitor arms and 3 mice (a 2nd right hand mouse and two left hand mice). The monitor arms have since been installed and the employee has received 2 mice (1 penguin ambidextrous mouse and 1 Evoluent mouse) to test from the building accommodations coordinator.
- The employee felt that this incident is related to ergonomics and repetitive strain.
- · The employee is still receiving treatment and seeing a medical doctor. Further medical testing is pending.

Was there any property damage? / Est-ce qu'if y a eu des dommages matériels?; No / Non

#### Injured Individual's Information / Information de l'individu accidenté \*Injured employee's name / Nom de l'employé blessé: Birth date Age Sex Occupation Years of experience in YYYY-MM-DD Åge Sexe **Profession** occupation Date de naissance No. d'années d'expérience AAAA-MM-JJ dans profession

Description of injury / Description de la blessure:

- \* Nature of Injury / Nature de la lésion: Sprains - strains / Entorses - foulures
- \* Part of Body / Partie du corps: Back / Dos
- \* Event or Exposure / Évenement ou exposition: Other - Specify / Autres - Préciser

\* Other: Unknown at this time

Did death occur as a result of the injury? Est-ce que la mort s'en est suivie suite à cet accident? Did the worker receive health care? Le travailleur a-t-il reçu des soins médicaux?

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o / Non	Yes /	Oui

Health Care / Soins Médicaux  Name and address of doctor/practitioner or medical facility / Le Nigm et l'adresse du médicin/practicien ou de l'établissement de soins:  Claim Information / Renseignements sur l'indemnisation  Sick leave without pay / No / Non Congé de maladie non payé.  Paid sick leave / Yes / Oui Congé de maladie payé  Date covered / Indiguer les dates.  YYYY-MM-DD / AAAA-MM-U.  Absent To/Au From/Du :	la santé
Le Ngm et l'adresse du médicin/practiclen ou de l'établissement de soins:  Sick leave vithout pay / No / Non Corigé de risaladie non payé:  Paid sick leave / Yes / Oul Congé de risaladie payé  Date covered / Indiguer les dates:  YYYY-MM-DD / AAAS-MM-J.  An up to date tist of time loss appointments can be obtained from  Absent  To/Au	
de soins:  Congé de maladie non payé.  Paid sick leave / Yes / Oul Congé de maladie payé  Date covered / indiguer les dates. YYYY-MN-DD / AAAS-MM-J.)  An up to date tist of time loss appointments can be obtained from  Absent  To/Au	
Conge de rialadic payé  Date covered / Indiquer les dates:  YYYY-MM-DD: // AAAA:MM-J.  An up to date tist of time loss appointments can be obtained from Absent To/Au	
An up to date list of time loss appointments can be obtained from Absent To/Au	
An up to date list of time loss appointments can be obtained from Absent To/Au	
	n
Number of lost days / 4.2 Number de jours perdus:	

## Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques;

\* Causes of Accident / Causes de l'accident:

Other - Specify / Autres - Préciser

\* Other: Improper ergonomics, includes chair, keyboard, keyboard tray, anti-fatigue mat, etc...

\* Source of Injury / Origine de la blessure:

Furniture and fixtures / Ameublement et accessoires

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence? /

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques? Yes / Oui

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:

\* Specify / Préciser: 1) An ergonomic assessment was completed at the end of February 2016. 2) The recommended chair and an anti-fatigue mat have been delivered to try. New 27 inch monitors have been installed for both workstations, this will allow to use a lower resolution without losing workspace street, Ergonomic keyboards have been installed as well as a right handed ergonomic mouse for one of the workstations. We are walting for another right handed mouse and two left handed mice. The monitor arms have been installed on the machine with dual monitors. 3) The employee has been provided training and instructions on how to set up their workstation (chair, desk, monitors, etc).

\* Date employer will implement / Date de leur mise en oeuvre: YYYY-MM-DD / AAAA-MM-JJ Date:

Supplementary preventive measures / Autres mesures de prévention:
Recommend that the employee attend the Ergonomics training course offered by SES. Injury is Ongoing

* Name of person investigating Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
			2016-06-16

<sup>\*</sup> Specify / Préciser: Training manuals provided in previous ergonomic assessment.

Administration

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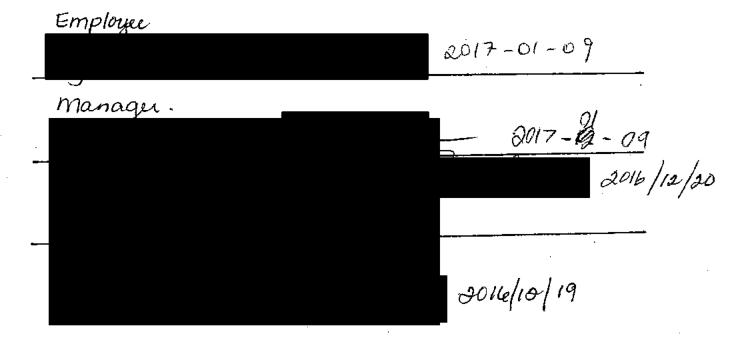
## Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Committee member's or representative's Title	Telephone Number	Date YYYY-MM-DD	
Titre du membre du comité ou de représentant	Numéro de téléphone	Date AAAA-MM-JJ	
	-	2016-04-19	

\* Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant:
An ergonomic assessment was completed for the employee and various workstation accomodations have been made. The manager and employee are working together with WCB to ensure that the employee's workstation is set up to best suit the employee and to reduce the risk of further strain.

Second incident: A meeting was held on November 24th with the investigation team (employee, manager, OSH and SES reps) to discuss a second injury. Since it was felt that this injury was related to the original injury, a decision was made to reopen this HOIR instead for opening a new HOIR. The updated information was presented to the CSCHAH OSH Committee on Dec 15, 2016. All members present agreed with our decision to reopen this HOIR to capture the information regarding the second injury. As all preventative/corrective measures were or are being implemented, the Committee determined that this HOIR can be closed again. If required in the future, the HOIR can be reopened to capture any new related incidents. This information has been relayed to the manager of the employee (2016-12-16).



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Document Relative (Under the Access to Information Act by the Public Health Agency of Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé publique du Canada

# Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques



Type of report / New Occurrence / Situation Nouvelle Genre de rapport :

Type of occurrence / Minor Injuries / Blessures Mineurs Genre de situation :

## Employer Information / Information de l'employeur

Employer's name and mailin	ng address / No			de l'employ	eur;	•	_
* Region & Provir Région et Provin			anch générale		torate ction	Division	]
Manitoba & Saskatchewar et Saskatchewan - Ma Manitoba		PHAC-II ASPC-F		N	ML .		
Building Immeuble		Postal Lo Localisatet	,		l code postal	Telephone number Numéro de téléphone	]
1015 Arlington / 1015 /	Arlington	R3E 3	P6	R3E	3P6		l.
Site of hazardous or Lieu de la situation compor			-		ldress Iresse	,	· .
	•			1015 A	vilington st		
* Date of hazardous oc YYYY-MM-DD Date de la situation comp	H			comportant	Condition	Weather ons météorologiques	
risques AAAA-MM	1-JJ	01:4	5 PM HH:	ММ	Sun	shine / Ensoleillé	
2016-02-26							i •
Witness Témok					ervisor's na du surveill		<u>.</u>
Description of what happer Employee was moving (put cages. A ferret bank is a la heavy. Embarme and told s digit on left hand was swoll preliminarily put in place un Was there any property dan No / Non	iling) ferret bank rge piece of equ upervisor, en, An OSH Alf itil an OSH Inve	thru a document co lipment co and and RS report a stigation ca	or way nsiting or I was told and WCB on an be con	a group or a to see doct claim was in ducted. No	animal ca or or conta itiated. Mit time was lo	ct Occ. nurse for medical igation strategies were n	refrigerator and is
							·
njured Individual's Info		<b>ormati</b> or	de l'ind	lividu acc	identé	·	
*Injured employee's name /							
Nom de l'employé blessë:							
Birth date YYYY-MM-DD Date de naissance AAAA-MM-JJ	Age Âge	Sex Sexe		Occup Profe		Years of experience occupation No. d'années d'expérie dans profession	

Description of injury / Description de la blessure:

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<sup>\*</sup> Nature of Injury / Nature de la lésion: Contusion - crushing - bruise / Contusion - écrasement - meutrissure

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\* Part of Body / Partie du corps: Hand / Main

\* Hand: Affectéd Side / Main: Côté Affecté: Left / Gauche

\* Event or Exposure / Évenement ou exposition: Struck against / Projeté contre

Did death occur as a result of the injury? Did the worker receive health care? Le travailleur a-t-il reçu des soins médicaux? Est-ce que la mort s'en est sulvie suite à cet accident? No / Non Yes / Oui Workers' Compensation Information /Information de la Commission des accidents du travail Health Care / Soins Médicaux Claim Information / Renseignements sur l'indemnisation Name and address of doctor/practitioner or medical facility / Le Nom et l'adresse du médicin/practicien ou de l'établissement Sick leave without pay / No / Non Quédicidadorasé lid go see a doctor on March 2nd, no Paid sick leave / Congé de maladie payé: Yes / Oui WCB had been done at doctors office. Date covered / Indiquer les dates:

> Absent From/Du

Number of lost days / Nombre de jours perdus:

YYYY-MM-DD / AAAA-MM-JJ

## Investigation information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

finadequate space- alsie- exit- etc. / Espace dans les couloirs- sorties- etc. insatisfaisants

\* Source of Injury / Origine de la blessure: Furniture and fixtures / Ameublement et accessoires

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence?

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

Yes / Oul

\* Specify / Préciser: Ergonomics Manual Material Handling course taken November 2013, First Aid/ CPR April 2013.

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?: Yes / Oui

\* Specify / Préciser: Gripping of animal cage a different way to ensure hands are not surpassing the equipment being the most projected increasing the risk of crushing hands agains door frames. Will get maintenance unit to weld handles on the cages to modify the way the cages are being moved. Remind staff to have 2 people move cages.

\* Date employer will implement / Date de leur mise en œuvre:

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YYYY-MM-DD / AAAA-MM-JJ

Date: 2016-02-26

Supplementary preventive measures / Autres mesures de prévention:

* Name of person investigating Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
			2016-02-26

## Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Committee member's or representative's Title	Telephone Number	Date YYYY-MM-DD
Titre du membre du comité ou de représentant	Numéro de téléphone	Date AAAA-MM-JJ
		2016-04-18

\* Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant:
Due to the large size of the animal cages, and the lack of areas to grip the cage and pull, it would be easy to sustain an injury like this.

The employee that was injured was reminded to ask for assistance with moving large animal cages. Employee did not report any furter issues with the injured finger.

Handles will be welded on both sides of the cages for employees to hold and push/pull inorder to move. There will also be sign reminders added to all cages (at eye level) to remind staff to use the handles.



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Decument Reference Onder the Access to Information Act by the Public Health Agency of Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé

# Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques



Type of report /

New Occurrence / Situation Nouvelle

Genre de rapport :

/ Minor Injuries / Blessures Mineurs

Type of occurrence / Genre de situation ;

## Employer Information / Information de l'employeur

* Region & Province Région et Province	* Branch Directors Direction générale Direction				Di	vislon
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba		IAC-IDPC / SPC-PCMI				
Building Immeuble		stal Locator lisateur postal		l code postal		one number de téléphone
1015 Arlington / 1015 Arlington			R3E	3R2		
Site of hazardous occurrence Lieu de la situation comportant des risqu	es			dress resse		
	1015 Arlington					
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ		of hazardous осси de la situation con des risques 09:30 AM нн:мм	nportant Conditions météorologiq			ologiques
2016-02-29		•				
Witnesses Témoins				ervisor's n du surveil		

Description of what happened / Description des circonstances:

was assisting in lifting a piece of equipment onto a cart, then reached for a box on one of the shelves, and felt a pinch in lower back.

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

#### Injured Individual's Information / Information de l'individu accidenté \*Injured employee's name / Nom de l'employé blessé: Birth date Age Sex Occupation Years of experience in YYYY-MM-DD Âge Sexe Profession occupation Date de naissance No. d'années d'expérience AAAA-MM-JJ dans profession

Description of injury / Description de la biessure:

- \* Nature of Injury / Nature de la lésion: Sprains - strains / Entorses - foulures
- \* Part of Body / Partie du corps: Back / Dos

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\* Event or Exposure / Évenement ou exposition; Other - Specify / Autres - Préciser

\* Other: No overexertion, just a possible awkward movement

Did death occur as a result of the injury? Did the worker receive health care? Est-ce que la mort s'en est suivie suite à cet accident? Le travailleur a-t-il reçu des soins médicaux? Yes / Oui

Workers' Compensation Information /Information de la Commission des accidents du travail

Health Care / Soins Médicaux Claim Information / Renseignements sur l'indemnisation Name and address of coctor/practitioner or medical facility / Le Nom et l'adresse du médicin/practicien ou de l'établissement Sick leave without pay / No / Non Conge de maladie non payé: Paid sick leave / Yes / Oui Congé de maladle payé: Date covered / Indiquer les dates: YYYY-MM-DD / AAAA-MM-JJ Absent 2016-02-29 To/Au 2016-03-01 From/Du Number of lost days / Nombre de jours perdus:

## Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Lifting hazard - bent back - awkward position / Soulever des charges de façon dangereuse - se pencher en arrière- prendre une position peu com

\* Source of Injury / Origine de la blessure:

Other - Specify / Autres - Préciser

\* Other: Muscle pull in back

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

Yes / Oul

\* Specify / Préciser: Employee has taken ergonomic training and safe lifting technique training.

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?: No / Non

Reasons for not taking corrective measures / Raisons pour lesquelles aucune mesure corrective n'a été prise: Proper lifting techniques were used, as was reaching for items on the shelf. Employee followed all ergonomic/safe lifting practices. But a reminder of techniques/stretches will be issued.

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Document Released Under the Access to Information Act by the Public Health Agency of Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé publique du Canada

* Name of person investigating	Title	Telephone Number	Date YYYY-MM-DD
Nom de la personne faisant	Titre	Numéro de téléphone	Date AAAA-MM-JJ
l'enquête			2016-03-01

#### Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name

Nom du membre du comité de sécurité et santé ou de représentant

Committee member's or representative's Title	Telephone Number	Date YYYY-MM-DD
Titre du membre du comité ou de représentant	Numéro de téléphone	Date AAAA-MM-JJ
		2016-03-11

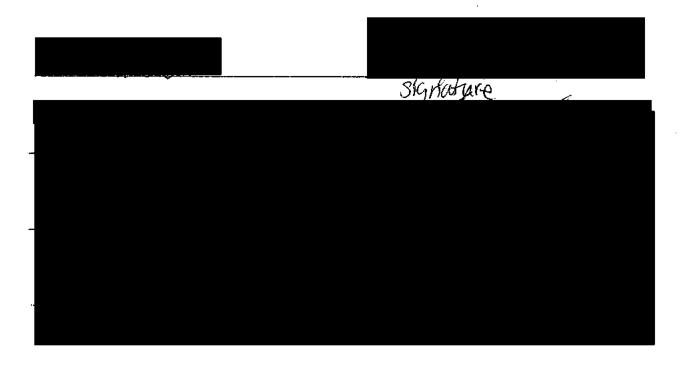
\* Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant:
OSH investigation help on 2016-03-11. Employee reported no need for a duty to accommodate, or light duties. An ergonomic assessment is felt to be unnecessary. Employee is feeling better and is comfortable with the working/desk situation. Employee knows they can request an ergonomic assessment/ equipment at any time (ie new chair etc). All necessary paperwork has been filled out by the manager and WCB submitted.

The employee has experienced a similar incident with their back prior to this, no medical follow up was done, proper rest was sufficient.

Ergonomic and lifting technique training has be completed by the employee.

The piece of equipment being lifted was a centrifuge of approx. 50 lbs. This centrifuge was being lifted by two employees distributing the weight to approx 25 lbs each. The injury didn't occur until the centrifuge in question was placed on the cart and the employee was reaching for a box on a shelf.

Lifting beits were not used during this time but it has been recommended to provide enough beits for staff to use if they feel the need. This will be looked into by the manager immediately and purchased by April 30 2016 (after fiscal year end). No other follow up looks to be required.



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## Incident Reporting System (IRS) Released Under the Access to Information Act by the Public Health Agency of

publique du Canada

Canada / Document divulgué en vertu de la Loi sur

l'accès à l'information par l'Agence de la santé

## **Utilization Report**

Incident ID:

920

Date: 2016-03-07

Time: 17:20

Review Team: Laura Douglas, Carol Stansfield, Kelly Keith

Incident: PHAC CL3 Laboratory entered its fail-safe mode due to air pressure fluctuations

Incident Description:

A PHAC CL3 Laboratory entered its fail-safe mode while experiencing pressure fluctuations. The laboratory was returned to normal operating conditions by on-site staff and monitored.

## **Incident Communication Responses**

#### People: Individual -1 Other People -1 Environment: Internal to CSCHAH -1 External to CSCHAH -Property: Within CSCHAH -1 External to CSCHAH -Social/Psychological: Individual -1 Community -1 Opinion: Individual -1 Community -1

## Communication Complete as of:

2017-08-31

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Document Pablaced Uther that Access to Information Act by the Public Health Agency of Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé publique du Canada

# Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

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Type of report / New Occurrence / Situation Nouvelle Genre de rapport :

Type of occurrence / Minor Injuries / Blessures Mineurs Genre de situation :

Gerne de Siludion :

mployer's name and maili * Region & Provi	nu augress i No		da Dana (		•	
		Pranch		eur: torate	Division	
Région et Provir		Direction générale Direction		DIVISION		
//anitoba & Saskatchewa et Saskatchewan - M Manitoba		PHAC-IDPC / ASPC-PCMI	NI	ML ·		
Building Immeuble		Postal Locator Localisateur postal		l code postal	Telephone number Numéro de téléphone	
.1015 Arlington / 1015	Arlington	n/a	R3E	3R2		
Site of hazardous o ieu de la situation compo		s i	Ad	ldress Iresse rlington St.		
* Date of hazardous or YYYY-MM-DD Date de la situation comp	.   +	Time of hazardous oc leure de la situation o des risques	currence		Weather vns météorologiques	
risques AAAA-MM	A-JJ	02:30 РМ нн:м	М	Ove	rcast / Ennuagé	
2016-05-18		· .				
Witnes: Témol				ervisor's na du surveilla		
escription of what happer stepped out of stepped out out of stepped out out of stepped out of stepped out out of stepped out out of stepped out of stepped out out of stepped out out out of stepped out out of stepped out out of stepped out out out out of stepped out out out out out out out out out out	lab chair to re- cantime had roll sore but this so cort of this occ	ach for a book on the led slightly backward, reness never went aw urence and saw a doo	lande ay and rem ctor the sam	d partially b ained aggre ae day.	went to sit back down reaking the fall with evated. Therefore by M	left hand. At fir
ured Individual's Info	rmotion / In	formation de l'indi	uldu sas	dontó		
TIED KINIAINGGI & BILL		iormation de l'indi	VIGU ACCI	uente		<b>_</b>
jured employee's name / om de l'employé blessé:						

Description of injury / Description de la blessure:

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<sup>\*</sup> Nature of Injury / Nature de la lésion: Contusion - crushing - bruise / Contusion - écrasement - meutrissure

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\* Part of Body / Partie du corps: Arm / Bras

\* Arm; Affected Side / Bras: Côté Affecté: Left / Gauche

\* Event or Exposure / Évenement ou exposition: Fall from same level - Interior / Chute au même niveau - Intérieur

Did death occur as a result of the injury?
Est-ce que la mort s'en est suivie suite à cet accident?
No / Non

Did the worker receive health care? Le travailleur a-t-il reçu des soins médicaux? 'es / Qui

Workers' Compensation Information /Information de la Commission des accidents du travail

#### Health Care / Soins Médicaux

Name and address of doctor/practitioner of medical facility / Le Nom et l'adresse du médica/practicien ou de l'établissement de soiris:

Claim Information / Renseignements sur l'indemnisation

Sick leave without pay/ No / Non Congé de maladie non payé:

Pard sick leave / Conge de maladie payé:

Date covered / Indiquer les dates:
YYYY-MM-DD / AAAA-MM-JJ

Absent 2016-05-25

To/Au 2016-05-25

Yes / Oui

From/Du

Number of lost days / Nombre de jours perdus:

Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Other - Specify / Autres - Préciser

\* Other: chair rolled back

\* Source of Injury / Origine de la blessure:

Furniture and fixtures / Ameublement et accessoires

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence?

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

No / Non

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:

\* Specify / Préciser: Employee to ensure their chair has not rolled away prior to sitting down.

\* Date employer will implement / Date de leur mise en œuvre:

LF-WW-VAVA / DD-WW-AAA-WA

Date: 2016-05-27

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Supplementary preventive measures / Autres mesures de prévention:

* Name of perso Nom de la per l'eng	sonne faisant	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
				2016-05-27

## Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

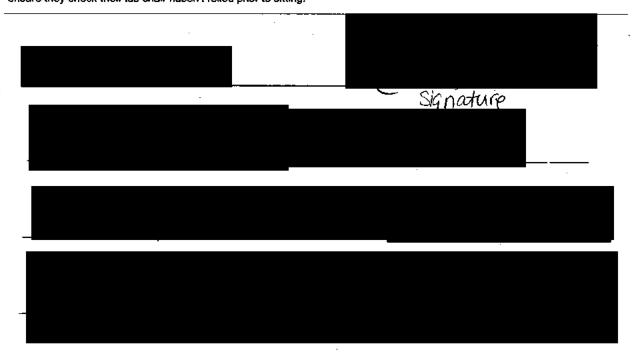
Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Committee member's or representative's Title
Titre du membre du comité ou de représentant

Telephone Number
Numéro de téléphone
Date YYYY-MM-DD
Date AAAA-MM-JJ

2016-06-28

Safety and health committee's or representative's comments / Observations du comité de sécurité et de santé ou de représentant: Employee is continuing with physio for this injury. A WCB claim has been filed. No further follow up is required. Employee will ensure they check their lab chair hasen't rolled prior to sitting.



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16-01

## **Incident Report Form**

Document Released Under the Access to Information Act by the Public Health Agency of Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé publique du Canada

Incident:	Accountable ividual:
	and became caught on the door handle of the bugh the doorway, which kept hand on the losed and caused wrist to extend in was able to move wrist freely with
	· ,
Signed:	Dated: Apr 8/16
Actions Uno	
incident.	ately applied ice to wrist after the
HOIR was completed for Corporate OHS	
·	
Signed:	Date: Opil 3/10
Persons Informed:	

FRM-073-00

Incident Report Form

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	Document Released Under the Access to Information Act by the Public Health Agency of Canada / Document divulgué en vertu de la Loi sur
	Date: April 6, 2016 da
·	

## Formulaire de rapport d≈incident

Incident :		Personne
	responsable:	
	•	
Signature :		Date :

FRM-073-00

Incident Report Form

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Document Released Under the Access to Information Act by the Public Health Agency of Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé publique du Canada

## Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

Finar@

Type of report / New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / Other / Autre

Genre de situation :

\* Other - Specify / Potential exposure to infectious material

Autre - Préciser :

## Employer Information / Information de l'employeur

Employer's name and mailing address / I	Nom	et adresse postale	de l'employ	eur:	
* Region & Province Région et Province		* Branch Direction générale		torate ction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba		PHAC-IDPC / ASPC-PCMI			
Building Immeuble	L	Postal Locator ocalisateur postal		al code postal	Telephone number Numéro de téléphone
Other / Autres Specify / Préciser :JCWIDRC		·	R3E	E 3L5	
Site of hazardous occurrence Lieu de la situation comportant des risqu	res			ddress dresse	
CL2 (aboratory		7	45 Logan A	vепие, Wpg	, MB
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ		me of hazardous od ure de la situation d des risques 02:00 РМ нн:	omportant	Conditio	Weather ns météorologíques NA
2016-05-24		<i>:</i>			
Wilnesses Témoins				pervisor's na n du surveilla	

Description of what happened / Description des circonstances:

A well know protocol was provided from a collaborator that involved piercing a hole into the bottom of a plastic tube using a needle. This part of the protocol took place in between handling human mucosal swab samples from patients positive for HIV. While piercing the plastic tube, the needle slipped and punctured the left index finger causing the finger to bleed. Gloves were worn during the entire protocol and disinfectant (70% ethanol) had been sprayed onto the gloves before the incident occurred however it couldn't be confirmed if the gloves had been changed to new gloves prior to the incident and therefore whether or not they could have been contaminated. First aid included removing gloves, spraying finger with disinfectant (70% ethanol), letting the finger bleed, applying bandage and new clean gloves. All material was cleaned up and put away without further incident. An Infectious Disease physician was consulted at 15:15h resulting in directive to attend the exposure prophylaxis (PEP) treatment. A Colleague also attended ER with the affected person. The affected person and was given PEP at 20:30h. A day later, it was noticed that the 2nd stage of PEP was given first and therefore the Infectious Disease physician directed the affected person to return to the ER for the 1st stage PEP (which was then administered 26hrs after the incident), Follow-up with another Infectious Disease physician for patient counselling took place 3 days after incident.

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

Injured Individual's Information / Information de l'individu accidenté						
*Injured employee's name /						
Nom de l'employé blessé:						

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Birth date YYYY-MM-DD Date de naissance AAAA-MM-JJ	Age Âge	Sex Sexe	Occupation Profession	Years of experience in occupation No. d'années d'expérience dans profession
				<u> </u>

Description of injury / Description de la blessure:

\* Nature of Injury / Nature de la lésion:

Cut - laceration - puncture / Coupure - lacération - perforation

\* Part of Body / Partie du corps:

Finger / Doigt

\* Finger: Affected Side / Doigt: Côté Affecté: Left / Gauche

\* Event or Exposure / Évenement ou exposition:

Other - Specify / Autres - Préciser

\* Other: potential exposure to infectious material

### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Hazardous methods or procedures / Méthodes ou procédures dangereuses

Placement hazards / Installation dangereuse

Use of inadequate or improper tools or equipment (not defective) / Utilisation d'outils ou de matériaux inappropriés (non-défecteux)

\* Source of Injury / Origine de la blessure:

Handtools - non-powered / Outils à main - non-électriques

Medical and surgical instruments / Instruments médicaux et chirurgicaux

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

Yes / Oui

\* Specify / Préciser: Use of appropriate personal protective equipment, use of appropriate disinfectant procedures, safe use of sharps (specifically never recap needles and always dispose in sharps containers, never remove from syringe before disposal),

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?;

Yes / Oui

\* Specify / Préciser: Utilizing a manufactured filter in place of plercing a tube. This eliminated the need for handling any sharps. Additionally, the importance of taking breaks throughout heavy work loads will be communicated by the supervisor in lab meetings and protocols where appropriate. (Although coffee and lunch break was taken that day, the rest of the day was spent continuously processing the samples.) The importance of changing gloves after handling human samples (contact with tubes, etc) in addition to regular use of disinfectant on gloves will be communicated by the supervisor in lab meetings and protocols where appropriate. A process to be developed whereby visitors or new protocols are vetted for safer alternative practices before use. A review of needle use in the facility and improved control of access assessed. Review and communication of post exposure protocol to ensure clarity by personnel and quick access to professional assessment and treatment.

\* Date employer will implement / Date de feur mise en oeuvre: YYYY-MM-DD / AAAA-MM-JJ

Date:

Supplementary preventive measures / Autres mesures de prévention: Review and update SES Standard Operating Procedures including Sharps protocol

* Name of person investigating	Title	Telephone Number	Date YYYY-MM-DD

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Nom de la personne faisant l'enquête	Titre	Numéro de téléphone	Date AAAA-MM-JJ	

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A2017000048

## Incident Reporting System (IRS) Act by the Public Health Agency of

Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé

publique du Canada

Utilization Report
Incident ID: 921

Date: 2016-05-24

Time: 14:00

Review Team: Kelly Anderson, Blake Ball, Cathy Robertson, Eleanor Percy, Kelly Keith

Incident: Needle stick while handling patient samples (PHAC CL2)

## Incident Description:

On May 24, 2016, a person working in a lab was piercing a hole into the bottom of a 0.5 ml plastic tube using a needle as part of an established protocol. This took place between handling HIV positive patient samples. While piercing the plastic tube with a clean needle, the needle slipped and punctured the employee's finger causing it to bleed. The tube and needle had not been in contact with any infectious material. Gloves were worn during the entire protocol and disinfectant had been sprayed onto the gloves before the incident occurred. It could not be confirmed however whether the gloves had been changed to new gloves after handling infectious material and prior to the incident and therefore it is unknown whether they could have been contaminated. The infectious disease physicians that were consulted indicated very low to low risk to the individual and a follow-up plan, that includes monitoring, was put in place.

The lab will be instituting a review of all new protocols prior to use in order to eliminate the use of sharps when working with infectious material, and a restriction on access to sharps throughout the lab.

## Incident Communication Responses

<u>People:</u>	
Individual -	2
Other People -	1
Environment:	_
Internal to CSCHAH -	1
External to CSCHAH -	1
Property:	
Within CSCHAH -	1
External to CSCHAH -	1
Social/Psychological:	
Individual -	1
Community -	1
Opinion:	•
Individual	1
Community -	•

## Communication Complete as of:

2017-08-31

Page: 165 of/de 247 A2017000048 Document Released Under the Access to

## Incident Reporting System (IRS) ocument divulgué en vertu de la Loi sur

l'accès à l'information par l'Agence de la santé publique du Canada

## Utilization Report

Incident ID:

922

Date:

2016-05-26

Time:

12:00

Review Team:

Laura Douglas, Laura Landry, Kelly Keith

Incident:

PHAC CL3 Laboratory entered its fail-safe mode due to air system issue

## Incident Description:

A PHAC CL3 Laboratory entered its fail-safe mode while experiencing issues with the air handling unit. A loose wire was found to be causing intermittent alarms. The wire was repaired. A scheduled maintenance period is planned to verify all wire terminals. The laboratory was returned to normal operating conditions by on-site staff and monitored. One staff person was inside the lab but was not working with infectious materials at the time of the incident

## **Incident Communication Responses**

People:	
Individual -	1
Other People -	1
Environment:	^
Internal to CSCHAH -	1
External to CSCHAH -	1
Property:	
Within CSCHAH -	1
External to CSCHAH -	1
Social/Psychological:	
Individual -	1
Community -	1
Opinion:	1
Individual -	1
Community -	1

## Communication Complete as of:

2017-08-31

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Document Released Under the Access to Information Act by the Public Health Agency of

ATIA-16(2)(c) ATIA - 19(1)

# Hazardous Occurrence Investigation Reportment divulgué en vertu de la Loi sur l'accès à Information par l'Agence de la santé

## Rapport D'Enquête de Situation Comportant des Risques

Final Soid on los

Type of report / New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / First Aid / Premiers Soins

Genre de situation :

#### Employer Information / Information de l'employeur

* Region & Province Région et Province	* Branch Directorate Division Direction				Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba		HAC-IDPC / ISPC-PCMI	NA ————————————————————————————————————	<b>/</b> L	
Building Immeuble		ostal Locator alisateur postal		l code postal	Telephone number Numéro de téléphone
1015 Artington / 1015 Artington			R3E	3R2	
Site of hazardous occurrence Lieu de la situation comportant des risqu	ıes			dress resse	
	1015 Arlington				
* Date of hazardous accurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ	Time of hazardous occurrence Weather Heure de la situation comportant des risques  Weather Conditions météorologique			ns météorologiques	
2016-05-31		11:30 AM янь	<b>1M</b>	Rai	ning / Pluvieux
2010-03-31		1	*		,
Witnesses Témoins				ervisor's na dụ surveilla	

Description of what happened / Description des circonstances:

There had been a spill of what appeared to be a reddish-pink fibre and dried pinkish fluid in hallway outside of my office of unknown origin. Someone apparently arranged to get this mopped up by cleaning staff (I did not see this activity, as my office door was closed). I left office at 11:30 to go to an appointment, slipped and fell heavily on the floor, that is, it had not been mopped up thoroughly. Although there was a "wet floor" placard on the site, I did not see it in my haste and still slipped, due to the excess amount of water on the site. I did not have any sustaining injuries (24h later) but am putting in this report to ensure in the future, that after mopping, all excess water is completely removed from area being cleaned.

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

#### Injured Individual's Information / Information de l'individu accidenté \*Injured employee's name / Nom de l'employé blessé: Birth date Sex Occupation Years of experience in YYYY-MM-DD Âge Profession Sexe occupation Date de naissance No. d'années d'expérience LL-MM-AAAA dans profession

Description of injury / Description de la blessure:

<sup>\*</sup> Nature of Injury / Nature de la lésion: No injuries / Aucune blessures

<sup>\*</sup> Part of Body / Partie du corps: Other - Specify / Autres - Préciser

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\* Other: fell on left side (shoulder, knee, hip etc)

\* Event or Exposure / Évenement ou exposition: Other - Specify / Autres - Préciser \* Other: slipped in puddle Document Released Under the Access to Information Act by the Public Health Agency of Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé publique du Canada

		• • • • • • • • • • • • • • • • • • •	
Investigatio	n Information	/ Information	de l'enquête

\* Safety & Heafth committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Other - Specify / Autres - Préciser

\* Other: excess water on mopped site

\* Source of Injury / Origine de la blessure:

Other - Specify / Autres - Préciser

\* Other: none

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence? /

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques? No / Non

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:

Yes / Odi

\* Specify / Préciser: Manager to contact to contact as a point of contact for cleaning agency.

Ask them to discuss incident to contact and to reinforce the need to ensure excess water doesn't remain on the floor following mopping.

will also take up the issue with the area supervisor.

Manager to remind staff to contact facilities help desk if excess water on floor persists.

\* Date employer will implement / Date de leur mise en oeuvre:

YYYY-MM-DD/AAAA-MM-JJ

Date: 2016-06-09

Supplementary preventive measures / Autres mesures de prévention:

* Name of person investigating Nom de la personne faisant l'egguête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
			2016-06-01

#### Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name
Nom du membre du comité de sécurité et santé ou de représentant

Committee member's or representative's Title
Titre du membre du comité ou de représentant

Telephone Number
Numéro de téléphone

Date YYYY-MM-DD
Date AAAA-MM-JJ

2016-07-05

\* Safety and health committee's or representative's comments / Observations du comité de sécurité et de santé ou de représentant: There were no additional recommendations or comments from the CSCHAH OSH Committee.

Managus: Employu: SES Rep

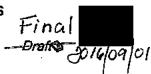
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Document Adel Bed Utol Hall Access to Information Act by the Public Health Agency of

Hazardous Occurrence Investigation Reportment divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé

## Rapport D'Enquête de Situation Comportant des Risques



Type of report / New Occurrence / Situation Nouvelle Genre de rapport :

Type of occurrence / Other / Autre Genre de situation :

\* Other - Specify / Environmental Sensitivity Autre - Préciser :

## Employer Information / Information de l'employeur

* Region & Province Région et Province	* Branch Direction géne	Direc	eur: ctorate ection	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	PHAC-IDPC / ASPC-PCMI	• • • • • • • • • • • • • • • • • • • •	ML	
Building Immeuble	Postal Locato Localisateur pos		al code postal	Telephone number Numéro de téléphone
1015 Arlington / 1015 Arlington		R3E	3M2	
Site of hazardous occurrence Lieu de la situation comportant des risqu	ies		ddress dresse	
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ	Time of hazardo Heure de la situal des ris	tion comportant ques	Condit	Weather ions météorologiques
2016-06-01	_		•	
Witnesses Témoins			pervisor's n du surveil	

Description of what happened / Description des circonstances:

A Request was made for a scent free environment February 12, 2016 conversation between myself (Can't remember the specific date).	This was then followed up by a
possibly a doctor's note would be required by my manager. I checked said that a note from a doctor was not required.	(HR Advisor) and
March 8, 2016: I spoke with an employee's manager about their use of scents in the workp	izca. The incident was reported
to me in rebru <u>ary but th</u> e employee was on leave during that time.	account the topological
May 17, 2016: the sent me an e-mail indicating that both a visitor attending training wearing scented products, both scents were quite strong in the bathroom. In this e-mail	and an employee were indicated that scents affect
May 20, 2016: provided me with a note from doctor recommending that sent me an e-mail indicating two employees that have worn scenis	in a scent free environment. ecently, that someone in the
area was wearing a floral scent, there is someone on the other side of	that wears scents (but is unsure
of who It is or may have been someone walking through the area) and one time in the past	two weeks smelled a
scented product in my office.	. ·
May 30, 2016: I spoke with an employee's manager about the use of scents for the two emp May 26.	ployees indicated in the email on
May 31, 2016: sent me an email to let me know that the floral scent is back in the	area.
June 1, 2016: In an email was tallet me know who was wearing the scented product on the	other side they wore
the scented product in the restroom that morning. Later that morning smalled a sce (8:51). I sent a request for more Scent Free signs.	ented product in her cubicle
June 2, 2016; sent me an email reporting that smelled the scented product aga	in (9:00) A cominder amolt was
sent by the second to all the second reminding the staff that this is a scent free facility and	I asked there were
Certain products she was aware of that cause reactions.	
June 3, 2016: I was told that it would take a while to get more scent free hard copy signs to dropped off.	put paper coples were
June 6, 2016: Posted the scent free signs	
June 8, 2016:	roduct. had an upper

Canada / Document divulgué en vertu de la Loi sur ATIA-16(2)(c) respiratory reaction. I informed the employee's manager there were a lot of scented products in the de la santé emailed me to say used the pape<u>r shredder in</u> June 9, 2016: person was wearing the same scent again. area but was unsure as to who was wearing them. The June 14, 2106: Met with a member of SES and the OSH committe to discuss what has been done in the past and possible solutions for the future if the problem of employees wearing scents exists. emailed me to say smelled a scented product in the middle of the north side June <u>15, 2</u>016: had a reaction because s not feeling well. was unsure June 21, 2016: emailed me to indicate smelled scents twice in the morning. One at 8:25 in the washroom There was training in and the second time at 9:40 outside has indicated to me that there are other occurrences but did not record them as we were unaware that an HOIR call the OHS office in Ottawa on June 3rd. smelled in the cubicle took between 30 and 90 minutes to dissipate. might experience a reaction (upper and lower respiratory comes in contact with a scented product When a reaction). Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: Injured Individual's Information / Information de l'individu accidenté \*Injured employee's name / Nom de l'employé blessé: Occupation Years of experience in Birth date 5ex Profession occupation YYYY-MM-DD Āģe Sexe No. d'années d'expérience Date de naissance dans profession Description of injury / Description de la blessure: \* Nature of Injury / Nature de la lésion: Allergic Reaction / Reaction Allergique \* Part of Body / Partie du corps: Other - Specify / Autres - Préciser \* Other: respiratory \* Event or Exposure / Évenement ou exposition: Altergic Reaction / Reaction Allergique Investigation Information / Information de l'enquête Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant HC-SC/GC/CA Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques: \* Causes of Accident / Causes de l'accident: Environmental conditions / Condition du milieu de travail \* Source of Injury / Origine de la blessure: Atmospheric and environmental conditions / Conditions atmosphériques et ambiantes Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques? No / Non \* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?: Yes / Oui \* Specify / Préciser: An email about scents in the workplace was sent on 2016-06-02 More permanent signs have been requested (Only 2 orginally were posted in the short term paper copies have been put up. I have spoken with the managers of identified employees wearing scented products. Building wide communication regarding the scent

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policy and the affects of scents on those with sensitivities have been sent out.

\* Date employer will implement / Date de leur mise en oeuvre; YYYY-MM-DD / AAAA-MM-JJ Date: Document Released Under the Access to Information Act by the Public Health Agency of Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé publique du Canada

Supplementary preventive measures / Autres mesures de prévention:

* Name of person investigating Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ	
			2016-06-06	2016/09/01

Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Committee member's or representative's Title	Telephone Number	Date YYYY-MM-DD	
Titre du membre du comité ou de représentant	Numéro de téléphone	Date AAAA-MM-JJ	
		2016-09-01	3016/09/01

Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant;
Concerns regarding the use of scents in the workplace are actively being addressed by the manager and NML Senior Management.

manager:

Employee!

2016/09/15
2016/09/22

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## Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

Finar@

Type of report / New C Genre de rapport :	ecurrence / Situation N	louvelle			
Type of occurrence / First A Genre de situation :	id / Premiers Soins				
Employer Information / Information	on de l'employeur			•	
Employer's name and mailing address / I	Nom et adresse postale	de l'employe	eur:		
* Region & Province Région et Province	* Branch Dîrection générale	Direc	torate ction	Division	
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	PHAC-IDPC / ASPC-PCMI	. NI	ML.		
Building Immeuble	Postał Locator Localisateur postal		l code postal	Telephone number Numéro de téléphone	
1015 Arlington / 1015 Arlington	·		3M2		
Site of hazardous occurrence Lieu de la situation comportant des risqu	ies		ldress Iresse		
* Date of hazardous occurrence "" YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ	Time of hazardous or Heure de la situation o des risques 08:50 AM нн:	comportant	Condit	Weather ions météorologiques	
2016-07-19					
Witnesses Témoins			ervisor's r dù survei		
Description of what happened / Description reported to me in an email that the each scissor blade cut the each scissor blade cut the each scissor blade cut the each scissor blade cut the each scissor blade cut the each scissor blade cut the each scissor blade cut the each scissor blade cut the each scissor blade cut the each scissor blade cut the each scissor blade cut the each science and the each science are each science are each science and the each science are each science are each science and the each science are each science are each science are each science are each science and the each science are each science are each science are each science are each science are each science are each science and the each science are eac	while receives breaking ions on receipht thigh)	down boxe	utting the	boxes on land lap because	and the points of they were quite t bandaged up
using bandaids, the bleeding had stoppe see if there were any ice packs in the bu	ed within 25 minutes. A	At 10 am 🛅	ema	iled	to ne pain.
Was there any property damage? / Est-co	e qu'il y a eu des domm	ages matérie	els?:	<u> </u>	
Injured Individual's Information /	nformation de l'ind	lividu acci	denté		· · ·
*Injured employee's name /	-		_		
Nom de l'employé blessé:			-		
Bìrth date Age YYYY-MM-DD Âge Date de naissance AAAA-MM-JJ	Sex Sexe	Occup Profes		Years of experience in occupation No. d'années d'expérien dans profession	

Description of injury / Description de la blessure:

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\* Nature of Injury / Nature de la lésion:

Cut - laceration - puncture / Coupure - lacération - perforation

\* Part of Body / Partie du corps:

Thigh / Cuisse

\* Thigh: Affected Side / Cuisse: Côté Affecté: Unspecified / Non préciser

\* Event or Exposure / Evenement ou exposition:

Other - Specify / Autres - Préciser
\* Other: Cut by scissors

### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name

Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Other - Specify / Autres - Préciser

\* Other: Scissors slipped while breaking down boxes

\* Source of Injury / Origine de la blessure:

Other - Specify / Autres - Préciser

\* Other: Scissors

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous

L'emptoyé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

No / Non

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:

Yes / Oui

- \* Specify / Préciser: 1. The employee was reminded to choose the correct tool for the job, ie. to use a ulitity knife instead of scissor to break down boxes. It was decided to purchase an utility knife and surface to cut boxes on so as to not damage the carpet or desks and to prevent the need to cut a box on ones lap. The utility knife has been ordered, however I could not find a cutting surface through our office supplies supplier. We will keep a large piece of cardboard for this purpose. All employees in the area will be informed that a utility knife is available for use. 2. The employee was reminded to always cut away from themselves.
- \* Date employer will implement / Date de leur mise en oeuvre: YYYY-MM-DD / AAAA-MM-JJ .

Date:

Supplementary preventive measures / Autres mesures de prévention:

* Name of person investigating Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
			2016-07-20

2016-11-17 2016-11-17 2016/11/22 2018/11/29

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Safety & Health Committee or Rep. / Comité de sécurité et santé ou repr

Safety & Health committee member 5 or representative's name

Nom du membre du comité de sécurité et santé ou de représentant

entant l'accès à l'information par l'Agence de la santé publique du Canada

Committee member's or representative's Title Telephone Number Numéro de léléphone Date YYYY-MM-DD Titre du membre du comité ou de représentant Date AAAA-MM-JJ 2016-09-15

Safety and health committee's or representative's comments / Observations du comité de sécurité et de santé ou de représentant: The appropriate cutting implement was purchaseland is now available for all employees working in the area. There were no additional comments or recommendations from the OSH Committee.

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## Incident Report Form

Incident:	(July 26, 2016) Accountable Individual:
·	was in a meeting at questions, went into repetitive movement ed like going into seizure state with heavy ng to respond but could not.
	·
Signed:	Dated: July 27, 2016
Action	ns Undertaken
staff, other staff stood out in the corners paramedics arrived, medications from	o the recovery position by the Health and safety of the street to direct the ambulance, when the was given to them. They took alled from work around 4 pm and informed that
Signed:	Date: July 27, 2016
Persons Informed:	Date: July 26,
HOIR RO	eding

FRM-073-00

Incident Report Form

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#### Incident Report Form

Incident: 16-03 Accountable Individual: Facility issue (Shawn Osmond)

Chiller equipment breakdown: July 25 to August 5 affected Laboratory Temperatures. Temperatures rose from 26 to 32°C. Some days included very high humidity.

Autoclaves were shut down from July 25 to August 1, inclusive.

Signed: Shelley Frost

Dated: 160805

Actions Undertaken

Email sent to accredited Lab supervisors; indicating incident report logged; with instruction to log any non-conformities related to lab supplies/reagents or Lab Testing that may have consequently been affected by the high temperatures.

Signed: Shelley Frost

Date: 160805

Persons Informed: Shelley Frost, Anil Nichani and Accredited Lab Supervisors

Date: August 5, 2016

FRM-073-00

Incident Report Form

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# Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

Finar\a

Type of report /

New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / Minor Injuries / Blessures Mineurs

Genre de situation :

## Employer Information / Information de l'employeur

* Region & Province Région et Province	Direc	* Branch tion générale	Direc Dire	torate ction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba		C-IDPC / PC-PCMI			
Building Immeuble		al Locator ateur postal		l code postal	Telephone number Numéro de téléphone
Other / Autres Specify / Préciser :JCWilt Infectious Diseases Research Centre			R3E	3L5	
Site of hazardous occurrence Lieu de la situation comportant des risqu	ies			dress resse	
		7	745 Logan /	Ave., Wpg	, MB
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des		hazardous oce e la situation co des risques		Condit	Weather ions météorologiques
risques AAAA-MM-JJ	ţ	02:10 РМ нн:м	м		n/a
2016-08-24					
Witnesses Témoins				ervisor's r du survei	

Description of what happened / Description des circonstances:

The employee moved a printer from the floor to a wheeled cart (approximately 15cm off ground) and then shortly after from the cart to the ground. While lifting the printer from the cart, the employee felt pain in lower back. The employee placed the printer back down and then tried to walk around and sit to loosen up their back for about 10 minutes. After walking, the employee went to their computer work station to sit and rest. Another employee then witnessed the employee with their head down on the desk and spoke to them. The employee then went limp, and fell from the chair like they had fainted. The employee banged their head on the chair base before hitting the floor. 10-20 seconds later, the employee regained consciousness and began talking to the witness. The employee remained on the floor while parametics arrived to assess. The employee sustained a cut on the back of their head but did not require stitches. The employee was taken to the assessment. It is believed the employee fainted due to back pain.

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

Injured employee's name / Nom de l'employé blessé:				
Birth date YYYY-MM-DD Date de naissance AAAA-MM-JJ	Age Age	Sex Sexe	Occupation Profession	Years of experience in occupation . No. d'années d'expérience dans profession

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Description of injury / Description de la blessure:

\* Nature of Injury / Nature de la lésion: Multiple injuries / Lésions multiples

Sprains - strains / Entorses - foulures

\* Part of Body / Partie du corps: Back / Dos

\* Event or Exposure / Évenement ou exposition: Overexertion / Surmenage

Did the worker receive health care? Did death occur as a result of the injury? Le travailleur a-t-il reçu des soins médicaux? Est-ce que la mort s'en est suivie suite à cet accident? Yes / Oui No / Non Workers' Compensation Information /Information de la Commission des accidents du travail Claim Information / Health Care / Soins Médicaux Renseignements sur l'indemnisation Name and address of doctor/practitioner or medical facility / Le Nom et l'adresse du médicin/practicien ou de l'établissement Sick leave without pay / No / Non Congé de maladie non payé: Paid sick leave / Yes / Oui Congé de maladie payé: Date covered / Indiquer les dates: YYYY-MM-DD / AAAA-MM-JJ Absent 2016-08-24 To/Au 2016-08-24 From/Du Number of lost days / Nombre de jours perdus:

### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Inadequate help for heavy lifting etc. / Manque d'aide pour lever des objets lourds etc.

Lifting hazard - bent back - awkward position / Soulever des charges de façon dangereuse - se pencher en arrière- prendre une position peu com

\* Source of Injury / Origine de la blessure:

Tools- instruments and equipment / Outils- Instruments et équipement

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence? /

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

Yes / Oui

\* Specify / Préciser: not specified

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:

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Yes / Oui

\* Specify / Préciser: Employees reminded to contact Materiel Management to move equipment and not to attempt themselves.

\* Date employer will implement / Date de leur mise en œuvre:

YYYY-MM-DD / AAAA-MM-JJ

Date: 2016-08-30

Supplementary preventive measures / Autres mesures de prévention:

Empoyees reminded to use landline phones in vicinity of incident to contact 911 to reduce travel time and improve ability to provide information to operator.

* Name of person investigating	Title	Telephone Number	Date YYYY-MM-DD
Nom de la personne faisant	Titre	Numéro de téléphone	Date AAAA-MM-JJ
l'enquête			
			·
i			•

#### Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name

Nom du membre du comité de sécurité et santé ou de représentant

Committee member's or representative's Title	Telephone Number	Date YYYY-MM-DD
Titre du membre du comité ou de représentant	Numéro de téléphone	Date AAAA-MM-JJ
,		2016-08-31

\* Safety and health committee's or representative's comments / Observations du comité de sécurité et de santé ou de représentant: employée declined ost union member to be at the ost incident investigation meeting

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### Incident Reporting System (1225) Act by the Public Health Agency of Occument divulgué en vertu de la Loi sur

l'accès à l'information par l'Agence de la santé publique du Canada

**Utilization Report** 

Incident ID:

924

Date:

2016-08-24

Time:

14:10

**Review Team:** 

Kelly Anderson

Incident:

Back injury resulting in EMS response (PHAC CL2)

#### Incident Description:

An employee in the CL2 laboratory experienced lower back pain while moving a piece of computer equipment. A short time later, with continued back pain, the employee fainted and cut their head. The employee regained consciousness shortly after falling and witnesses called 911. The employee was released from hospital later that day and returned to work after 2 days off. Although the incident occurred with the CL2 lab area, there was no chemical or biological risk associated with this incident. Employees were reminded to contact Materiel Management department to move equipment as they have the training to do so safely.

#### **Incident Communication Responses**

#### People: Individual -

2 Other People -1 **Environment:** Internal to CSCHAH -External to CSCHAH -1 Property:

Within CSCHAH -External to CSCHAH -

Social/Psychological:

Individual -1 Community -1 Opinion: Individual -Community -1

#### Communication Complete as of:

2017-08-31

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## Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

Fina 💫

Type of report / New Occurrence / Situation Nouvelle Genre de rapport :

Type of occurrence / Minor Injuries / Blessures Mineurs

Genre de situation :

#### Employer Information / Information de l'employeur

# Deales 9 Decidence		de l'employ			_
<ul> <li>Region &amp; Province</li> <li>Région et Province</li> </ul>	* Branch Direction générale		torate ction	Division	
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	PHAC-IDPC / ASPC-PCMI				
Building Immeuble	Postal Locator Localisateur postal		al code postal	Telephone number Numéro de téléphone	!
Other / Autres Specify / Préciser : JCWilt Infectious Diseases Research Centre		R3E	E3L5		
Site of hazardous occurrence lieu de la situation comportant des risqu	ies		ldress Iresse		•
locker room	74	15 Logan A	venue, Wpg	, MB	
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des	Time of hazardous oc Heure de la situation co des risques		Condition	Weather ons météorologiques	
rfsques AAAA-MM-JJ	01:00 РМ нн:м	MN		NA	
2016-08-30					
Witnesses Témoins			ervisor's na du surveilla		
was greeting a co-worker while tu /hile falling contacted the wall of c ckers. Within 20min to 1 hour. /as there any property damage? / Est-ce	rning and glancing at liosed locker doors hurti tarted feeling woozy, ar	ing <b>ank</b> ank nd nauseou	le, and hittii rs.	oped over foot and fo ng the front right side of	ell to the groun head on th
was greeting a co-worker while tu /hile falling contacted the wall of o ckers. Within 20min to 1 hour, /as there any property damage? / Est-ce o / Non	urning and glancing at licosed locker doors hurting tarted feeling woozy, are qu'il y a eu des domma	ing ank nd nauseou nges matérie	le, and hitti rs. els?:	oped over foot and fe ng the front right side of	ell to the groun head on the
/hile falling contacted the wall of or ockers. Within 20min to 1 hour, //www./as there any property damage? / Est-ce o / Non	urning and glancing at licosed locker doors hurting tarted feeling woozy, are qu'il y a eu des domma	ing ank nd nauseou nges matérie	le, and hitti rs. els?:	oped over foot and fong the front right side of	ell to the grour head on the
was greeting a co-worker while tu /hile falling contacted the wall of o ckers. Within 20min to 1 hour, /as there any property damage? / Est-ce o / Non	urning and glancing at licosed locker doors hurting tarted feeling woozy, are qu'il y a eu des domma	ing ank nd nauseou nges matérie	le, and hitti rs. els?:	oped over foot and fo ng the front right side of	ell to the grour head on the

Description of injury / Description de la blessure:

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<sup>\*</sup> Nature of Injury / Nature de la lésion: Contusion - crushing - bruise / Contusion - écrasement - meutrissure

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\* Part of Body / Partie du corps: Head / Tête

\* Event or Exposure / Évenement ou exposition: Fall from same level - Interior / Chute au même niveau - Intérieur

Did death occur as a result of the injury?

Est-ce que la mort s'en est suivie suite à cet accident?

No / Non

Did the worker receive health care?

Le travailleur a-t-il reçu des soins médicaux?

Yes / Oui

Workers' Compensation Information /Information de la Commission des accidents du travail

Health Care / Soins Médicaux

Name and address of doctor/practitioner or medical facility / Le Nom et l'adresse du médicin/practicleri ou de l'établissement de soins:

Claim Information / Renseignements sur l'indemnisation

Sick feave without pay / No / Non Congé de maladie non payé:

Paid sick leave / Yes / Oui

Congé de maladie payé:

Date covered / Indiquer les dates:
YYYY-MM-DD / AAAA-MM-JJ

Absent 2016-08-31

To/Au 2016-08-31

From/Du

Number of lost days / Nombre de jours perdus:

#### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Human error / erreur humaine

\* Source of Injury / Origine de la blessure:

Other - Specify / Autres - Préciser

\* Other: tripping over feet

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence? /

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques? No / Non

110 / 11011

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:

Yes / Oui

\* Specify / Préciser: Reminded employee to be aware of surroundings; be careful walking

\* Date employer will implement / Date de leur mise en œuvre:

YYYY-MM-DD7 AAAA-MM-JJ

Date: 2016-09-20

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Supplementary preventive measures / Autres mesures de prévention:

* Name of person investigating	Title	Telephone Number	Date YYYY-MM-DD
Nom de la personne faisant	Titre	Numéro de téléphone	Date AAAA-MM-JJ
l'enquête			1 1
			2016-09-02
-		_	

#### Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Committee member's or representative's Title	Telephone Number	Date YYYY-MM-DD
Titre du membre du comité ou de représentant	Numéro de téléphone	Date AAAA-MM-JJ
		2016-09-20

\* Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant:
Although it wasn't determined that the area or items in the area played a role tripping, the area was reviewed with Facilities personnel to confirm appropriate design and building code requirements. Nothing further came from this review.

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### Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

Final 🖎

Type of report / New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / Other / Autre

Genre de situation :

\* Other - Specify / Near miss

Autre - Préciser :

#### Employer Information / Information de l'employeur

Employer's name and mailing address / Nom et adresse postale de l'employeur: \* Region & Province \* Branch Directorate Division Région et Province Direction générale Direction PHAC-IDPC / Manitoba & Saskatchewan / Manitoba NML et Saskatchewan - Manitoba / ASPC-PCMI Manitoba Building Postal Locator Postal code Telephone number **Emmeuble** Localisateur postal Code postal Numéro de téléphone Other / Autres R3H 1H2 Specify / Préciser : Site of hazardous occurrence Address Lieu de la situation comportant des risques Adresse \* Date of hazardous occurrence Time of hazardous occurrence Weather Conditions météorologiques Heure de la situation comportant YYYY-MM-DD des risques Date de la situation comportant des risques AAAA-MM-JJ 11:55 AM HH:MM 2016-10-20 Witnesses \* Supervisor's name Témoins Nom du surveillar 2016-11

Description of what happened / Description des circonstances :

Staff member had opened a package and was removing excess packing material \_\_inside the box was two vials packaged in a zip loc bag. The staff member after removing excessive packaging took the box to workstation so that could perform data entry of the said shipment into our database. Upon confirming the contents of the box against the packing slip , it was later noticed that the zip loc bag wasn 't originally sealed and resulted in one of the vials rolling off desk and fell onto the floor and

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

Į	lniured	Individual's	Information .	/ Information	de l'ir	uhivihr	accidenté
ŧ	II II UI GU	HIJUITIUUUI 3					accidence

\*Injured employee's name / Nom de l'employé blessé:

Birth date YYYY-MM-DD Date de naissance AAAA-MM-JJ	Age Age	Sex Sexe	Occupation Profession	Years of experience in occupation No. d'années d'expérience dans profession



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#### Description of injury / Description de la blessure :

\* Nature of Injury / Nature de la lésion: Other - Specify / Autres - Préciser \* Other: None - near miss

\* Part of Body / Partie du corps: Other - Specify / Autres - Préciser \* Other: NA

\* Event or Exposure / Évenement ou exposition: Other - Specify / Autres - Préciser

\* Other: near miss

#### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques.

\* Causes of Accident / Causes de l'accident:

Human error / erreur humaine

\* Source of Injury / Origine de la blessure:

Floors-walkways and ground surfaces / Planchers-passerelles et surface du sol

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence? /

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

Yes / Out

- \* Specify / Préciser: This was a near miss only, but every employee is given training in all aspects in handling shipment of all types.
- \* Was there implementation of Corrective measures/ Est-ce qu'll y a eu implémentation de mesures correctives?:

Yes / Oui

- \* Specify / Préciser: Paying extra attention to the inside contents of every package type .
- \* Date employer will implement/ Date de leur mise en œuvre:

YYYY-MM-DD / AAAA-MM-JJ

Date: 2016-10-21

Supplementary preventive measures / Autres mesures de prévention:

* Name of person investigating	Title	Telephone Number	Date YYYY-MM-DD	
Nom de la personne faisant	Titre	Numéro de téléphone	Date AAAA-MM-JJ	
l'enquête.				
			2016-10-31	22/2/11/21
				2016/11/21

#### Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Committee member's or representative's Title
Titre du membre du comité ou de représentant
Titre du membre du comité ou de représentant
Telephone Number
Numéro de téléphone
Date YYYY-MM-DD
Date AAAA-MM-JJ
2016-11-18

Nov. 18th 2016

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Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant
During the verification of the contents of a shipment for correct product identity and quantity , the employee removed a ziploc bag containing a glass vial of product. The employee did not notice that the bag had not been sealed and the vial fell out of the bag onto the worstation , rolled off and fell to the floor where it broke. The product spilled was a 10ml vial of Gentamicin Sulphate Solution 50mg/ml which is a sensitizing agent through skin or eye contact and inhalation. The Biorisk and Occupational Safety Services on call Technical Safety Officer was notified and in accordance with the product MSDS it was determined that there was minimal risk since no skin or eye exposure to the agent occured and the surrounding area was cleared to prevent inhalation until cleanup could be done. The spill was cleaned up according to the precautions indicated in the MSDS for the product. In the investigation process it was determined that the employee and all receiving staff should pay particular attention to the packaging of product before removal from shipment containers for verification. The investigation report was presented at the next scheduled meeting of the Occupational Health and Safety Committee. The committee concurred with the report recomendation. The incident is now closed.

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### Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

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Type of report /

New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / First Aid / Premiers Soins

Genre de situation :

#### Employer Information / Information de l'employeur

Employer's name and mailing address / Nom et adresse postale de l'employeur: Region & Province \* Branch Directorate Division Région et Province Direction générale Direction Manitoba & Saskatchewan / Manitoba PHAC-IDPC / NML et Saskatchewan - Manitoba / ASPC-PCMI Manitoba Building Postal Locator Postal code Telephone number Immeuble Localisateur postal Code postal Numéro de téléphone 1015 Arlington / 1015 Arlington R3E 3P6 Site of hazardous occurrence Address Lieu de la situation comportant des risques Adresse JCWilt Infectious Diseases Research 745 Logan Avenue, Winnipeg Centre Time of hazardous occurrence Weather Date of hazardous occurrence Heure de la situation comportant Conditions météorologiques YYYY-MM-DD des risques Date de la situation comportant des risques AAAA-MM-JJ 03:00 РМ нн:мм N/A 2016-11-30 Witnesses \* Supervisor's name Témoins Nom du surveillant

Description of what happened / Description des circonstances: Cut to left index finger when removing object stuck to bottom of shoe

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

#### Injured Individual's Information / Information de l'individu accidenté

\*Injured employee's name / Nom de l'employé blessé:

Birth date Age Sex Occupation Years of experience in Occupation Profession Occupation No. d'années d'expérience dans profession

Description of Injury / Description de la biessure:

\* Nature of Injury / Nature de la lésion: Cut - laceration - puncture / Coupure - lacération - perforation

\* Part of Body / Partie du corps: Finger / Dolgt

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\* Finger: Affected Side / Doigt: Côté Affecté: Left / Gauche

\* Event or Exposure / Évenement ou exposition:

Other - Specify / Autres - Préciser
\* Other: Cut from Glass

Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Çauses directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Other - Specify / Autres - Préciser

\* Other: Employee used finger to remove what shought was a stone in shoe. It was a piece of glass in the

tread

\* Source of Injury / Origine de la blessure:

Other - Specify / Autres - Préciser

\* Other: Glass on sole of shoe

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

No / Non

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:

Yes / Oui

\* Specify / Préciser: Employee will use Instrument to remove stuck objects in the future

\* Date employer will implement / Date de leur mise en œuvre:

YYYY-MM-DD / AAAA-MM-JJ

Date: 2016-12-22

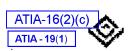
Supplementary preventive measures / Autres mesures de prévention:

* Name of person investigating Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
			2016-12-01

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### HAZARDOUS OCCURRENCE INVESTIGATION REPORT

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# publique du Canada RAPPORT D'ENQUÊTE DE SITUATION COMPORTANT DES RISQUES

			•		<del></del>
Hazardous Occurrent	ce / Situation comporta	nt des risques			
Injury Blessure	Explosion / Fire Explosion / Feu	Loss of Consciousness  Evanouissement	Threats . Menaces	☐ Emergency Procedures ☐ Mesures d'urgence	☐ Quasi-accident
Other (specify): Autres (précisez):					
ype of Injury Fore,	a Material expe	sod to eye.		WCB Claim Initiated	
enre de blessure	,	J		Demande d'indemnité pro	ésentée à la CAT
Minor - First Aid Superficielle - premiers soins	Minor - Medicat Aid Superficielle - soins médicaux	Disabling Invalidante	Fatal Mortelle	☐ Yes/ Oul	No / Nori
Department file no.	N° de dossier du ministère	Regional or District Office	Bureau régional ou de district	Employer 1D No.	Medidentification employeur
- INJURED EMPLO	YEE INFORMATION /	RENSEIGNEMENTS SUR I	L'EMPLOE(E) BLE	SSE(E)	
. Name/Nom			2. Sex/Sexe		g. Date of Birth / Date de naissance Y/A M/M D/J
I. Classification		5. Occupation/Poste	6. Time in this type of work / Fait ce genre de travail	Years Months Années Mois	7. Safety training received Formation en matière de sécurit
		of training / Précisez la formațion	depuis	sécurité et la date de la formatio	Ér Yes/Oui ☐ No/Non
WHMIS.	Confirmed SPACE		depuis n reçue en matière de s		
WHMIS.	Confirmed SPACE	i.	depuis n reçue en matière de s		Ér Yes / Oui ☐ No / Non on Telephone No. / N° de téléphone
WHMLS Name of Employer / I	Coルチデルス シアルce Nom de l'employeur CURRENCE / SITUAT	Address (including postal of	depuis n reçue en matière de s ode) / Adresse (y comp	oris le code postal)	on Telephone No. / Nº de téléphone
WHMLS Name of Employer / I	Coルチデルス シアルce Nom de l'employeur CURRENCE / SITUAT	Address (including postal o	depuis n reçue en matière de s ode) / Adresse (y comp	oris le code postal)	on :
WHMLS Name of Employer / I	Coルチデルス シアルce Nom de l'employeur CURRENCE / SITUAT	Address (including postal of	depuis n reçue en matière de s ode) / Adresse (y comp	oris le code postal)	Telephone No. / Nº de téléphone
Name of Employer / I  HAZARDOUS OC  Hazardous Occurrence  NM L-	Coufined SPAce Nom de l'employeur  CURRENCE / SITUAT  De Location / Lieu de la situ	Address (including postal of	depuis n reçue en matière de s ode) / Adresse (y comp SQUES 10. Regular Duties / I	oris le code postal)  Fonctions régullères  13. First Aid Treatment	Telephone No. / Nº de téléphone
Name of Employer / I  HAZARDOUS OC  Hazardous Occurrence  NM L~  Witness(es) / Térnoin	Coufined SPAce Nom de l'employeur  CURRENCE / SITUAT  De Location / Lieu de la situ	Address (including postal of	depuis n reçue en matière de s ode) / Adresse (y comp SQUES 10. Regular Duties / I	oris le coda postal) Fonctions régullères	Telephone No. / Nº de téléphone
Name of Employer / I  HAZARDOUS OC  Hazardous Occurrence  NM L-  Witness(es) / Témoin  N DH A	Confined SPAce Nom de l'employeur  CURRENCE / SITUAT  ce Location / Lieu de la situ  (s)	Address (including postal of	depuis n reçue en matière de s ode) / Adresse (y comp SQUES 10. Regular Duties / I	Fonctions régullères  13. First Aid Treatment Premiers soins Yes / Oui	Telephone No. / Nº de téléphone  11. Supervisor / Superviseur  23e - wash  No / Non Sie hier wash  16. Date and Time Reported
Name of Employer / I  HAZARDOUS OC  Hazardous Occurrence  NM L  Witness(es) / Témoin  N DH A	Confined SPAce Nom de l'employeur  CURRENCE / SITUAT  ce Location / Lieu de la situ  (s)	Address (including postal of Address (including postal of ION COMPORTANT DES RIPLES (including postal of Accident ION COMPORTANT DES RIPLES (including postal of Accident ION COMPORTANT DES RIPLES (including postal of Accident ION COMPORTANT DES RIPLES (including postal of Accident ION COMPORTANT DES RIPLES (including postal of ION COMPORTAT DES RIPLES (including postal of ION COMPORTAT DES RIPLES (	depuis n reque en matière de s ode) / Adresse (y comp SQUES 10. Regular Duties / I  / Date et heure de l'acc	Fonctions régullères  13. First Aid Treatment Premiers soins Yes / Oui	Telephone No. / Nº de téléphone  11. Supervisor / Superviseur  Use - wask  No / Non sight in wasek  16. Date and Time Reported Date et heure de la déclaration
Name of Employer / I  HAZARDOUS OC  Hazardous Occurrence  NM L  Witness(es) / Témoin  N DH A  First Aid Attendant / S	Cowfined SPAce Nom de l'employeur  CURRENCE / SITUAT  De Location / Lieu de la situ  (s)  pp	Address (including postal of Address (includi	depuis reque en matière de s ode) / Adresse (y comp SQUES 10. Regular Duties / I  / Date et heure de l'acc	Fonctions régulières  13. First Aid Treatment Premiers soins Yes / Oui	Telephone No. / Nº de téléphone  11. Supervisor / Superviseur  23e - wash  No / Non Sie hier wash  16. Date and Time Reported
Name of Employer / I  HAZARDOUS OC  Hazardous Occurrence  NM L-  Witness(es) / Témoin  NDH A  First Aid Attendant / S	Confirmed SPAce Nom de l'employeur  CURRENCE / SITUAT  ce Location / Lieu de la situ  (s)  ppl. 2. ble  Secouriste	Address (including postal of Address (including postal of ION COMPORTANT DES RIPORTANT	depuis  reçue en matière de s  ode) / Adresse (y comp  SQUES  10. Regular Duties / I  / Date et heure de l'acc  / Date et heure de l'acc  / Comp  dessure (mentionnez la	Fonctions régullères  13. First Aid Treatment Premiers soins Yes / Oui  cident partie du corps blessée)	Telephone No. / Nº de téléphone  11. Supervisor / Superviseur  Use - wask  No / Non sight in wasek  16. Date and Time Reported Date et heure de la déclaration
Name of Employer / I  Name of Employer / I  Name of Employer / I  HAZARDOUS OC  Hazardous Occurrence  NM L -  Witness(es) / Térmoin  N Drf A  First Aid Attendant / S  Nature and extent of i  Lef & eye  Property / Material Da	Confirmed SPAce Nom de l'employeur  CURRENCE / SITUAT  ce Location / Lieu de la situ  (s)  ppl. 2. ble  Secouriste	Address (including postal of Address (including postal of ION COMPORTANT DES RIPORTANT	depuis  reque en matière de s  ode) / Adresse (y comp  SQUES  10. Regular Duties / I  / Date et heure de l'acc  / Date et heure de l'acc  / Comp  dessure (mentionnez la dessure (mentionnez la dessure) de l'acc  Dommages matér	Fonctions régullères  13. First Aid Treatment Premiers soins Yes / Oui  cident partie du corps blessée)	Telephone No. / N° de téléphone  11. Supervisor / Superviseur  Use - wash No / Non sightime. Seed  16. Date and Time Reported Date et heure de la déclaration (3) e S
Name of Employer / I  Name of Employer / I  Name of Employer / I  HAZARDOUS OC  HAZARDOUS OCCURREN  NM L-  Witness(es) / Témoin  N Drt A  First Aid Attendant / S  Nature and extent of i  Leff 2 ge  Property / Material Da	Confined Space Nom de l'employeur  CURRENCE / SITUAT  De Location / Lieu de la situ  (s)  Politic blo  Recouriste  Injury (State part of body af  This to fine  Image  hicles, spectacles, tools, et	Address (including postal of Address (including postal of ION COMPORTANT DES RIPORTANT	depuis  reque en matière de s  ode) / Adresse (y comp  SQUES  10. Regular Duties / I  / Date et heure de l'acc  / Date et heure de l'acc  / Comp  dessure (mentionnez la dessure (mentionnez la dessure) de l'acc  Dommages matér	oris le code postal)  Fonctions régullères  13. First Aid Treatment Premiers soins Yes / Oui  c. /- partie du corps blessée)  iels et à la propriété	Telephone No. / N° de téléphone  11. Supervisor / Superviseur  Use - wash No / Non sightime. Seed  16. Date and Time Reported Date et heure de la déclaration (3) e S
HMLS  Name of Employer / I  HAZARDOUS OC  Hazardous Occurrence  NML-  Witness(es) / Témoin  N Drf A  First Aid Attendant / S  Nature and extent of i  Left eye  Property / Material Da  Nature and extent (ve	Confined Space Nom de l'employeur  CURRENCE / SITUAT  De Location / Lieu de la situ  (s)  ppl. 2. 6/c  Secouriste  Injury (State part of body af  Tr. 6.1.0  rriage hicles, spectacles, tools, et	Address (including postal of Address (including postal of ION COMPORTANT DES RIPORTANT	depuis reque en matière de s reque en matière de s reque en matière de s reque en matière de s reque en matière de s reque en matière de s reque en matière de s reque en matière de s reque en matière de s reque en matière de s reque en matière de s reque en matière de s reque en matière de s reque en matière de s reque en matière de s	oris le code postal)  Fonctions régullères  13. First Aid Treatment Premiers soins Yes / Oui  c. /- partie du corps blessée)  iels et à la propriété	Telephone No. / Nº de téléphone  11. Supervisor / Superviseur  Pye - wash  No / Non Single James Section  16. Date and Time Reported  Date et heure de la déclaration  18. 85

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C - INVESTIGATION OF ACCIDENT / ENQUETE SUR L'ACCIDENT	Cária d'aviánam	ent qui ont entraînel accident	
Sequence of events leading to accident     Identify equipment, tools, materials etc. that may have contributed to accident .		es outils, le matériel, etc. qui ont pu	ı contribuer á l'accident
Remove fine Slep medicion 1 cove	ring Acce	ess pane(.	
21. Cause(s) of Accident / Causes(s) de l'accident a) Direct cause of injury / Cause directe de la blessure			
	5 Charles	ec Call ER	
fraged insolution pavel and prece c	7. 4. MY 1.4.	S) 700 0T1	,
b) Mechanical, physical, and/or environmental conditions / Conditions mecaniques	s, physiques, et/ou envir	ronnementales	
NA			
c) Human factors (unsafe act) / Facteurs humains (acte dangereux)	C	-	
was not wearing Saffer gla	sse s	·	5
d) .Weather Conditions / Conditions météorologiques			•
NIA			
D- PREVENTIVE ACTION / MESURES PRÉVENTIVES			
22. Corrective and preventive measures planned or recommended / Mesures corre			23. Date of implementation  Date de mise en vigueur
taped up fraged section of in	sulartion	# WILL	
war Saffy, glasses.			of Jan 4/17
24. Investigation- Investigation	Team / Enquêteur - Gr	oupe d'enquêteurs	
Name and phone no. Nom et n° de téléphone	Title / Titre	Date (Y/A M/M D/J)	Signature
1		17.01.12	
2			·.
3			
4		-	
5			
e ~ ~			
25. OSH Committee Review / Examen du Comité de SST	Comments / Observat	tions	:
Yes/Oui □ Na/Non			
Cincian Continue of the Continue of Cincian de Continue of Continue of Cincian (Continue of Cincian (Continue of Cincian (Continue of Cincian (Cincian ignature - Mana	gement co-chairperson / Signature	du coprésident (direction)	
E - MANAGEMENT REVIEW / EXAMEN DE LA DIRECTION  Comments / Observations			
		•	·
		•	ļ
Name and phone no. / Nom et nº de téléphone	Title / Titre	Signature	Date (Y/A M/M D/J)
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### Document Released Under the Access to

Incident Reporting System (IRS) ocument divulgué en vertu de la Loi sur

l'accès à l'information par l'Agence de la santé publique du Canada

#### **Utilization Report**

Incident ID:

929

Date:

2017-01-11

Time:

19:26

Review Team:

Kelly Keith, Shelley Vaeth, Todd Coulter

Incident:

Equipment failure causing interior flood in non-laboratory space at CSCHAH

#### **Incident Description:**

19:26 - Fire alarm system activated indicating fire pump failure.

On site power engineer found a significant amount of water running from a stairwell in

Water appeared to be coming from the fire sprinkler system, originating on the first floor. Stand-by personnel and contractor were called to site to assist with isolation and repair.

19:40 - Fire crews arrived on site.

20:10 - Fire crews left facility, provided all clear for fire. Fire alarm system was silenced.

A fire watch was established until the repairs were complete and the fire alarm system could be reactivated.

21:25 - Two fire sprinkler heads located on the first floor ceiling were replaced.

00:39 - Fire alarm system was reactivated. System went into alarm as one item did not properly reset. Fire crews returned to site and gave the all clear shortly after. Fire alarm system was reset and is operable.

Cause - An exterior door leading was held open during normal working hours on Jan 11. Hoses were run through this entrance from a cleaning truck to the building. The cold weather caused some of the water in one of the sprinkler heads to freeze. The exterior door was closed at the end of the day. allowing the frozen water to thaw. Once thawed the sprinkler head opened allowing water to flow. There are two sprinkler heads in this location and both were replaced to ensure functionality.

This space is not adjacent to any laboratory space and did not negatively affect any laboratory space. The area in question is for storage and mechanical equipment. Construction is all concrete. Damage is limited to any paper or wood material stored in this area, which is minimal

The Community Liaison Committee Co-chair was given an informal heads-up on the incident due to the high visibility of the WFPS response; full notification of the committee was not required.

#### **Incident Communication Responses**

#### People:

Individual -	1
Other People -	1
Environment:	Î
Internal to CSCHAH -	1
External to CSCHAH -	1
Property:	
Within CSCHAH -	2
External to CSCHAH -	1
Social/Psychological:	
Individual -	1
Community -	1
Opinion:	1
Individual -	1
Community -	1

2017-08-31

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### Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

Finar@

Type of report /

New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / Spitl (no injuries) / Renversement (aucun blessé)

Genre de situation :

#### Employer Information / Information de l'employeur

Employer's name and mailing address / Nom et adresse postale de l'employeur: Branch Division Region & Province Région et Province Direction générale Direction Manitoba & Saskatchewan / Manitoba PHAC-Other / et Saskatchewan - Manitoba / ASPC-Autre Manitoba Building Postal Locator Postal code Telephone number Immeuble Localisateur postal Code postal Numéro de téléphone 1015 Arlington / 1015 Arlington Site of hazardous occurrence Address Lieu de la situation comportant des risques Adresse J. C. Wilk Time of hazardous occurrence Weather \* Date of hazardous occurrence Heure de la situation comportant Conditions météorologiques YYYY-MM-DD des risques Date de la situation comportant des risques AAAA-MM-JJ 08:05 АМ нн:мм 2017-01-16 Witnesses \* Supervisor's name Témoins Nom du surveillant

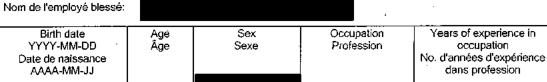
Description of what happened / Description des circonstances:

was removing a bin waste from a designated biohazardous waste collection pick-up shelf to transfer onto waste pick-up cart, and the bin was accidentally tipped and liquid waste from a pupette tray spilled onto the floor (about 1/2 cup of liquid)

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

#### Injured Individual's Information / Information de l'individu accidenté

\*Injured employee's name / Nom de l'employé blessé:



Description of injury / Description de la blessure:

\* Nature of Injury / Nature de la lésion: No injuries / Aucune blessures

\* Part of Body / Partie du corps:

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#### No injuries / Aucune Blessures

\* Event or Exposure / Évenement ou exposition:

Other - Specify / Autres - Préciser

\* Other: None because proper PPE was in use, and small spill 1/2 cup

Did death occur as a result of the injury?

Est-ce que la mort s'en est suivie suite à cet accident?

Did the worker receive health care?

Le travailleur a-t-il reçu des soins médicaux?

#### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Other - Specify / Autres - Préciser

\* Other: Pipette tray too full

\* Source of Injury / Origine de la blessure:

Other - Specify / Autres - Préciser

\* Other: No Injury •

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence?

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

Yes / Oui

\* Specify / Préciser: Hazardous Spill Training

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:

#### Yes / Oui

- \* Specify / Préciser: 1, PPE Control: Weight Management
- 1. a. Designate 2nd shelf from the bottom as being specifically for tup tray waste.
- 2. Engineering control: Volume reduction.
- 2. a. Tip trays will be marked, indicating a 1/2 fill vol. max.
- 3. Administrative control: Waste stream rev.
- 3. a. Any expired/contaminated media bottles will be disposed of in separate bin, without any decontamination intervention.
- 3. b. This fluid will no longer be disposed of in tip tray.
- \* Date employer will implement / Date de leur mise en oeuvre:

YYYY-MM-DD / AAAA-MM-JJ

Date:

Supplementary preventive measures / Autres mesures de prévention:

* Name of person investigating Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ

#### Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

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Committee member's or representative's Title	Telephone Number	Date YYYY-MM-DD
Titre du membre du comité ou de représentant	Numéro de téléphone	Date AAAA-MM-JJ
		l i
		l

\* Safety and health committee's or representative's comments / Observations du comité de sécurité et de santé ou de représentant: No additional comments to add

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ATIA - 19(1)
ATIA - 20(1)(b)

#### **Incident Report Form**

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Incident: 17-01	Account	ntable Individual: Carla Dallan				
2017-01-16: Conditions; freezing rain, melting and freezing to ice.						
fell on due to ice; witnessed by D. Scott						
Signed:		Dated:				
	Actions Underta	aken				
Correction Action – salt was spread in area by PWGSC Facilities. – to salt by						
HOIR was completed it	a AIRS dbase	41				
Signed:	(OHS renbu-	Date: 17/0/13				
Signed:	1000 julian	Date: 1 / [0113]				
Persons Informed: Da	phne Scott Shelley Frost, C	Carla Dallan, AIRS Dhase Date: January 31, 2017				
i .						

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Information Act by the Public Health Agency of
Canadia 7 Notifihent divulgué en vertu de la Loi sur
l'accès à l'information par l'Agence de la santé
publique du Canada

# Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

Finar@

Type of report /

New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / First Aid / Premiers Soins

Genre de situation :

#### Employer Information / Information de l'employeur

Employer's name and mailing address / Nom et adresse postale de l'employeur: \* Region & Province \* Branch Directorate Division Région et Province Direction générale Direction Manitoba & Saskatchewan / Manitoba PHAC-IDPC / et Sasketchewan - Manitoba / ASPC-PCMI Manitoba Buildina Postal Locator Postal code Telephone number Immeuble Localisateur postal Code postal Numéro de téléphone 1015 Arlington / 1015 Arlington R3E 3R2 Site of hazardous occurrence Address Lieu de la situation comportant des risques Adresse CL3 Time of hazardous occurrence Weather \* Date of hazardous occurrence Conditions météorologiques YYYY-MM-DD Heure de la situation comportant des risques Date de la situation comportant des risques AAAA-MM-JJ 04:00 РМ нн:мм 2017-01-20 Witnesses \* Supervisor's name Témoins Nom du surveillant

Description of what happened / Description des circonstances:

A staff member was working in the CL3 preparing to load TB susceptibility testing onto the MGIT machine. They lifted a tray of samples with both hands and sprained/strained their wrist. The tray would have weighed approximately five pounds. The staff member must have lifted the tray in an unusual way, as when they put the tray back down, they realised they had sprained their wrist. It was right at the end of the day. They staff member showered out to the CL3 and went home, and iced their wrist. The incident was reported by email to their manager Jan 23, 2017, however the manager was on holidays. Upon return to work Jan 30th after holidays, the manager read the email and immediately notified OSH and SES.

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

#### Injured Individual's Information / Information de l'individu accidenté \*Injured employee's name / Nom de l'employé blessé: Birth date Sex Occupation Years of experience in Age Åge YYYY-MM-DD Sexe Profession occupation No. d'années d'expérience Date de naissance LL-MM-AAAA dans profession

Description of injury / Description de la blessure:

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<sup>\*</sup> Nature of Injury / Nature de la lésion:

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Sprains - strains / Entorses - foulures

\* Part of Body / Partie du corps:

Wrist / Poignet

\* Wrist: Affected Side / Poignet: Côté Affecté: Left / Gauche

\* Event or Exposure / Évenement ou exposition:

Other - Specify / Autres - Préciser

\* Other: Lifting a tray of samples, approx 5 lbs.

#### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Other - Specify / Autres - Préciser

\* Other: Lifting a tray of samples, approx. 5 lbs.

\* Source of Injury / Origine de la blessure:

Other - Specify / Autres - Préciser

\* Other: Lifting a tray of samples, approx. 5 lbs.

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence? /

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exercait au moment de la situation comportant des risques?

Yes / Oul

\* Specify / Préciser: Staff member is up to date on all required CL3 training.

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?: No / Non

Reasons for not taking corrective measures / Raisons pour lesquelles aucune mesure corrective n'a été prise:

* Name of person investigating Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
·			2017-02-22

	signature	<del></del>
		<del></del>
<del>-Pur</del>	·	<u>-</u>
	·	Page: 198 of/
		Page: 198 of/ 

Incident Report Form

Document Released Under the Access to Information Act by the Public Health Agency of Canada / Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé publique du Canada

Incident:	17-62	Acc	ountable Individu	al:			
2017-02-01: Conditions; clear, cold; sidewalk, curb and roadway was clear, clean and dry with the exception of salt that was densely scattered on the surfaces in the area of the fall.							
	injured leg	, neck and face whe	en fell outside.	Conditions			
Signed:		•		Dated:			
		Actions Und	lertaken				
First Aid w	as self-administer			knee and neck after as not required there.			
HOIR was completed							
;							
			•				
	•						
Signed:	(cf	(SMnbh)	-	Date: 17/02/01			
Persons Informed: AIRS Dbase Date: February 1, 2017							
,							

Formulaire de rapport d=incident

FRM-073-00

Incident Report Form

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Incident :		Personne
	responsable :	
·	•	
		<b>.</b> .
Signature :	Na	Date :
	Mesures prises	
		•
		,
		,
		·

FRM-073-00

Formulaire de rapport d=incident

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### Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

Finar@

Type of report / New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / First Aid / Premiers Soins

Genre de situation :

#### Employer Information / Information de l'employeur

Employer's name and mailing address / f	Nom et a	dresse postale	<u>de l'employe</u>	eur:	
* Region & Province Région et Province	Dire	* Branch ction générale		torate ction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba		AC-IDPC / PC-PCMI			
Building Immeuble		Postal Locator Postal code Localisateur postal Code postal		Telephone number Numéro de téléphone	
1015 Arlington / 1015 Arlington		R3E 3E2		3E2	
Site of hazardous occurrence Lieu de la situation comportant des risqu					
CL3		1015	Arlington		
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ	Time of hazardous occur Heure de la situation com des risques		comportant	Condition	Weather ons météorologiques
2017-02-02					
Witnesses Témoins				ervisor's na du surveilla	

Description of what happened / Description des circonstances:

After lunch, the staff member was working in the CL3 and had to finish processing boiled lysates and aliquot DNA lysates. They put away MKs and blood agar plates, tidled up between tasks and then prepared for the tissue block extraction for overnight heating for digestion of the sample.

When the incident occured, the staff member was performing DNA extraction for a RT PCR on a paraffin block in CL3. When attaching the scalpel to the handle they think that they may have cut themself under their finger nail. It was not noticed until after work. At the end of the work day, they showered out and washed their hands.

"I didn't notice the wound right away but I can only assume I got it from work. I was preparing my extraction for the paraffin block and required a detachable blade and handle for the scalpel to scrap off from the tissue block. In the event I didn't notice anything but I know while adjusting the blade, I did touch the opposite end of the sharp end of blade to help intact the blade and the handle for use. Nothing from my end came in contact with the sharp end of the blade, however I know the blade is thin and while positioning the blade above the petri dish I may have punctured right under my fingernall where the small cut exists. I was having trouble attaching the blade which is why I feel I may have not noticed it and focused on my work. I had to keep adjusting the non-sharp end of the blade to position myself to intact the handle as I was having some difficulty. I even placed the blade down as I wasn't getting it locked-in right away. My gloves were not torn at all from what I noticed.

After I finished my preparation with the paraffin block and placing the scraps of block into the tube, discarded the blade into a sharps container and I continued to follow the protocol of the tissue block extraction for the overnight step. I cleaned up and did TB office. Then went to catch my bus. As soon as I noticed the cut, my routine of leaving the CL3 lab and went into I put some hand sanitiser in the moment and then cleaned it with alcohol when I got home and put a bandage on.

From after lunch, everything I dealt with was killed for DNA lysates, I dealt with the paraffin block and putting away sealed plates. I was only dealing with the scalpel for the paraffin block DNA extraction. "

The staff member was trained not to hold the handle from the sharp end and keep it in the sleeve while attaching the handle to

The staff member reported the minor injury to a coworker the next morning (Feb 3). The cooworker informed OSH, SES and the manager. It was also discussed with the nurse and decided ther was no exposure to infectious disease.

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

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m de l'employé blessé:				
Birth date YYYY-MM-DD Date de naissance AAAA-MM-JJ	Age Åge	Sex Sexe	Occupation Profession	Years of experience in occupation No. d'années d'expérience dans profession

Description of injury / Description de la blessure;

\* Nature of Injury / Nature de la lésion:

Cut - laceration - puncture / Coupure - lacération - perforation

\* Part of Body / Partie du corps:

Finger / Doigt

\* Finger: Affected Side / Doigt: Côté Affecté: Left / Gauche

\* Event or Exposure / Évenement ou exposition:

Other - Specify / Autres - Préciser

\* Other: Cut under finger with scalpel blade.

#### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Unsafe design or construction / Conception ou construction dangereuse

\* Source of Injury / Origine de la blessure:

Other tools- instruments and equipment / Autres outils- instruments et matériel

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence? /

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

Yes / Qui

\* Specify / Préciser: The staff member is up to date on all CL3 safety training.

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:

Yes / Oui

\* Specify / Préciser: The lab is looking into switching to disposable scalpels that do not require assembly.

\* Date employer will implement / Date de leur mise en oeuvre:

YYYY-MM-DD / AAAA-MM-JJ

Date: 2017-02-07

Supplementary preventive measures / Autres mesures de prévention:

* Name of person investigating	Title	Telephone Number	Date YYYY-MM-DD
Nom de la personne faisant	Titre	Numéro de téléphone	Date AAAA-MM-JJ
			2017-02-22

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### **Hazardous Occurrence Investigation Report** Rapport D'Enquête de Situation Comportant des Risques

Finar@

Type of report /

New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / Other / Autre

Genre de situation :

Autre - Préciser :

\* Other - Specify / Potential exposure

#### Employer Information / Information de l'employeur

Employer's name and mailing address / Nom et adresse postale de l'employeur: Region & Province Branch Directorate Dîvision Région et Province Direction générale Direction PHAC-IDPC / Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / ASPC-PCMI Manitoba Building Postal Locator Postal code Telephone number Immeuble Localisateur postal Code postal Numero de téléphone R3E 3R2 1015 Arlington / 1015 Arlington Address Site of hazardous occurrence Lieu de la situation comportant des risques Adresse **CSCHAH** 1015 Arlington Time of hazardous occurrence Weather \* Date of hazardous occurrence Heure de la situation comportant Conditions météorologiques YYYY-MM-DD des risques Date de la situation comportant des risques AAAA-MM-JJ 10:15 AM HH:MM 2017-02-03 Witnesses \* Supervisor's name Témoins Nom du surveillant

Description of what happened / Description des circonstances:

On February 3, 2017, an employee who was working in the rodent room in NML CL4 noticed their co-worker's suit was partially unzipped (approx. 12"). The affected employee was in the containment rodent room for about 15 minutes. Once informed of the open zipper, the employee exited containment via the chemical shower as per program SOP. It appears that the employee was distracted while trying to size the right fit external gloves, and forgot to close the zipper all the way before entering containment. The rodent room had previously housed infected animals; they were kept in a rodent caging containment system that uses HEPA filtered air in and HEPA filtered air out. The last cage and animal were removed from the rodent room on January 31st, and the room only contained the scaffolding of the caging system on the day of the incident. The employees were surface cleaning the scaffolding in preparation for the fumigation decontamination of the entire CL4 suite on Feb 9th. The employee's suit was on positive pressure air throughout the cleaning process with only brief periods off to communicate or change air hoses. The Special Pathogens Investigation Committee met within an hour of the incident and in consultation with an external infectious disease physician assessed the risk of exposure to be negligible. An OSH investigation is underway to determine the root cause of the incident and to recommend remedial measures to prevent this from happening again.

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

njured Individual's Information / Information de l'individu accidenté						
*Injured employee's name / Nom de l'employé blessé;						
Birth date	Age	Sex	Occupation	Years of experience in	]	

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YYYY-MM-DD Date de naissance AAAA-MM-JJ	Âge	Sexe	Profession	occupation No. d'années d'expérience dans profession
:				

Description of injury / Description de la blessure:

- \* Nature of Injury / Nature de la lésion: No injuries / Aucune blessures
- \* Part of Body / Partie du corps: No Injuries / Aucune Blessures
- \* Event or Exposure / Évenement ou exposition:

Other - Specify / Autres - Préciser

\* Other: Potential exposure to infectious agents

#### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant /HC-SC/GC/CA

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident;

Failure to use personal protective devices / Ne pas utiliser les disposatifs de protection personnelle

\* Source of Injury / Origine de la blessure:

Other - Specify / Autres - Préciser

\* Other: Potential exposure to infectious agents

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence?

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques? Yes / Oui

\* Specify / Préciser: Annual CL4 training

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?: Yes / Oui

\* Specify / Préciser: If personell are entering CL4 singularily a mirror will be installed to confirm closure of zipper on protective suit.

\* Date employer will implement / Date de leur mise en oeuvre:

YYYY-MM-DD / AAAA-MM-JJ

Date: 2017-03-27

Supplementary preventive measures / Autres mesures de prévention: Work in CL4 laboratory has ceased for annual maintenance and certification.

* Name of person investigating Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
			2017-02-08

#### Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Committee member's or representative's Title Telephone Number Date YYYY-MM-DD

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Titre du membre du comité ou de représentant	Numéro de téléphone	Date AAAA-MM-JJ	
		2017-02-22	

Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant:
Met with the manager and SES to discuss the incident, employee was not present at the time. I made a suggestion to have a neon/bright coloured zip tie attached to the zipper pulls of the CL4 suits, this would serve as a visual reminder of the location of the zipper, while assisting the user to pull the zipper closed. The mirror was a great suggestion, and will help employees to visualize location of zipper, or pull tie. I met with the employee at a later date and reviewed the incident, there was no request for follow up. SES is looking into an un breakable mirror for this purpose since the area is in containment.

Met with employee to review incident. No further concerns noted from employee.

Mirror was installed prior to entering CL4 dirty space so employees can visually inspect suit. Signs are visible reminding employees to check zipper. Orange tape was installed on zipper pull for a visual aide.

Incidnet is now closed.



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A2017000048

### Document Released Under the Access to

Incident Reporting System (IRS) Act by the Public Health Agency of Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé

publique du Canada

#### **Utilization Report**

Incident ID:

930

Date:

2017-02-03

Time:

10:15

Review Team:

Darwyn Kobasa, Jim Strong, Catherine Robertson, Eleanor Pearcy, Jay Krishnan,

Kelly Keith

Incident:

Positive pressure biosafety suit not fully zipped in PHAC CL4

#### Incident Description:

On February 3, 2017, an employee who was working in the rodent room in NML CL4 noticed a co-worker's suit was partially unzipped (approximately 12"). On initial investigation, it appears that the zipper had not been closed all the way prior to the employee entering containment. The affected employee had been in the room for approximately 15 minutes. Once made aware of the open zipper, the employee exited containment via the chemical shower following all standard protocols. The small animal room had housed animals infected with various pathogens however they were kept in a caging containment system that forces air going both into and out of the animal housing container through HEPA filters. The last cage and animal were removed from the rodent room on January 31st and the room only contained the scaffolding of the caging system on the day of the incident. The employees were surface cleaning the scaffolding in preparation for the fumigation decontamination of the entire CL4 suite on Feb 9th. The employee's suit was on positive pressure air (ensuring air was being forced out of the suit and not allowing room air into it) throughout the employee's time in the room with only brief periods off to communicate or change air hoses, as is standard procedure. These periods are not long enough for the suit to lose positive pressure. The Special Pathogens Investigation Committee met within an hour of the incident and in consultation with an external infectious disease physician assessed the risk of exposure to be negligible. An Occupational Safety and Health investigation is underway to determine the root cause of the incident and to recommend remedial measures to prevent this from happening again.

#### Incident Communication Responses

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#### Communication Complete as of:

2017-08-31

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ATIA-16(2)(c)
ATIA - 19(1)

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# Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

Finar

Type of report /

New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / First Aid / Premiers Soins

Genre de situation :

#### Employer Information / Information de l'employeur

* Region & Province Région et Province	Dir	* Branch rection générale	Direc Direc	torate ction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba		HAC-IDPC / SPC-PCMI	Ni	ИL	
Building Immeuble		stal Locator disateur postal		l code postal	Telephone number Numéro de téléphone
Federal Laboratory - Winnipeg / laboratoire Federal - Winnipeg			R3E	3R2	
Site of hazardous occurrence Lieu de la situation comportant des risques				dress Iresse	·
			1015 Arli	ngton Stree	et .
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ	Time of hazardous occurrence Heure de la situation comportant Conditi des risques  HH.MM		Weather ons météorologiques		
2017-02-15					
Witnesses Témoins	* Supervisor's name Nom du surveillant		·		

Description of what happened / Description des circonstances:

njured themself on the door from the clean co-ed change room upon entering the dirty change room on the way to enter CL3. They were carrying a bin of supplies with two hands from the clean change room and used their bare foot to open the push door into the dirty change room as the door is quite tough to open and closes quickly. After they got dressed in the dirty change room and entered CL3 they noticed their right foot was hurting and when they took off their shoe to inspect, they noticed blood on their sock. They returned to the dirty change room to inspect and found that no foreign object was in their shoe or socks and proceeded to shower out and clean their wounds. The bottom of their two outermost toes were missing their first layer of skin. The bleeding had stopped already and once back in the clean change room they inspected the door to the dirty room and discovered that the stainless steel plate kick plate on the lower portion of the door has quite a sharp edge and is most likely the cause of the injury. They proceeded to a med kit and cleaned the wounds with the cleaning solution and bandaged up the two toes. The injury is not severe. There was no risk of exposure to any pathogens as the technician never entered any rooms where pathogens were being worked on.

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

njured Individual's Info	rmation / In	formation de l'	individu accidenté		
*Injured employee's name / Nom de l'employé blessé:					
Birth date YYYY-MM-DD Date de naissance AAAA-MM-JJ	Age Age	Sex Sexe	Occupation Profession	Years of experience in occupation No. d'années d'expérience dans profession	

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Description of injury / Description de la blessure:

\* Nature of Injury / Nature de la lésion:
Abrasions - scratches / Éraflures - égratignures
Cut - laceration - puncture / Coupure - lacération - perforation

\* Part of Body / Partie du corps:

Toes / Orteil

\* Toes: Affected Side / Orteil: Côté Affecté: Right / Droit

\* Event or Exposure / Évenement ou exposition: Rubbed or abraded / Frotté ou écorché

#### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name. Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Unsafe design or construction / Conception ou construction dangereuse

\* Source of Injury / Origine de la blessure:

Furniture and fixtures / Ameublement et accessoires

Other - Specify / Autres - Préciser

\* Other: Metal plate on door

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence?

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

Yeş / Oui

\* Specify / Préciser: CL3 Entry and Exit procedures

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?: Yes / Oui

\* Specify / Préciser: Staff members will not open the door with their feet

Date employer will implement / Date de leur mise en œuvre:

YYYY-MM-DD / AAAA-MM-JJ

Date: 2017-02-15

Supplementary preventive measures / Autres mesures de prévention: Perhaps something could be put over the metal piece so it isn't as sharp.

* Name of person investigating	Title	Telephone Number	Date YYYY-MM-DD
Nom de la personne faisant	Titre	Numéro de téléphone	Date AAAA-MM-JJ
			2017-02-15

#### Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Committee member's or representative's Title	Telephone Number	Date YYYY-MM-DD
Titre du membre du comité ou de représentant	Numéro de téléphone	Date AAAA-MM-JJ

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\* Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant:
The staff member was given further suggestions on how to get into CL3 with supplies. Rather than opening the door with their feet they can place their supplies into the dirty change room prior undressing, or have someone help them take supplies in multiple loads.
SES has contacted facilities to assess the doors, they will be putting a bead of silicon on the sharp edge to hopefully prevent this from happening again. The same will be done change room side. This is the only door this could happen on since it is the only area where personnel will be entering another room without shoes on (ie clean side to dirty side).



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Public Health Agency of Canada **ATIA - 19(1)** 

SAVE FORM then Click to Submit by Email to: exposition

divulgué en vertu de la Loi sur Incident Investigation and Reporting Form

This form is used for documenting key findings of the laboratory incident investigation. For incidents involving exposure (see definition below) or disease, CO do la Santé reporters are asked to complete all sections of the form. For incidents not involving exposure/disease, skip sections 3 and 4 (page 3 & top of page 4).

The purpose of this form is to document key findings, including:

- o Facts and circumstances surrounding the incident, including: o What precisely happened, and how
  - o When and where the Incident occurred
  - o Why the incident occurred
- o Root causes and areas for improvement in existing systems and processes
- o Recommendations and a related corrective action plan

Standarized information from these forms facilitates monitoring for patterns and trends and assists in sharing lessons learned within an organization and beyond

**EXPOSURE INCIDENT DEFINITION:** 

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.

Canadian Biosofety Standards and Guidelines, 1<sup>St</sup> ed.

INSTRUCTIONS: MAKE SURE YOUR ADOBE SOFTWARE HAS READ/WRITE CAPABILITY AND YOU CAN SAVE! (if not, be sure to print)

	Fill the form sequentially. Depending on your responses, you may be directed to skip certain questions/sections.				
Sect	ion 1.0: Administrative Information				
i	PHAGE CITCHLE AT LOS LOS LOS LOS LOS LOS LOS LOS LOS LOS				
	Dictional Holder Name (1.3 - If revised, indicate the reason for the update to an earlier report				
	New information added				
	1.4 Please indicate the laboratory containment level: C CL2 C CL3 © CL4				
	1.5 How would you describe the sector/primary area of focus for your institution/facility's activities? (Check all that apply)				
	Academic (University, Veterinary College, College, CEGEP, High School, etc.)				
z	Private Industry/Business (Animal Health, Human Health, Biotechnology, Pharmaceutical, Food Industry, Pathogen or Toxin distributor)  Environment - Government (F/P/T/Municipal)  Veterinary/Animal Health - Gov't (F/P/T/Municipal)				
₩	Hospital (Academic-offiliated, non-academic offiliated)  Other Government (F/P/T/Municipal)				
ADMINISTRATIVE INFORMATION	Select the size of the facility/institution (based on the approximate number of laboratory staff/students working in the facility):				
<u> </u>	Large (greater than 150 staff)				
I A	1.6 - Reporter's contact information (provide contact details for the person making the report):				
HISTE	Reporter's Name: (First, Last): Jay Krishnan				
Σ	Reporter's Email: jay.krishnan@phac-aspc.gc.ca				
₹	Reporter's Telephone: 204 789-7082				
1	1.7 - Reporter's role in the incident				
	Not involved/did not witness occurrence; informed following occurrence				
	1.8 - Investigational team members and roles (provide first and last name and role on investigation team for each team member)				
	John Embil (ID Physician), Hana Weingarti (SPAC chair), Jim Strong (SP Chief), Darwyn Kobasa (SP Chief), Catherine Robertson (Director, BOSS), Eleanor Percy (Workplace Health Services Manager), Lisa Fernando (CL4 Manager), Kaylie Tran (CL4 employee), Jay Krishnan (BSO)				
	Osh Investgation:				
Secti	pn 2.0: Occurrence Incident Description (basic details on what, where, when, etc. the incident occurred)				
	2.1 Indicate the type(s) of incident that occurred (check all that apply for 2.1 (i) AND 2.1 (ii) below)  i.e. if an inadvertent release AND exposure of an Individual(s) occurred, check both incident types in (i) and (ii) below				
	(i) For incidents involving exposure of an individual to a human pathogen or toxin, select from the following AND indicate if any of is NOT involved, select from the following then skip to 2.3):  (ii) Indicate other incident type below (if (i) exposure/disease is NOT involved, select from the following then skip to 2.3):				
중	Exposure (may cause disease - see definition at top of page 1)				
RIPTION	☐ Lab acquired infection - suspected ☐ Inadvertent production of a human pathogen or toxin ☐ Missing human pathogen or toxin				
	Lab acquired infection - confirmed  Other, specify:				
ENT	Failed to follow SOP				
CID	2.2 For exposure/LAI incidents, indicate the total number of affected individuals (provide totals for both (i) and (ii, if applicable) below):				
- <u>-</u>	(i) Total number of Individuals exposed/infected during the incident (i.e. number of primary exposures/LAIs)				
RENC	(ii) Indicate if any secondary transmission (person-to-person spread) has occurred and provide number of lab or community contacts:				
OCCURRENCE - INCIDENT DESC	Yes, indicate the number of secondary  Number of secondary cases  Number of secondary cases in family/community contacts  Number of secondary cases in family/community contacts				
i	No, no secondary transmission occurred (no person-to-person spread)				
	⊕ Unknown				

ATIA-16(2)(c)

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Incident Investigation and Reporting Form / Document divulgué en vertu de la Loi sur
l'accès à l'information par l'Agence de la santé

1	2.3 (i) - Select the occurrence type that best characterizes the incident:		publique du Canada			
	Procedure-related					
_	2.3 (ii) - Select the main activity that best describes the work being undert	sken dru	ring the incident:			
led)	Other, describe in brief description below					
contin	2.3 (iil) - Briefly describe the incident (if necessary, more detail can be provi	ded in t	he Additional Notes at the end of this form).			
80	See section 7.9					
F						
ESC			·.			
Ĭ						
🗒	2.4 - Indicate/describe the location where the incident occurred within the	facility:	;			
<u>Z</u>						
N. C.	· ·					
OCCURENCE - INCIDENT DESCRIPTION (continued)	2.5 - Is the date and/or time the incident occurred known?	2.6	∩No → Go to 2.8			
	2.6 - Date the incident occurred: 2.7 - Time the incident occurred:	2.8 - E	Date incident first reported to facility authority:			
	03-Feb-2017 10:15	03-Feb	-2017			
	2.9 - Is the biological agent involved in the incident known?	to 2.10	( No → Go to 2,12 (iii)			
	2.10 - Select the category (Toxin, Risk Group or other) for the toxin or biologent involved in this incident:	gical	2.21 (i) - Select the type of biological agent:			
	Risk Group 4 Human Pathogen					
	` .		Virus			
Ë	2.11 (ii) - If "Other" type of biological agent was selected, describe below:					
BIOLOGICAL AGENT						
	2.12 (i) - Identify the specific biological agent (genus, species): 2.12 (ii)	Engel	y sub-type, strain, etc. if known:			
힣		- Specii	y suo-type, su am, etc. n known.			
	Ebola, RG3 Corona viruses, Influenza (H1N1)					
	2.12 (iii) - If the specific biological agent (genus, species) is not known, exp Animals previously housed were infected with the agents listed above	ilain:				
	i i i i i i i i i i i i i i i i i i i		•			
	2.13 - Was decontamination/disinfection performed, ( Yes, provide furth-	er detail:	s in 2.14 below			
	using processes and methods in accordance with ONO, decontaminat	lon/disir	rfection was not required → Go to 2.15			
,	applicable standards and guidelines?   No, Other, explain	in 2.14	below why not done or not done per standards			
DECONTAMINATION	2.14 Additional details (decontamination/disinfection details where done OR	explain	why not done if and as required, etc.)			
25	Employee was wiping down an animal cage station when their colleague no	ticed pa	artially open suit's zipper. The colleague closed			
Ā	the zipper. The employee left the rodent room, and went to the decon dunk containment via chemical shower, where the the suit was decontaminated to					
Õ	the employee removed the suit and scrub before exiting chemical shower.					
۵	The suit and scrub were taken to the main lab, the scrub was autoclaved out	on 201	70206. The inside of the suit around the open			
	zipper was decontaminated by spraying with 5% MicroChem followed by fu	migatio	n on Feb 7th in N2070.			
	2.15 - Did/will any of the affected person(s) travel outside of the province/t	enitare:	in the days fragely following average			
	of illness?	erniory	in the days/ weeks following exposure or onsec			
	Unknown					
ద			·			
TRAVEL	2.16 - If any affected person(s) have travel outside of the province/territory	in the da	ays/weeks following exposure or onset of			
-	illness, indicate if travel did/will occur during the known incubation period ( suspected or confirmed LAI)	exposed	persons) or intectious period (persons with			
	•	-	·			

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For incidents NOT involving exposure/disease, please skip to section 5.0 on page 4 of 8

Section 3.0: Affected Person(s) - route of exposure, post-exposure interventions and illness outcome for each person exposed/infected.

If more than three affected persons, please request <u>Additional Affected Persons Form</u> from exposure exposition@phac-aspc.gc.ca PRIVACY NOTE: <u>DO NOT</u> provide personal names or personal identifying information on affected persons anywhere on this form. Affected Person 1 Affected Person 2 Affected Person 3 3.1 (iii) - Indicate exposure or illness/ 3.1 (i) - Indicate exposure or Illness/ 3.1 (ii) - Indicate exposure or illness/ disease status at the time of this report disease status at the time of this report disease status at the time of this report 3.2 (I) - Primary route of exposure 3.2 (II) - Primary route of exposure 3.2 (iii) - Primary route of exposure Other, explain in 3.3 below 3.3 (i) - If Unknown/Other route of 3.3 (ii) - If Unknown/Other route of 3.3 (iii) - If Unknown/Other route of exposure, explain : exposure, explain : exposure, explain : if exposed, the potential routes would be inhalation, contact with mucus membrane/skin 3.4 (I) - Indicate onset of symptomatic 3.4 (ii) - Indicate onset of symptomatic 3.4 (iii) - Indicate onset of symptomatic illness/presentation lliness/presentation illness/presentation No 3.5 (i) - Onset Date: 3.5 (lii) - Onset Date: 3.5 (ii) - Onset Date: Checkif Checkif Check If 3.6 (I) - Indicate all the immediate and/ 3.6 (li) - Indicate all the immediate and/ 3.6 (lii)- Indicate all the immediate and/ OUTCOM or early post-exposure interventions, i.e. or early post-exposure interventions, i.e. or early post-exposure interventions, i.e. those administered within 0-7 days of the those administered within 0-7 days of the those administered within 0-7 days of the known/suspected exposure incident? known/suspected exposure incident? known/suspected exposure incident? (Check all that apply) (Check all that apply) (Check all that apply) EXPOSURE, POST-EXPOSURE INTERVENTIONS, first-aid administered immediately first-ald administered immediately first-aid administered immediately after the exposure after the exposure after the exposure occupational health consultation occupational health consultation occupational health consultation within 0-7 days of the exposure within 0-7 days of the exposure within 0-7 days of the exposure medical consultation within 0-7 days of the exposure medical consultation within 0-7 days medical consultation within 0-7 days of the exposure of the exposure post-exposure prophylaxis (PEP) post-exposure prophylaxis (PEP) post-exposure prophylaxis (PEP) within 0-7 days of the exposure within 0-7 days of the exposure within 0-7 days of the exposure drug treatment (antibiotic, antiviral, drug treatment (antibiotic, antiviral, drug treatment (antibiotic, antivical, antifungal, etc.) within 0-7 days of the antifungal, etc.) within 0-7 days of the antifungal, etc.) within 0-7 days of the exposure exposure exposure Not applicable Not applicable Not applicable Other, describe below: Other, describe below: Other, describe below: Special pathogens investigation committee, which included an ID physician met within an hour of the incident to assess the risk 3.7 (i) - Indicate all of the later post-3.7 (ii) - Indicate all of the later post-3.7 (iii) - Indicate all of the later postexposure interventions i.e. those exposure interventions i.e. those exposure interventions i.e. those administered more than 7 days after the administered more than 7 days after the administered more than 7 days after the exposure incident? (Check all that apply) exposure incident? (Check all that apply) exposure incident? (Check all that apply). occupational health consultation > 7 occupational health consultation > 7 occupational health consultation > 7 days after the exposure days after the exposure days after the exposure medical consultation > 7 days after medical consultation > 7 days after medical consultation > 7 days after the exposure the exposure the exposure post-exposure prophylaxis (PEP) > 7 post-exposure prophylaxis (PEP) > 7 post-exposure prophylaxis (PEP) > 7 days after the exposure days after the exposure days after the exposure drug treatment (antibiotic, antiviral, drug treatment (aptibiotic, aptiviral, drug treatment (antibiotic, antiviral, antifungal, etc.) > 7 days after exposure antifungal, etc.) > 7 days after exposure antifungal, etc.) > 7 days after exposure ✓ Not applicable ─ Not applicable Not applicable Other, describe below: Other, describe below: Other, describe below: 3.8 (li) - Illness Outcome 3.8 (I) - Illness Outcome 3.8 (iii) - Illness Outcome Not applicable 3.9 (i) - If recovered, Indicate the 3.9 (ii) - If recovered, indicate the 3.9 (iii) • If recovered, indicate the recovery time recovery time recovery time Not applicable

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ATIA - 19(1)

	xperience and role of each person exposed/inf ease request <u>Additional Affected Persons Form</u> from expo		
Affected Person 1	Affected Person 2	Affected Person 3	
4.1 (i) - What is the affected person's highest completed level of education?	4.1 (ii) - What is the affected person's highest completed level of education?	4.1 (iii) - What is the affected highest completed level of edu	
Indicate this person's laboratory experience in years	Indicate this person's laboratory experience in years	Indicate this person's laboratory experience in years	
4.2 (i) - What is the affected person's laboratory qualifications or regular role in the laboratory/facility?	4.2 (ii) - What is the affected person's laboratory qualifications or regular role in the laboratory/facility?	4.2 (iii) - What is the affected laboratory qualifications or rein the laboratory/facility?	
4.3 (I) - If "Other" or no laboratory qualifications explain below:	4.3 (ii) - If "Other" or no laboratory qualifications explain below:	4.3 (iii) - If "Other" or no labor qualifications explain below:	atory
	·	•	
on 5.0: Risk Rating and Risk Potential (t	his section and beyond pertains to the ov	erall incident)	
(note this scale applies broadly, considering	west and 5 being highest), the actual or poten g the risk/impact to the individual, other staff A ne most appropriate level of severity for the inc	MD public health; see examples	
1= Negligible, minimal risk for disease and no	•	, , , , , , , , , , , , , , , , , , , ,	1
2= Minor, low risk for disease and/or low risk	to public health;		•
	<u>or moderate risk to public health (limited spread ( <u>nd/or</u> significant public health impact (communit)</u>		
5= Catastrophic, high risk of severe disease At	ND severe public health impact (severe epidemic/	high mortality)	
5.2 - Indicate, on a scale of 1-5 (1 being low indicated above.	vest and 5 being highest), the likelihood of rec	currence at the severity	
Where 1= Rare, incident will probably never	r recur; 2= Unlikely, not expected to recur; 3= i ent circumstance; 5= Almost Certain, will undo		2
5.3 - Automatically Calculated. Multiplying (Value of 5.1) x (Value of 5.2) = (Value	g 5.1 and 5.2 results in the risk rating of the or e of 5.3)	currence	2
5.4 - Was the actual severity less than the p	potential severity (i.e. was there a potential fo	r the incident to have been more so	evere)?
Yes → Go to 5.5	C No → Go to Section 6.0 C Don'	t know → Go to Section 6.0	
5.5 - If the actual severity was less than the all that apply for 5.5i, 5.5il and 5.5iii below)  5.5.i - Engineering Controls:	potential severity, indicate what safeguards	prevented a more severe outcome	(check
	se of devices or systems removed people from	error prope or high rick activities	
Design of facilities and navinment	· use of design features (ventilation, biosafety (		
containers, sealed biological waste of	containers, sealable centrifuge cups, etc.) redu	ced error, exposure/extent of hazar	rd
Forcing function and constraints - pl exposure/contact with the hazard	hysical/design barriers prevented errors or red	uced the amount, potency or exter	nt of
reduced errors and/or extent, severi	pols and/or processes - use of standardized equity or duration of the hazard/exposure	•	
guidance such as Biosafety Manuals,	ctronic procedures, drop-down menus - availa Pathogen Safety Sheets, Laboratory notebook	s etc. reduced error/hazard	
Reminders, checklists, double check extent of exposure/contact with the	is - pop up reminders, verification sign-offs, che hazard	ecklist actions, etc. reduced errors o	r
extent of exposure/contact with the			
5.5.iii - Individual Controls (Human Action			

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# Information Act by the Public Hogelth Agency of Incident Investigation and Reporting Form Document divulgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé

	publique du Canada
1	on 6.0: Investigation Status and Root Cause Analysis Stigation Status (Questions 6.1-6.3) - Indicate the current status of the investigation
	6.1 - What is the current status of the investigation?
	○ Not yet started → Go to 6.3
띠	6.2 - Have the root causes of the incident been established by the investigation?
NVESTIGATION STATUS	Root causes established: investigation complete → Go to 6.4.i
Š	6.3 - Explain why the investigation has not begun OR describe investigative activities to date:
SAT	•
ÆST	
Ž	
ļ	
Root	Cause Analysis (Questions 6.4- 6.10) - Identify root causes of all causal factors for the Incident in the sections/sub-sections below
	6.4.1 - Were there standards, policies, procedures or other expectéd practice documents that guided the work/activities related to the incident(these may include SOPs, requirements, written guides, instructions, rules and checklists)?
82	6.4.ii - If yes, check all that apply
S	The standards, policies, procedures or other expected practice documents that guided work:
RES	were not followed because they were <u>not known by the user</u>
Ē	were <u>not followed correctly</u> (followed as written, but may have been confusing, not detailed enough or unclear, etc.)  were <u>followed but were not correct for the task</u> (contained wrong information or inadequate to address the situation)
EQ.	were not in place but should have been in place (the nature of the hazard warrants written direction)
PROTOCOLS, PROCEDURES & SOPS	
ğ	6.4.iii - ff a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:
PRC	The area is CL4, work using Risk Group 4 agents was conducted there earlier in the week. Before entering containment, the
	employee put 4th layer of gloves over and realized they were too tight. The employee disconnected the breathing air to get the right size gloves; while putting on the gloves, the suit was unzipped to let fresh air in. The employee later forgot to check the suit
	to make sure the suit was fully zipped up before entering containment.
	6.5.i - Were there problems with management and/or oversight directly related to the occurrence (in this section, "enforcement"
	refers to facility-driven enforcement)?  ○ Yes → Go to 6.5.ii
	6.5.ii - If yes, check all that apply:
	No supervision of work related to the incident as/when there should have been
	☐ Improvement needed re: supervision of work related to the incident ☐ No auditing, evaluation, or enforcement re; USE of standards, policies or procedures or other documents
E	Improvement needed on auditing, evaluation, or enforcement re: USE of standards, policies, procedures etc.
SIGH	Training lacks auditing, evaluation, or enforcement
MANAGEMENT & OVERSIGHT	☐ Training needs improvement re: auditing, evaluation, or enforcement
8	Preparation needs improvement (e.g., walk-through, job planning, pre-work briefing) for activities related to the incident
MEN	Human factors need improvement (e.g., recognition of fatigue, impairment, work load, state of mind, team selection)
AGEI	Risk assessment prior to work <u>was not done</u>
MAN	Risk assessment conducted prior to the work <u>needs improvement</u>
	Worker selection needs improvement
	6.5.iii - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or
ĺ	explanation below:

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	6.6.1 - Was there a training issue related to the incident?  publique du Canada
	C Yes $\rightarrow$ Go to 5.6.ii   No $\rightarrow$ Go to 6.7.i   N/A $\rightarrow$ Go to 6.7.i
	6.6.il - If yes, check all that apply:
	There was no training for the task related to the incident
	Training was inappropriate or insufficient to support adequate understanding
TRAINING	Appropriate and sufficient training was available, but not completed
	Staff was not qualified or proficient in performing the task related to the incident
₽¥	5.6.lii - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or
,	explanation below:
	·
	·
	6.7.i - Were there <u>communication</u> factors directly related to the occurrence?
	(C) Yes → Go to 6.7.ji (G) No → Go to 6.8.j (C) N/A → Go to 6.8.j
	6.7.ii - If yes, check all that apply:
Z	☐ There is <u>no method or system</u> for communication
Ě	No communication occurred but should have
Ž	Communication occurred but was <u>unclear, ambiguous, misunderstood, incorrect or not detailed enough</u>
COMMUNICATION	2 3 11 Ma Piak Cours 3 Piak Cours 4 or Ferral Course Course Property Course Institute to the Institute Annual Course Cour
8	6.7.iii - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:
_	
	6.8.1 - Were there <u>equipment</u> factors that may directly relate to the occurrence?
	(a) Yes → Go to 6.8.ii (b) No → Go to 6.9.i (c) N/A → Go to 6.9.i
	6.8.ii - If yes, check all that apply:
	The equipment design needs improvement (e.g. design does not meet specifications, specifications inadequate, etc.)
	Equipment was not properly maintained (e.g. equipment not maintained to manufacturer or facility standards, etc.)
_	Equipment maintenance needs improvement (e.g. maintenance meets specifications but equipment still failed)
2	
5	Equipment used was not fit for purpose (e.g. equipment is being used beyond intended/recommended use)
M M M	Quality control was <u>not done</u> (e.g. calibration, validation or testing was not done as/when it should have been)
EQUIPMENT	
EQUIPM	Quality control was <u>not done</u> (e.g. calibration, validation or testing was not done as/when it should have been)
EQUIPM	Quality control was not done (e.g. calibration, validation or testing was not done as/when it should have been)  Quality control needs improvement (e.g. calibration, validation, testing done to accepted standards but still failed)  6.8.iii - If a Risk Group 3. Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:
EQUIPM	Quality control was not done (e.g. calibration, validation or testing was not done as/when it should have been)  Quality control needs improvement (e.g. calibration, validation, testing done to accepted standards but still failed)  6.8.iii - If a Risk Group 3. Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or
EQUIPM	Quality control was not done (e.g. calibration, validation or testing was not done as/when it should have been)  Quality control needs improvement (e.g. calibration, validation, testing done to accepted standards but still failed)  6.8.iii - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below: Installing an unbreakable mirror in the suit room and training the employees to self check before entering containment would
EQUIPM	Quality control was not done (e.g. calibration, validation or testing was not done as/when it should have been)  Quality control needs improvement (e.g. calibration, validation, testing done to accepted standards but still failed)  6.8.iii - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below: Installing an unbreakable mirror in the suit room and training the employees to self check before entering containment would
ш	Quality control was not done (e.g. calibration, validation or testing was not done as/when it should have been)  Quality control needs improvement (e.g. calibration, validation, testing done to accepted standards but still failed)  6.8.iii - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below: Installing an unbreakable mirror in the suit room and training the employees to self check before entering containment would minimize/eliminate similar incidents from happening again
ш	Quality control was not done (e.g. calibration, validation or testing was not done as/when it should have been)  Quality control needs improvement (e.g. calibration, validation, testing done to accepted standards but still failed)  6.8.ii - If a Risk Group 3. Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below: Installing an unbreakable mirror in the suit room and training the employees to self check before entering containment would minimize/eliminate similar incidents from happening again  6.9.i - Was there human interaction or human factors related to work demands or the work environment that directly related to the incident?
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	Quality control was <u>not done</u> (e.g. calibration, validation or testing was not done as/when it should have been)  Quality control <u>needs improvement</u> (e.g. calibration, validation, testing done to accepted standards but still failed)  6.8.iii - <u>If a Risk Group 3</u> , <u>Risk Group 4 or Security Sensitive Biological Agent</u> was involved in the incident, provide more detail or explanation below: Installing an unbreakable mirror in the suit room and training the employees to self-check before entering containment would minimize/eliminate similar incidents from happening again  6.9.i - Was there <u>human interaction or human factors</u> related to work demands or the work environment that directly related to the incident?  ② Yes → Go to 6.9.ii ○ No → Go to 6.10.i ○ N/A → Go to 6.10.i  6.9.ii - If yes, check all that apply <u>Improvement needed</u> with respect to:  ☐ The labelling, placement, operation, displays or other functions of tools/equipment in the work environment
	Quality control was not done (e.g. calibration, validation or testing was not done as/when it should have been)  Quality control needs improvement (e.g. calibration, validation, testing done to accepted standards but still failed)  6.8.ii - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below: Installing an unbreakable mirror in the suit room and training the employees to self check before entering containment would minimize/eliminate similar incidents from happening again  6.9.i - Was there human interaction or human factors related to work demands or the work environment that directly related to the incident?  Yes → Go to 6.9.ii No → Go to 6.10.i  N/A → Go to 6.10.i  1. The labelling, placement, operation, displays or other functions of tools/equipment in the work environment in the work environment Environmental factors within in the work area (e.g., temperature, obstructions, clutter, distractions/noise, surfaces, lighting, etc.)
	Quality control was not done (e.g. calibration, validation or testing was not done as/when it should have been)  Quality control needs improvement (e.g. calibration, validation, testing done to accepted standards but still failed)  6.8.III - If a Risk Group 3. Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below: Installing an unbreakable mirror in the suit room and training the employees to self check before entering containment would minimize/eliminate similar incidents from happening again  6.9.I - Was there human interaction or human factors related to work demands or the work environment that directly related to the incident?  (a) Yes → Go to 6.9.Ii (b) No → Go to 6.10.I (c) N/A → Go to 6.10.I  6.9.II - If yes, check all that apply   Improvement needed with respect to:   The labelling, placement, operation, displays or other functions of tools/equipment in the work environment   Environmental factors within in the work area (e.g., temperature, obstructions, clutter, distractions/noise, surfaces, lighting, etc.)   Workload constraints, pressures or other demands (constraints/demands interfered with staff capability in managing tasks)
	Quality control was not done (e.g. calibration, validation or testing was not done as/when it should have been)  Quality control needs improvement (e.g. calibration, validation, testing done to accepted standards but still failed)  6.8.ii - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below: Installing an unbreakable mirror in the suit room and training the employees to self check before entering containment would minimize/eliminate similar incidents from happening again  6.9.i - Was there human interaction or human factors related to work demands or the work environment that directly related to the incident?  Yes → Go to 6.9.ii No → Go to 6.10.i  N/A → Go to 6.10.i  6.9.ii - If yes, check all that apply Improvement needed with respect to:  The labelling, placement, operation, displays or other functions of tools/equipment in the work environment Environmental factors within in the work area (e.g., temperature, obstructions, clutter, distractions/noise, surfaces, lighting, etc.)
HUMAN INTERACTION	Quality control was not done (e.g. calibration, validation or testing was not done as/when it should have been)  Quality control needs improvement (e.g. calibration, validation, testing done to accepted standards but still failed)  6.8.IIi - If a Risk Group 3. Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below: Installing an unbreakable mirror in the suit room and training the employees to self check before entering containment would minimize/eliminate similar incidents from happening again  6.9.i - Was there human interaction or human factors related to work demands or the work environment that directly related to the incident?  ② Yes → Go to 6.9.Ii ○ No → Go to 6.10.I ○ N/A → Go to 6.10.I  6.9.II - If yes, check all that apply Improvement needed with respect to:  □ The labelling, placement, operation, displays or other functions of tools/equipment in the work environment □ Environmental factors within in the work area (e.g., temperature, obstructions, clutter, distractions/noise, surfaces, lighting, etc.) □ Workload constraints, pressures or other demands (constraints/demands interfered with staff capability in managing tasks)  6.9.III - If a Risk Group 3. Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  Significant workload as the containment was being prepared for decontamination, the employee was distracted while putting the
HUMAN INTERACTION	Quality control was not done (e.g. calibration, validation or testing was not done as/when it should have been)  Quality control needs improvement (e.g. calibration, validation, testing done to accepted standards but still failed}  6.8.If - If a Risk Group 3. Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below: Installing an unbreakable mirror in the suit room and training the employees to self check before entering containment would minimize/eliminate similar incidents from happening again  6.9.I - Was there human interaction or human factors related to work demands or the work environment that directly related to the incident?  (a) Yes → Go to 6.9.Ii
HUMAN INTERACTION	Quality control was not done (e.g. calibration, validation or testing was not done as/when it should have been)  Quality control needs improvement (e.g. calibration, validation, testing done to accepted standards but still failed)  6.8.IIi - If a Risk Group 3. Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below: Installing an unbreakable mirror in the suit room and training the employees to self check before entering containment would minimize/eliminate similar incidents from happening again  6.9.i - Was there human interaction or human factors related to work demands or the work environment that directly related to the incident?  ② Yes → Go to 6.9.Ii ○ No → Go to 6.10.I ○ N/A → Go to 6.10.I  6.9.II - If yes, check all that apply Improvement needed with respect to:  □ The labelling, placement, operation, displays or other functions of tools/equipment in the work environment □ Environmental factors within in the work area (e.g., temperature, obstructions, clutter, distractions/noise, surfaces, lighting, etc.) □ Workload constraints, pressures or other demands (constraints/demands interfered with staff capability in managing tasks)  6.9.III - If a Risk Group 3. Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  Significant workload as the containment was being prepared for decontamination, the employee was distracted while putting the

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6.10.i - Were there any <u>other factors</u> related to the incident? publique du Canada						
	( Yes → Go to 6.10.ii ( )	No → Go to Sec	tion 7.0 ○ N/A → Go to Sect	tion 7.0		
ă	6.10.ii - If other factors were involved, provide more detail	or explanation	below.			
OTHER FACTORS	_		•			
T.	1					
물						
0	1					
	·					
Secti	on 7.0: Outcome					
275.42	7.1 Based on years investigation and antercome describe	labana tadiaati				
	7.1 - Based on your investigation and root causes described completion date for each. If more room is needed, use Addi			in and the target		
	Corrective Action Planned or Taken		Implementation Date			
	Install a mirror in the suit room		<b>-</b>			
i _	1. Install & Filling in the Suit footh		· 03/Apr/201	7		
6		•	5311p1/201	•		
Ā	2. Add a bright colored tie to suit's zipper sliders, which wo	uld make it				
=	easy to spot a open suit (recommendation from the OSH		01/May/201	17		
	İ					
CORRECTIVE ACTION	3.					
-				•		
	4.					
			•			
	7.2 - Has management been informed of this incident?	<b>⊕</b> Yes	○ No or unknown, explain b	elow		
🛓	Provide more detail or explanation below.					
E.	NML Scientific Director General, NCFAD Laboratory Executi- by the Director of Safety. Centre for Biosecurity (Mary Louis	/e Director, NML e Graham - Dire/	. Executive Director, and NCFD Dir tor, Office of Biosafety and Bioco.	ector were informed		
MANAGEMENT	Operations) was also notified by a courtesy call; a courtesy of					
È	available to reach a person in time for a courtesy call.					
	7.3 - Have there been similar <u>previous</u> occurrences at your	location in the p	past? (F Yes → Go to 7.4	∩ No → Go to 7.7		
	7.4 - Were corrective actions specified to address one or m	ne provious es	======================================	ON: Cotate		
S		ne <u>previous</u> oc	contenical≥11 (e' 162 → 00 to V.2	(`No → Go to 7.6		
NCES	7.5 - Were corrective actions taken to address one or more	<b>previous</b> occur	rences? CYes → Go to 7.6	( No → Go to 7.6		
				·		
PREVIOUS OCCURRE	7.6 - Describe the corrective actions taken to address the <u>previous</u> occurrences, OR explain why corrective actions were NOT					
SO	specified and/or taken. One of the recommendations from a previous occurrence was to install a mirror in the suit room. Due to concerns for potential					
õ	breakage of a glass mirror, the former chief opted not to have one installed.					
Ä						
	•					
		<u> </u>				
	7.7 - Based on your <u>current investigation</u> , what componer to reduce the likelihood of future occurrences of this incider			n could be improved		
	Procedures, Protocols and SOPs		t apply: gement system and/or oversight	<del></del>		
	Standards and Policies	= '	ment factors			
S	Training		n interaction or human factors			
ENT	Communication	✓ Other	The state of the s	[ . [		
MPROVEMENTS			15.1	<del></del>		
ő	7.8 - Provide more detail/explanation based on your respor As per the current SOP, employees check each others suit be	ses selected in 7 fore entering co	<b>7.7 above</b> ontainment: however, this is not a	ossible when an		
	employee is entering containment alone. Installing a non-br	eakable mirror ii	n the suit room would facilitate an	employee self		
	checking their suit before entering containment. This mirror	based self chect	k has already been in place in NCF	AD CL4 for many		
	years.			ļ		

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l'accès à l'information par l'Agence de la santé

7.9 - Additional Notes - provide other relevant details or comments that are not otherwise captured above, such as: Further details on the investigation, outcome and corrective actions not noted on the form above OR Further description of the main essence of the incident, i.e. what specifically happened and/or what were the contributing factors  $\{for example:$  "a lab technician working on the open bench had an accidental needle stick with a syringe containing an E. coll 0157 sample; heavy workload and a cluttered work environment contributed to the accident"). Program staff members have been preparing the entire NML CL4 suite including the rodent room fumigation decontamination. This preparation began on February 2nd, and included cleaning equipment and packing up supplies. On February 3rd, an employee who was working in the rodent room in NML CL4 noticed his co-worker's suit was partially unzipped (approx. 12"). The affected employee was in the rodent room for about 15 minutes. The coworker zipped up the suit and the affected employee then proceeded to the chemical dunk tank in the main fab to dunk hands before exiting containment via the chemical shower as per program SOP. It appears that the employee was distracted while trying to size the right fit external gloves, and forgot to close the zipper all the way before entering containment. The rodent room had previously housed infected animals; they were kept in a rodent caging containment system that uses HEPA filtered air in and HEPA filtered air out. The last cage and animal were removed from the rodent room on January 31st, and the room only contained the scaffolding of the caging system on the day of the incident. The last ADDITIONAL NOTES day any infectious work was carried out in the laboratory Feb 1st. At the time of the Incident, the employees were surface decontaminating the scaffolding in preparation for the fumigation of the entire CL4 suite on Feb 9th. The employee's suit was on positive pressure air throughout the cleaning process with only brief periods off to communicate or change air hoses. The Special Pathogens Investigation Committee met within an hour of the incident and in consultation with an external infectious disease physician assessed the risk of exposure to be negligible. An OSH investigation is underway to determine the root cause of the incident and to recommend remedial measures to prevent this from happening again. The laboratory suite was fumigated on 20170210 RECEIVED BY PHAC (NAME: FIRST, LAST): Date reviewed:

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ATIA-16(2)(c)

## Rapport D'Enquête de Situation Comportant des Risques Ilgué en vertu de la Loi sur l'accès à l'information par l'Agence de la santé

l'accès à l'information par l'Agence de la santé publique du Canada

PROTECTED (when completed) / PROTEGÉ (lorsque complété)

Note / Remarque: \* Indicates mandatory fields / \* correspond aux champs obligatoires

Type of report / New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / Other / Autre

Genre de situation :

\* Other - Specify / Motor Vehicle Accident

Autre - Préciser :

#### Employer Information / Information de l'employeur

Employer's name and mailing address / Nom et adresse postale de l'employeur:

* Region & Province Région et Province	Direc	* Branch ction générale		ctorate ection	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba		C-IDPC / PC-PCMI			
Building Immeuble		al Locator ateur postal	,	al code postal	Telephone number Numéro de téléphone
Other / Autres Specify / Préciser	, I	R3H	R3H	1H2	
Site of hazardous occurrence Lieu de la situation comportant des risqu	ıes			idress fresse Win	nipeg, MB
* Date of hazardous occurrence YYYY-MM-DD  Date de la situation comportant des risques AAAA-MM-JJ	Heure de	f hazardous oc e la situation co des risques 09:00 АМ нна	omportant	Condition	Weather ns météorologiques nine / Ensoleillé
2017-03-10					
Witnesses Témoins			,	pervisor's nar o du surveilla	
Daron Pshebniski/HC-SC/GC/C	Α		Tony J Med	feiros/HC-S0	C/GC/CA

Description of what happened / Description des circonstances:

At 9:00am we had delivery driver come into our loading dock facility to perform a delivery that his company had for our place of business.

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: Yes / Oui

#### Injured Individual's Information / Information de l'individu accidenté

\*Injured employee's name /

Nom de l'employé blessé: NOT APPLICABLE

Birth date YYYY- <b>MM-DD</b> Date de naissance AAAA-MM-JJ	Age Âge	Sex Sexe	Occupation Profession	Years of experience in occupation No. d'années d'expérience dans profession
		Male / Homme		

Description of injury / Description de la blessure:

<sup>\*</sup> Brief description of property damage / Description sommaire des dommages matériels: Damage to both lower overhead door panel and to the wind deflector of the truck.

<sup>\*</sup> Estimated cost of property damage / Coût estimatif des dommages matériels: \$1.00

<sup>\*</sup> Nature of Injury / Nature de la lésion: No Injuries / Aucune blessures

ATIA-16(2)(c)

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- \* Part of Body / Partie du corps: No Injuries / Aucune Blessures
- \* Event or Exposure / Évenement ou exposition:
  - \* Other: Vehicle error

#### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant Alan Cechvala/HC-SC/GC/CA

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Human error / erreur humaine

\* Source of Injury / Origine de la blessure:

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence? /

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

No / Non

- \* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:
- \* Specify / Préciser: Make eye contact and verbal
- \* Date employer will implement / Date de leur mise en oeuvre:

YYYY-MM-DD / AAAA-MM-JJ

Date: 2017-03-10

Supplementary preventive measures / Autres mesures de prévention:

* Name of person investigating	Title	Telephone Number	Date YYYY-MM-DD
Nom de la personne faisant	Titre	Numéro de téléphone	Date AAAA-MM-JJ
l'enquête			
Tony J	Manager, LMS	204-984-3332	2017-03-10
Medelros/HC-SC/GC/CA			

#### Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Alan Cechvala

Alan Cechvala		
Committee member's or representative's Title Titre du membre du comité ou de représentant	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
Manager, Information Management Analyst	204-784-5961	2017-06-02

Safety and health committee's or representative's comments /

Observations du comité de sécurité et de santé ou de représentant:

At the time of the incident I was not the Safety and Health rep and this incident was handled by the previous rep who submitted a statement. I spoke to Tony Medelros as a follow up and I was told that all preventative measures have been implemented to prevent this incident from happening again. The new measures have been documented in the SOP's for the group. There is no further need to follow up on this case and the incident can be closed

Created By / Créé par: Tony J Medeiros Date Created / Créé le: 2017-03-10 02:29:54 PM

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Division

## Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

Directorate

Direction

NML

Finar@

Type of report /

New Occurrence / Situation Nouvelle

\* Branch

Direction générale

PHAC-IDPC /

ASPC-PCMI

Genre de rapport :

Type of occurrence / Minor Injuries / Blessures Mineurs

Genre de situation :

Region & Province

Région et Province

Manitoba & Saskatchewan / Manitoba

et Saskatchewan - Manitoba /

Manitoba

Birth date

#### Employer Information / Information de l'employeur

Employer's name and mailing address / Nom et adresse postale de l'employeur:

	Building Immeuble		al Locator ateur postal	1	ol code postat	Telephone number Numéro de téléphone	
	1015 Arlington / 1015 Arlington	R	3E3R2	R3E	3R2		
	Site of hazardous occurrence ieu de la situation comportant des risqu	e of hazardous occurrence Address				•	
	* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ 2017-04-06	Heure d	f hazardous od e la situation d des risques 02:00 PM нн:я	ccurrence omportant		Weather ns météorologiques	
	Witnesses Témoins				pervisor's na ndu surveilla		
	по						
2 w 3 3 2 8 9 9 1 to	2017-04-06 2:00 PM Noticed blood on hand as leaving lab. Cut on left hand knuckle, approximately 7mm x 2 mm long. Not sure where, when or how the cut occurred. Cleaned with alcohol swab, left for home. 3:00 PM Arrived 3:15 PM Went to Hospital ER Swab for CNS (Culture and sensitivity) was taken and wound cleaned. No prophylaxis given.  2017-04-07 8:00AM Went to nurses office at NML. Out of town. 9:00 AM Called to page on-call Infectious disease physician. 9:30 AM Informed SES 10:00 AM Spoke Described event and pathogens present in lab. Sent prescription to pharmacy. Have to call the back 2017-04-11 to update. 10:15 Asked Towns AMS instructions. Notified (SES lead pager) of incident.						
Ir	rfectious agents manipulated in this lat	are Stre	p Pneumo Gr	oups A & B.			
	/as there any property damage? / Est-c o / Non	e qu'il y a	eu des domma	ages matéri	els?:		
	jured Individual's Information /	Informa	tion de l'ind	lividu acc	identé		**************************************
	njured employee's name / Nom de l'employé blessé:						

Sex

Occupation

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Years of experience in

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YYYY-MM-DD Date de naissance AAAA-MM-JJ	Åge	Sexe	Profession	occupation No. d'années d'expérience dans profession

Description of injury / Description de la blessure:

\* Nature of Injury / Nature de la lésion:

Cut - laceration - puncture / Coupure - lacération - perforation

\* Part of Body / Partie du corps:

Hand / Main

\* Hand: Affected Side / Main: Côté Affecté: Unspecified / Non préciser

\* Event or Exposure / Évenement ou exposition:

Struck against / Projeté contre

Did death occur as a result of the injury? Est-ce que la mort s'en est suivie suite à cet accident? No / Non	Did the worker receive heafth care? Le travailleur a-t-if reçu des soins médicaux? Yes / Oui
Vorkers' Compensation Information /Information	
Health Care / Soins Médicaux	Claim Information /
Name and address of doctor/practitioner or medical facility/	Renseignements sur l'indemnisation
Le Nom et l'adresse du medicin/practicien ou de l'établissement de soins	Sick leave without pey / No / Non -Congé de malade non payé:
	Paid sick leave / Yes / Oui Congé de maladie payé
	Date covered / Indiqueriles dates: " YYYY-MM-DD AAAA-MM-JJ
	Abşent To/Au - From/Ou
TANKAN MENERALA MENERA MENERALA MENERALA MENERA MENERALA MENERALA MENERALA MENERALA MENERALA MENERALA MENERALA MENERALA MENERALA MENERALA MENERALA MENERALA MENERALA MENERALA MENERALA MENERALA MENERALA MENERALA MENERALA MENERA MENERALA MENERALA MENERA MENERA MENERA MENERA MENERA MEN	Number of lost days / 0 Nombre de jours perdus:

#### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Other - Specify / Autres - Préciser

\* Other: Direct cause of hazardous occurrence unknown.

\* Source of Injury / Origine de la blessure:

Other - Specify / Autres - Préciser

\* Other: Source of injury is unknown.

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence? /

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la

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situation comportant des risques? Yes / Oui

\* Specify / Préciser: General CL2 laboratory practices

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?: No / Non

Reasons for not taking corrective measures / Raisons pour lesquelles aucune mesure corrective n'a été prise: Unable to take corrective measure on injury stemming from unknown sources.

* Name of person investigating Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
·			2017-04-10

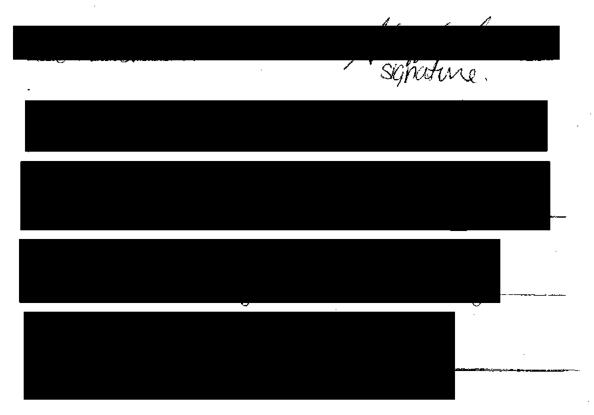
#### Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Committee member's or representative's Title	Telephone Number	Date YYYY-MM-DD
Titre du membre du comité ou de représentant	Numéro de téléphone	Date AAAA-MM-JJ
PSAC Health and Safety Representative		2017-04-20

Safety and health committee's or representative's comments /
Observations du comité de sécurité et de santé ou de représentant:
Met with employee, manager, and SES. The employee is unaware as to where the cut came from. Proper PPE was worn during laboratory duties before the cut was noticed, and wound cleaned. Employee was not working with any infectious material directly prior to noticing cut. Employee was not working with sharps.

No follow up required from OSH Committee meeting. Employee to continue with safe laboatory practices.



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## Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

Fina 🖎

Type of report / New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / Other / Autre

Genre de situation :

Other - Specify / Near Miss

Autre - Préciser :

#### Employer Information / Information de l'employeur

Employer's name and mailing address / Nom et adresse postale de l'employeur: \* Region & Province \* Branch Directorate Division Région et Province Direction Direction générate Manitoba & Saskatchewan / Manitoba PHAC-IDPC / NML et Saskatchewan - Manitoba / ASPC-PCMI Manitoba Building Postal code Postal Locator Telephone number *tmmeuble* Localisateur postal Code postal Numéro de téléphone Other / Autres R3E 3R2 Specify / Préciser: Site of hazardous occurrence Address Lieu de la situation comportant des risques Adresse 745 Logan Ave, Wpg, MB Time of hazardous occurrence Weather Date of hazardous occurrence Heure de la situation comportant Conditions météorologiques YYYY-MM-DD des risques Date de la situation comportant des risques AAAA-MM-JJ N/A 08:20 АМ нн:мм 2017-04-06 Witnesses \* Supervisor's name Témoins Nom du surveillant

Description of what happened / Description des circonstances:

There was a near miss event involving a contractor calibrating lab equipment before the equipment was decontaminated by laboratory personnel. No Injury was sustained. The contractor was wearing appropriate PPE (labcoat and gloves) and the equipment was not used for hazardous material, The host received verbal agreement that the equipment would be decontaminated before the contractor was scheduled however it was discovered that an email from the owner indicated it had not been decontaminated as requested. The concern from this event is that in future, the contractor could potentially be exposed to hazardous material.

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

#### Injured Individual's Information / Information de l'individu accidenté

\*Injured employee's name /

Nom de l'employé blessé: CONTRACTOR

Birth date YYYY-MM-DD Date de naissance	Age Âge	Sex Sexe	Occupation Profession	Years of experience in occupation No. d'années d'expérience
AAAA-MM-JJ	•			dans profession

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#### Description of injury / Description de la blessure:

- \* Nature of Injury / Nature de la lésion: No injuries / Aucune blessures
- \* Part of Body / Partie du corps: No Injuries / Aucune Blessures
- \* Event or Exposure / Evenement ou exposition:

Other - Specify / Autres - Préciser

\* Other: Near miss - there was no injury sustained nor exposure to hazards

#### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Other - Specify / Autres - Préciser

- \* Other: inadequate confirmation or documentation indicating status of equipment
  - inadequate procedures to confirm status of equipment prior to contractor commensing work

\* Source of Injury / Origine de la blessure:

Other - Specify / Autres - Préciser

\* Other: no injury nor exposure to hazards

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence? /

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

Yes / Out

- \* Specify / Préciser: no injury nor exposure in this event as the contractor used proper laboratory personal protective equipment, disinfecting agents and best laboratory practises as general proceduers.
- \* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:

Yes / Oui

- \* Specify / Préciser: Discussions were held with the department responsible for escorting the contractor. As a result, standard operating procedures were updated to include protocols for equipment mainteance/service for contractors. Prior to servicing equipment, personnel must complete a decontamination form and adhere it to the equipment. Failure to complete and/or affix the form may result in equipment not being service.
- \* Date employer will implement / Date de leur mise en œuvre:

YYYY-MM-DD / AAAA-MM-JJ

Date: 2017-07-11

Supplementary preventive measures / Autres measures de prévention: No additional comments

* Name of person investigating Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
	Safety Officer		

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Final 🕲

## **Hazardous Occurrence Investigation Report** Rapport D'Enquête de Situation Comportant des Risques

27:04 ON

Genre de rapport :

Type of report / New Occurrence / Situation Nouvelle

Type of occurrence / First Aid / Premiers Soins

Genre de situation :

#### Employer Information / Information de l'employeur

Employer's name and mailing address / No	om e	at adresse postale de	l'employeur:	:	
* Region & Province Région et Province		* Branch Direction générale		torate ction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba		PHAC-IDPC / ASPC-PCMI			
Building Immeuble	ι	Postal Locator Postal code Localisateur postal Code postal		Telephone number Numero de téléphone	
1015 Arlington / 1015 Arlington		R3E3P6			
Site of hazardous occurrence Lieu de la situation comportant des risques				ddress dresse	
Office					
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ 2017-05-08	Time of hazardous occu Heure de la situation con des risques 10:00 AM нн.мм		omportant	Conditio	Weather ins météorologiques
	<u> </u>	<del></del>			<u> </u>
Witnesses Témoins		_		pervisor's nar n du surveilla	

Description of what happened / Description des circonstances: Employee was packing up her office for retrofit tried to remove a roll of of duct tape that was sitting on the shelf for a while. The shelf came off instead of the duct tape as it got stuck on the shelf over time, and it fell to the ground. The employee felt pain on the shelf over time is a did not seek first aid or medical attention, but did take an advil. The wooden shelf was empty, about 3.5 feet long, an inch in thickness

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

#### Injured Individual's Information / Information de l'individu accidenté \*Injured employee's name / Nom de l'employé blessé: Birth date Occupation Sex Years of experience in YYYY-MM-DD Âge Sexe Profession occupation Date de naissance No. d'années d'expérience AAAA-MM-JJ dans profession

Description of injury / Description de la blessure:

<sup>\*</sup> Nature of Injury / Nature de la lésion:

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#### Sprains - strains / Entorses - foulures

\* Part of Body / Partie du corps; Shoulder / Épaule

\* Shoulder: Affected Side / Épaule: Côté Affecté: Right / Droit

\* Event or Exposure / Évenement ou exposition: Caught in - under or between / Coincé à l'intérieur - au dessous ou entre

#### Investigation Information / Information de l'enquête

\* Safety & Healin committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques;

\* Causes of Accident / Causes de l'accident:

Other - Specify / Autres - Préciser

\* Other: Equipment design, human error were at play

\* Source of Injury / Origine de la blessure:

Furniture and fixtures / Ameublement et accessoires

Was training in accident prevention given to Injured employee in relation to duties performed at the time of the hazardous occurrence? / L'emptoyé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

Yes / Oui

\* Specify / Préciser: The employee has taken all workplace safety training,

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:

Yes / Oul

\* Specify / Préciser: Inform all staff about the hazzards associated with the office furniture in general and the sliding shelves in particular. Add a few points/slides to the building orientation/general lab safety courses about the hazards in the office

\* Date employer will implement / Date de leur mise en oeuvre:

YYYY-MM-DD / AAAA-MM-JJ

Date: 2017-06-05

Supplementary preventive measures / Autres mesures de prévention:

	* Name of person investigating Nom de la personne faisant l'enquête	) Title ; Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ	
1		Sr. Blosafety Officer		2017-05-11	

#### Safety & Health Committee or Rep. / Comité de sécurité et santé ou représentant

Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Committee members or representative's Title	Telephone Number	Date YYYY-MM-DD
Titre du membré du comité ou de représentant	Numéro de téléphone	Date AAAA-MM-JJ
	·	1
		2017-05-25

\* Safety and health committee's or representative's comments / Observations du comité de sécurité et de santé ou de représentant:

This incident has been discussed with the affected employee and their manager and appropriate recemmendations have

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ATIA - 19(1)

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ATIA - 19(1)

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SCHEDULE 1 / ANNEXE 1 SECTION 15.8 / ARTICLE 15.8)			Department File No. / N° de dossier du ministère  Régional Office / Bureau régional
HAZARDOUS OCCURRENCE INVESTIGATION REPORT	Type of occurr Minor		
RAPPORT D'ENQUÊTE DE SITUATION COMPORTANT DES RISQUES		•	Employer ID No. / Numéro d'Identification de l'employeur
Employer Name and Mailing Address / Nom et adress	se postale de l'empto	уеиг	Postal Code / Code postal
Health Canada / Santé Canada, PHAC-IDPC / A	ASPC-PCMI, NML	, FPMD	R3E2P6
1015 Arlington / 1015 Arlington 1015 ARLINGTON ST			Telephone Number / Numéro de téléphone
Site of Hazardous Occurrence / Lieu de la situation ha			nce / Date et heure de la situation hasardeuse
COMMONIANTA	<del></del> -	17-05-16 09:30 AM	
COMMON AREA	Wes	ather / Conditions métérologiques	
Witnesses / Témoins	Sup	pervisor's Name / Nom du surveillar	nt
Description of what happened / Description des circon	ıstances		
the mouth.  Edge of door chipped one front teeth			
Brief description and estimated cost of property damage	ge / Description som	maire et coût estimatif des domma	ges matériels
Injured Employee's Name (if applicable) / Nom de l'em	nployé břessé (s'il y a	lieu) Age / Âge   Occupation / Pro	fession
		Years of experien Nombre d'années	ce în occupation / d'expérience dans la profession
Description of injury / Description de la blessure Mouth / Bouche		Sex / Sexe Direct cause of in Struck by / Her	jury / Cause directe de la biessure arté par
Was training in accident prevention given to injured em L'employé blessé a-t-il reçu un entraînement en préven	ployee in relation to ontion des accidents re	duties performed at the time of the elativement aux fonctions qu'il exerc	hazardous occurrence? cait au moment de la situation hasardeuse?
No / Non Specify / Préciser			•
Direct causes of Hazardous Occurrence / Causes direct Human erτor / erreur humaine	ctes de la situation he	asardeuse	
Furniture and fixtures / Ameublement et accesso	ires		
Furniture and fixtures / Ameublement et accesso	ires		

ΔΤ	Δ.	. 10	1/1	١

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	publique du Canada	•
Corrective action and date employer will implement / Mesures correctives qui seront appliquées	par l'employeur et date d'entrée en vigueur	
, , , , , , , , , , , , , , , , , , , ,	, , -,	
		•
•		
	<u> </u>	
Supplementary preventative measures / Autres mesures de prévention		
·		
Name of person investigating / Nom de la personne menant l'enquête		Date / Date
·		
Title / Titre	Telephone Number / Numéro de téléphone	1
	,	2017-05-17
		<u>'</u>
Safety & Health Committee's or Representative's Comments / Observations du comité d'hygiène	e et de securite ou du representant.	-
•	•	
·		
	- 0	
Committee Member or Representative Name / Nom de membre du comité ou du représentant		ate / Date
Committee Member of Frepresentative Painte? North de Membre da comité du du réprésentant		TIE 1 Date
Title / Title	Telephone Numbér / Numéro de téléphone	2017-05-17

COPIES 1 & 2 to R.S.O., COPY 3 to the Safety and Health Committee or Representative, COPY 4 to the Employer. COPIES 1 et 2 à A.R.S., COPIE 3 au Comité d'hygiène et de sécurité ou au représentant, COPIE 4 à l'employeur.

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SCHEDULE 1 / ANNEXE 1 SECTION 15.8 / ARTICLE 15.8)

HAZARDOUS OCCURRENCE INVESTIGATION REPORT

Type of occurrence / Type de situation Spill (no injuries) / Renversement (aucun blessé)

RAPPORT D'ENQUÊTE DE SITUATION COMPORTANT DES RISQUES

Other - Specify / Autres - Préciser

·== No injury.

2110VIION COMPONIAL PER 1/12/4075	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Employer Name and Mailing Address / Nom et adresse postale of	de l'employeur Postal Code / Code postal
Health Canada / Santé Canada, PHAC-IDPC / ASPC-PCN	MI R3E 3P6
1015 Arlington / 1015 Arlington	Telephone Number / Numéro de téléphone
same as above	
Site of Hazardous Occurrence / Lieu de la situation hasardeuse	Date and Time of Hazardous Occurrence / Date et heure de la situation hasardeuse
	2017-07-06 06:35 AM
elevator, 1st floor	Weather / Conditions métérologiques
Witnesses / Témoins	Supervisor's Name / Nom du surveillant
Withesses / Terrions	
de discontinue	
Description of what happened / Description des circonstances	A N C A 11 in a restriction wants (now infractions
I was entering elevator	with a cart full of metal bins containing waste (non infectious
media material) that required autoclaving. When I pushed	d the cart inside the elevator I didn't notice that the elevator was 1.5 inches lower
than the floor I was standing on. The front of the cart fel	I into the elevator and one of the closed waste bits from
Department, toppled off the cart and spilled tubes and gla	assware all over the elevator floor. Some of the tubes broke and there was trace
	n the elevator floor. I blocked off the elevator so it could not be used and went to
inform about what just happened	came back with me and we cleaned up the broken glass with a squeegee and
Brief description and estimated cost of property damage / Description	ription sommaire et coût estimatif des dommages matériels
Short description and seminates asset at property	
Injured Employee's Name (if applicable) / Nom de l'employé ble	ssé (s'il y a lieu) Age / Age Occupation / Profession
<u> </u>	Years of experience in occupation / Nombre d'années d'expérience dans la profession
Description de la blaggina	Sex / Sexe Direct cause of injury / Cause directe de la blessure
Description of injury / Description de la blessure No Injuries / Aucune Blessures	Other - Specify / Autres - Préciser
i Nas training in accident prevention given to injured employee in	relation to duties performed at the time of the hazardous occurrence?
il 'employé blessé a-t-il recu un entraînement en prévention des :	scoldeurs telativement aux ionotions du il exercait au moment de la attactor meast decad.
Non Loui Specify / Préciser Striff is tre	ained in the collection and transport of metal bins (with lids) containing waste which
are placed	d on a cart with a two inch edge all around to prevent metal bins from tipping over
Direct causes of Hazardous Occurrence / Causes directes de la	a situation hasardeuse
Elevator Malfunction / Elevateur Défectueux	
	· ·

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ATIA - 20(1)(b)
ATIA - 19(1)

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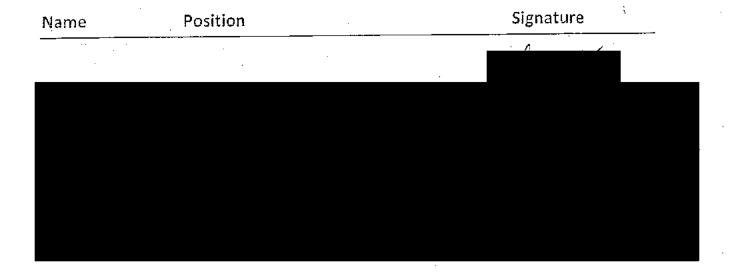
I was entering	· · ·		with a cart
full of metal bins co	ntaining waste	(non infectious media mater	ial) that required
autoclaving. When	l pushed the ca	rt inside the elevator I didn't	notice that the
elevator was 1.5 inc	hes lower than	the floor I was standing on.	The front of the
cart fell into the elev	vator and one o	if the closed waste bins from	
Department, topple	d off the cart an	d spilled tubes and glasswa	re all over the
elevator floor. Som	e of the tubes b	roke and there was trace an	nounts of liquid
from each of these t	tubes that spille	ed on the elevator floor. I blo	ocked off the
elevator so it could	not be used and	d went to inform	about
what just happened	. ba	ick with me and we cleaned	up the broken
glass with a squeeg	ee and dust par	n. I then sprayed the elevato	r floor with 70%
Ethanol and wiped of	down the whole	area. also called	to have
them mop the elevat	tor floor once w	e were done our clean up. I	was wearing the
PPE required for doi	ing waste pick-	-ups at the time.	

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Corrective action and date employer will implement / Mesures correctives qui seron	nt appliquées par l'employeur et date d'entrée en vigueur	
Facilities were advised of the problem and were going to make a service of	all to the elevator company.	2017-07-06
·		
	•	
Supplementary preventative measures / Autres mesures de prévention		
Staff to be reminded that they must check when entering or exiting the ele-	vators with carts full of waste to ensure the	
elevator floor is even with the floor the doors open onto.		
Name of person investigating / Nom de la personne menant l'enquête	Signature / Signature	Date / Date
	<u> </u>	
Title / Titre	Telephone Number / Numéro de téléphone	2017-07-06
Safety & Health Committee's or Representative's Comments / Observations du cor	mité d'hygiène et de sécurité ou du représentant.	କିଥାର ଓ କ୍ରାନ୍ୟ ଅଟନ୍ତି ଅଟନ୍ତି । -
The elevators in our building are on a regular preventative maintenance as	nd inspection schedule.	
11.000,0000		
	Control Of Latina LOS- above	Date / Date
Committee Member or Representative Name / Nom de membre du comité ou du re	·	
Title / Title	Telephone Number / Numéro de téléphone	2017-07-07

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### Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

*Draft*�

Type of report /

New Occurrence / Situation Nouvelle

Genre de rapport :

Type of occurrence / Other / Autre Genre de situation :

\* Other - Specify / Near Miss

Autre - Préciser :

#### Employer Information / Information de l'employeur

Employer's name and mailing address / Nom et adresse postale de l'employeur:					
* Region & Province Région et Province		* Branch tion générale	Direc	torate ction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba		C-IDPC / PC-PCMI			
Building Immeuble		al Locator ateur postal		al code postal	Telephone number Numéro de téléphone
Other / Autres Specify / Préciser :JC Wilt Infectious Disease Research Center			R3i	E3L5	
Site of hazardous occurrence Lieu de la situation comportant des risqu					
			745 Log	jan Avenue	
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ		f hazardous oc e la situation c des risques нн:мм	omportant	Condítio	Weather ns météorologiques
2017-06-20					
Witnesses Témoins				pervisor's na n du surveilla	
			Ruey C	Su/HC-SC/G	GC/CA

Description of what happened / Description des circonstances:

BSC hood was originally scheduled for VHP decontamination on May 9th, 2017 Staff prepared for the VHP decontamination of the BSC hood by checking if the equipment was still surface decontaminated from surface decontamination performed on June 7th, VHP decontamination was rescheduled for June 20th. Individual was unaware that work was performed with non-infectious Blood Specimen from healthy donors on June 12th. Equipment internal fluidics system was flushed with 70% ethanol for fluid exchange decontamination as per standard protocol. A notice of surface decontamination was posted 16th to reflect surface decontamination status from June 7th. Lack of communication between users, and failure to check with logbook contributed to not knowing that the surface decontamination was not valid. The person tasked for posting the Notice of and therefore could not check the logbook status. Surface Decontamination did not have access

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: No / Non

#### Injured Individual's Information / Information de l'individu accidenté

\*Injured employee's name /

Nom de l'employé blessé: No injury

Birth date YYYY-MM-DD Date de naissance	Age Âge	Sex Sexe	Occupation Profession	Years of experience in occupation No. d'années d'expérience

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ATIA-16(2)(c)

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l A	AAA-MM-JJ	l <sup>* .</sup>	. 1	· · · · ·		dans profession
1				Male / Homme	·	·

Description of injury / Description de la blessure:

- \* Nature of Injury / Nature de la lésion: No injuries / Aucune blessures
- \* Part of Body / Partie du corps: No Injudes / Aucune Blessures
- $^{*}$  Event or Exposure / Évenement ou exposition:

Other - Specify / Autres - Préciser

\* Other: Near Miss \ no injury or exposure

#### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant Tomasz M Bielawny/HC-SC/GC/CA

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Human error / erreur humaine

Other - Specify / Autres - Préciser

\* Other: Human error, Failure to check the logbook for usage of instrument, Failure to monitor status of surface decontamination. Lack of training for user room access.

\* Source of Injury / Origine de la blessure:

Other - Specify / Autres - Préciser

\* Other: no injury

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence? I

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

Yes / Oui

\* Specify / Préciser: No injury but users were trained to proceed based on the completion of the surface decon form.

\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:

Yes / Oui

\* Specify / Préciser: Update protocol to reflect PPE procedures [taking off the outer pair of glove prior to touching anything outside of BSC]. Update protocol for VHP setup [Only the personnel who has access to room and has participated in the surface decontamination cleaning can sign off and post the 'decontamination document' after checking the users' log in the room of the 'decontamination documentation' should be posted at the BSC.]. Update togbook procedures [All cleaning procedures, including surface decon and systemic fluid-exchange are to be logged into the logbook]. Update surface decontamination protocol [surface decon of the reachable interior of the BSC and the exterior of the sorter, and the sorter chamber are to be performed after every sort and document in logbook]. All trainers and users will be retrained on updated procedures before July 28, 2017.

\* Date employer will implement / Date de leur mise en oeuvre:

YYYY-MM-DD / AAAA-MM-JJ

Date: 2017-07-28

Supplementary preventive measures / Autres mesures de prévention:

* Name of person investigating	Title	Telephone Number	Date YYYY-MM-DD
Nom de la personne faisant	Titre	Numéro de téléphone	Date AAAA-MM-JJ
l'enquête Ruey C Su/HC-SC/GC/CA	Manager	204-789-6474	2017-07-12
Ruey C Surno-Scracion	Interrader	204-703-0474	2017 01 12

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ATIA - 19(1)

### **Incident Report Form**

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Incident: 17-03	Accountable Individuals: Various; includes RBA, Biosafety
	Officer, Facility Project Leads and Lab Supervisors
Occurred on Friday June 2	
A verbal report from	provided to Facility Biosafety Officer on Monday
June 26 - 2PM	
	volving contractor activities sensitive
	tisk Group 2 Biohazardous materials in the E. coli Lab.
	ling in walls/ceiling - contractors used tarps to cover sensitive
scientific equipment	- removal of tarp resulted in dust
	vibration also affects equipment!
	ed over Risk Group 2 materials (contained material in Test tubes in
H ,	Level 2 Laboratory (Microbiology Laboratory). Upon removal of
	bed and test tubes fell out of rack. There was no spill or leaking of
	n the test tubes tubes were plastic so did not break discussion
between	ensued with indication that there was no training
provided	Sequence of events; as communicated by entered when work was coming to a close. When
term rugg removed, test tuk	es fell out of racks and contractor immediately began to pick up the
	an communicated the risk and requested that contractor wash hands.
	and tarp was removed from the Lab
Investigation:	nd talp was removed from the Lac
	s: Rocco Rosa (NML, IT) and Shawn Osmond (PWGSC)
	s: HC Facilities with Shared Services Canada
	Stone Rd. W.; work completed from June 21 to June 28, 2017.
	ation of conduit around most rooms in the building; electrical work;
	as led through an initiative by SSC and HC Facilities. Full extent of
. •	abs was learned on June 27; as per near miss described
	, .
Prior to the commenceme	ent of work at the Guelph Laboratory facility; email communication
between HC Facilities and	NML, Guelph provided only vague information of the project
,	ated June 2, 7 and 14). These include a request by NML, Guelph
for clarification of the scor	<u> </u>
Communication to onsite	
	NML, Guelph Biosafety Officer - peripheral information of
	f the project was provided; as per email communication
2) RBA to occupants - ni	
-	nd extent of the work that was to be completed within the
	oratories could only be relayed once adequate information is
provided by HC-Facilities	to the KBA.
Summary:	alatian of analta activities for the Williamsiant store in committee in
	pletion of onsite activities for the WiFi project were incomplete: i.e.,
_	extent of activities to be completed in the building / determination  b Awareness Training to external contractors / communication to
Lab staff.	to Awareness Training to external confidences 7 communication to
Lau statt.	
-S Frost (Facility Riosofet	y Officer) discussion notes:
	elisse (RBA) - 17-06-27: peripheral knowledge of the project as per
email communication only	
	hawn Osmond had provided assurances via email that onsite
	and adequate for the project; as per June 2 email.
	Robertson (Biosafety Officer for NML; Divisional Director, Biorisk

&Occupational Safety Services) - 17-06-27: Described incident an Obtained confirmation that the incident does not require to be reported to PHAC-Center for Biosecurity (as per Human en le de la santé Pathogen and Toxin Regulatory compliance) -- Internal (NML) documentation shall be filed with a plan for corrective actions; documented to ensure that such incidents will not recur in the future.

#### **Root Causes:**

-Lack of adequate communication and lead time to Scientific staff (to permit rearrangement work schedules of Containment Level 2 Laboratory activities around the facility project activities--adequate lead time would be 1-2 weeks).

-Insufficient project planning details and/or communication provided by HC Facilities to key individuals at 110 Stone Rd. W. (i.e., RBA (including alternates) and facility Biosafety Officer) prior to entry of external contactors into the Containment Level 2 Laboratories (i.e., external

contractors entered the Containment Zones without prior education of the risks in the Laboratories).
Signed: All Fot M. Pomet Dated: 17/06/29
Corrective Action Plan!
-Provide uncontrolled copies of Standard Operational Procedures for visiting workers / contractors to WiFi project coordinators. Completed date: 17/06/29 Initial: 43
-discuss with PWGSC staff to obtain assurance that communication or a schedule of upcoming work activities is provided to key individuals prior to external contractor entry to the facility so to ensure compliance until session is provided to entire group; as below.  Completed date: 17107105 Initial: 17107105 Shawn Osmand
- in-house training update will be provided to NML-IT and PWGSC-Facilities staff once all staff return from holidays - information will include: reminder of risks in the containment Labs, Biosecurity requirements under the Biosafety regulations and requirements for visitor/contractor accompaniment as per Standard operational procedures; importance for relaying full details to key individuals re: work to be completed within the Labs and scope of work as well as providing adequate communication to Lab Staff to plan AND to permit scheduling for contractor awareness training prior to entry into the Containment Zone.  Completed date: Initial:
Once the corrective actions are implemented; the effectiveness of the corrective actions will be determined over time. Additional corrective actions may be required; as determined through ongoing observations and communication with onsite staff.
Signed: M. Com 2 Date: 17/06/29
Persons Informed / Date:

Mette Cornelisse - 17-06-27 - verbal Shawn Osmond - 17-06-27 - verbal Rocco Rosa - 17-06-27 - verbal Catherine Robertson - 17-06-27 - verbal

\*\* divelop forms for use by facilities project managers leverdrates to ensure facility work is & communicated to RBH+ Bso - this will provide assurances that steathnal contractors obtain appropriate awarness barries propriet occurrences to the work in any CL2 area. Towns in LIMS G-FERMOOI+ 002 FRM-073-00 completion of the work in any CL2 area. Towns in LIMS G-FERMOOI+ 002 approved 17/07/28 st ATIA-16(2)(c)

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## Hazardous Occurrence Investigation Report Rapport D'Enquête de Situation Comportant des Risques

Draft@

Type of report / Genre de rapport :

New Occurrence / Situation Nouvelle

Type of occurrence / Other / Autre

Genre de situation :

\* Other - Specify /

Improper rotor storage/installation leading to centrifuge damage.

Autre - Préciser :

#### Employer Information / Information de l'employeur

* Region & Province Région et Province	Direc	* Branch tion générale		torate ction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba		C-Other / PC-Autre			
Building Immeuble		al Locator ateur postal		i code postal	Telephone number Numéro de téléphone
Site of hazardous occurrence Lieu de la situation comportant des risqu	ies	JC Win 7	Ac	ldress Iresse Avenue Wi	nnipeg, MB
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ	Heure d	f hazardous occ e la situation co des risques 11:00 АМ нн:м	mportant	Conditio	Weather ons météorologiques
2017-07-05					
Witnesses Témoins				ervisor's na du surveill	

Description of what happened / Description des circonstances:

The staff member was working with two 50 mL 3 kDa spin filters to concentrate protein from non-infectious, bacterial supernatants (Lactobacillus crispatus and Gardnerella vaginalis). The supernatants (approximately 10 mL) were filter sterilized with a Millipore 0.22 um PVDF filter and then added to the top chamber of a Millipore 50 mL 3 kDa MWCO spin filter in a biological safety cabinet. The samples were balanced in the appropriate containers, sealed and then spun at 4,000 g for 30 minutes. There was no apparent issue with the first run. There was still significant supernatant present in the top chamber so a second run was required to complete the experiment. After re-checking the balance, a second run was performed at the same speed and time. When the centrifuge reached approximately 500-1000 g a strange noise was noticed so the staff member immediately stopped the centrifuge manually. The staff member assumed it was an issue with imbalance, so a third run was attempted after rechecking that the weight between each container was equal. The noise occurred again followed by the centrifuge automatically stopping the run and showing an imbalance error message. The staff member could not figure out the issue so they asked the wet lab manager for assistance.

We noticed that the t-bar connecting the rotor to the drive-shaft was loose. After removing the rotor we noticed metal shavings around the base of the drive-shaft as a result of grinding between the rotor and drive-shaft. The staff member then realized that they had assumed the rotor was tightened before starting the initial run and failed to check if the rotor was 100% secure and that this was the likely source of the damage. The t-bar was most likely loose during the initial run and subsequently became looser with the following runs causing the issues with imbalance.

Was there any property damage? / Est-ce qu'il y a eu des dommages matériels?: Yes / Oui

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- \* Brief description of property damage / Description sommaire des dommages matériels; Rotor damage to high-speed centrifuge
- \* Estimated cost of property damage / Coût estimatif des dommages matériels: \$1,600.00

#### Injured Individual's Information / Information de l'individu accidenté

\*Injured employee's name / Nom de l'employé blessé:

Birth date Age Sex Occupation Years of experience in occupation Date de naissance AAAA-MM-JJ Profession No. d'années d'expérience dans profession

Description of injury / Description de la blessure:

\* Nature of Injury / Nature de la lésion:

Other - Specify / Autres - Préciser

\* Other: no injury

\* Part of Body / Partie du corps: Other - Specify / Autres - Préciser

\* Other: N/A

\* Event or Exposure / Évenement ou exposition:

Other - Specify / Autres - Préciser

\* Other: N/A

#### Investigation Information / Information de l'enquête

\* Safety & Health committee member's or representative's name Nom du membre du comité de sécurité et santé ou de représentant

Direct causes of hazardous occurrence / Causes directes de la situation comportant des risques:

\* Causes of Accident / Causes de l'accident:

Other - Specify / Autres - Préciser

\* Other: A. Lack of Training of Program for centrifuge

- B. Lack of Preventative Maintenance/Service Program for centrifuge
- C. No Criteria to Determine/Evaluate proper functioning of Centrifuge
- D. Misinterpretation of Centrifuge Error Message
- E. Assumption of Rotor Presence in Centrifuge, as being secured for usage
- F. Unsecure Rotor
- G. Miscommunication with respect to rotor storage
- \* Source of Injury / Origine de la blessure:

Other - Specify / Autres - Préciser

\* Other: No Injury

Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence? I

L'employé blessé a-t-il reçu une formation en prévention des accidents relativement aux fonctions qu'il exerçait au moment de la situation comportant des risques?

Yes / Ou

- \* Specify / Préciser: Informal training on how to operate centrifuge was provided by wet lab manager
- \* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?: Yes / Oui
- \* Specify / Préciser: Elimination: N/A, no alternative method to current experimental SOP, utilizing a centrifuge. Substitution: N/A, no alternative method to current experimental SOP, utilizing a centrifuge Engineering: Appropriate selection of centrifuge with sealed, air-tight buckets, already selected to ensure safety of end-user and minize risk.

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Administrative: A. Training Records and an Official, Trained/Designated user to be required to approve new users.

B. Create a Preventative Maintenance Program.

C. Create/Review Centrifuge-specific SOP.

D. Review Centrifuge Error Messages for Clarification

E. Designate a specific storage area for centrifuge rotors, when not in use. F. Implement a Centrifuge user checklist

G. When available, Attend Vender seminars (Beckman-Coulter) for Rotor safety

PPE: Appropriate PPE was utilized, while experimental procedures where being performed.

\* Date employer will implement / Date de leur mise en oeuvre:

YYYY-MM-DD / AAAA-MM-JJ

Date: 2017-08-18

Supplementary preventive measures / Autres mesures de prévention:

* Name of person investigating Nom de la personne faisant l'enquête	· Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ

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Public Health Agency of Canada Agence de la santé publique du Canada Click to Submit by Email to: exposure exposition@phastaspeggssageAgorace de la santé

publique du Canada

#### Incident Investigation and Reporting Form

The purpose of this tool is to help you to:

- Establish the facts surrounding the incident, including:
  - o What precisely happened, and how
  - o When and where the incident occurred
  - Why the incident occurred
- Look for improvements in existing systems and processes
- Formulate recommendations and a corrective action plan
- Share lessons learned within your organization

#### EXPOSURE INCIDENT DEFINITION:

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.

Canadian Biosafety Standards and Guidelines, 2<sup>\$‡</sup> ed

INSTRUCTIONS: Fill the form sequentially. Depending on your response, you may be directed to skip certain questions.

Section	on 1.0: Administrative Informa	tion		<u>-</u>						
	[PHAC pending fields] Case ID:	License Number:	1.1 - Date Repo 17-Aug-2015	ort Created:	1.2 - Date Revised (if application 22-Oct-2015)	able):				
	License Holder Name:		1.3 - <u>If revised</u> ,	indicate the reaso	on for the update to an earlie	r report				
			Other, CB interp	retation						
	1.4 Please indicate the laborator	y containment level:	C CL2	€ CL3	C CL4					
	1.5 How would you describe the sector/primary area of focus for your institution/facility's activities? (Check all that apply)									
	Academic (University, Veterinary College, College, CEGEP, High School, etc.)  Public Health - Government (F/P/T/Municipal)									
_	Private Industry/Business (Ar				t - Government (F/P/T/Municip					
ADMINISTRATIVE INFORMATION	Pharmaceutical, Food Industry, F  Hospital (Academic-affiliated, n	-	1	_ "	Animal Health - Gov't {f/P/T/N	Municipal)				
₹M.				_	nment (F/P/T/Municipal)					
NFO.	Select the size of the facility/inst	titution (based on the app	roximate number	of laboratory star	ff/students working in the faci	lity):				
ΝĒ	Large (greater than 150 staff)									
RAT	1.6 - Reporter's contact Informa	ation (provide contact det	ails for the persor	making the repo	rt):					
NIST	Reporter's Name: (First, Last): Ca		<u> </u>	Jeannette Macey	interpretation & notes]					
ΨQ.	· · · · · · · · · · · · · · · · · · ·	therine.robertson@phac-	aspć.gć.ca							
4	Reporter's Telephone: 20	14-78-6079								
	1.7 - Reporter's role in the incid	lent								
	Not involved/did not witness occ	currence; informed follow	ring occurrence							
	Jay Krishnan - BSO Laura Landry - BSO Sara Christianson - Program Stafi Catherine Roberston - Head, Safe Sherisse Lavineway - TSO		rvices							
Sectio	n 2.0: Occurrence - Incident D	escription (basic details	on what, where	when, etc. the	incident occurred)					
-	2.1 Indicate the type(s) of incide	nt that occurred (check al	II that apply for 2.	1 (i) and/or 2.1 (ii	) below)	····-				
T DESCRIPTION	i.e. if an inadvertent release is pathogen or toxin, select from the continual of the conti	ure of an individual to a hi ne following AND indicate e to 2.2 below: e - see definition at top of pected	uman (ii) li if any of is No ipage 1)	ndicate other incid OT involved), selec Inadvertent releas	dent type below (if (i) exposur It from the following then skip se of a human pathogen or to action of a human pathogen o	to 2.3):				
OCCURRENCE - INCIDENT DE	2.2 For exposure/LAI incidents, in  (i) Total number of individuals ex  (ii) Indicate if any secondary trans  (**Yes, indicate the number of transmissions in and outside  No, no secondary transmiss (no person-to-person spread)	sposed/infected <u>during the</u> smission (person-to-person secondary Number of e the lab — in laborato ion occurred	<u>e incident</u> (i.e. nu	mber of primary e urred and provide Num	number of lab or community ther of secondary cases in ly/community contacts					
	C Unknown				1 aye.	2000040				

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	2.3 (i) - Select the occurrence type tha	t best characterizes the incide	ent:					
	Spîll							
OCCURENCE - INCIDENT DESCRIPTION (continued)	<ul> <li>2.3 (ii) - Select the main activity that best describes the work being undertaken during the incident: Unknown</li> <li>2.3 (iii) - Briefly describe the incident (if necessary, more detail can be provided in the Additional Notes at the end of this form). An agar plate that was used to culture TB was found on the ground in a space within the TB CL3 lab that does not require respirator use. The plate was dated from June 2014 and had dried up by the time it was discovered under a large tool bench/ storage box. The plate had originally been sealed using a plate seal, but at some point had been crushed, causing the plastic to break. It is unknown if this occurred at the time the plate was dropped or if the breakage occurred later on.</li> <li>2.4 - Indicate/describe the location where the incident occurred within the facility: Within the TB Containment Level 3 lab, in a room that does not require respirator use.</li> <li>2.5 - Is the date and/or time the incident occurred known? (Yes → Go to 2.6) (No → Go to 2.8)</li> </ul>							
	2.6 - Date the incident occurred:	2.7 - Time the incident occur	rred:	2.8 - D	ate incident <u>first reported</u> to facilit	y authority:		
		HH:mm		29-Jul-2	2015			
	2.9 - Is the biological agent involved in	the incident known? (FY	es → Go			al agent:		
			•					
_	Schedule 3 - Risk Group 3 Human Path  2.11 (ii) - If "Other" type of biological a				Bacteria			
BIOLOGICAL AGENT	2.12 (ii) - Identify the specific biological agent (genus, species):  2.12 (ii) - Specify sub-type, strain, etc. if known:  2.12 (iii) - Specify sub-type, strain, etc. if known:  2.12 (iii) - If the specific biological agent (genus, species) is not known, explain:							
NTAMINATION	2.13 - Was decontamination/disinfection performed, using processes and methods in accordance with applicable standards and guidelines?  No, Other, explain in 2.14 below why not done or not done per standards  2.14 Additional details (decontamination/disinfection details where done OR explain why not done if and as required, etc.). The staff member who discovered the plate called a more experienced staff member into the room (this 2nd person donned respiratory protection before entering the room), this staff member instructed coworker to also done respirator and they then proceeded to follow the building SOP for cleaning up a biological spill. The affected area was soaked with disinfectant (Accel TB - 0.5% accelerated Hydrogen Peroxide), then wiped down a 10 min contact time. This procedure was then repeated. Out of an abundance of caution, the floors of the entire lab, the bottoms of all lab footwear and the wheels of all mobile carts used in the lab were later also disinfected with Accel TB.							
,	2.15 - Did/will any of the affected person of illness? Unknown	on(s) travel outside of the pro	ovince/t	erritory	in the days/weeks following exposi	ire or onset		
~ 1	2.16 - If any affected person(s) have tra illness, indicate if travel did/will occur suspected or confirmed LAI)	-	-					
	Unknown				Pag	e: 241 of de 24		

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#### Incident Investigation and Reporting Form

Section 3.0: Affected Person(s) - route of exposure, post-exposure interventions and illness outcome for each person exposed/infected lifemore than three affected persons, please request Additional Affected Persons Form from exposure-exposition@phac-aspc.gc.ca

PRIVACY NOTE: DO NOT provide personal names or personal identifying information on affected persons anywhere on this form.

Affected Person 1		Affected Person	3	Affected Person 3		
1 ''	3.1 (I) - Indicate exposure or illness/ disease status at the time of this report Exposure		of illness/ f this report	3.1 (iii) - Indicate exposure or disease status at the time of t		
3.2 (i) - Primary route of exposure					osure	
	Inhalation  3.3 (i) - If Unknown/Other route of exposure, explain:		route of	3.3 (iii) - If Unknown/Other ro exposure, explain :	ute of	
3.4 (i) - Indicate onset of sy illness/presentation No	mptomatic	3.4 (ii) - Indicate onset of sy illness/presentation	mptomatic	3.4 (iii) - Indicate onset of sym illness/presentation	ptomatic	
<b>3.5 (i)</b> - Onset Date:	Check if unknown	3.5 (ii) - Onset Date:	Check if unknown	3.5 (iii) - Onset Date:	Check if unknown	
3.6 (i) - Indicate all the immore arrive post-exposure interest within 0 known/suspected exposure (Check all that apply)	mediate and/ rventions, i.e. -7 days of the incident? mediately sultation posure hin 0-7 days dis (PEP) posure ic, antiviral, -7 days of the	3.6 (II) - Indicate all the Immor early post-exposure inter those administered within O known/suspected exposure (Check all that apply)    first-aid administered imafter the exposure occupational health conswithin 0-7 days of the exposure post-exposure prophylax within 0-7 days of the exdrug treatment (antiblot antifungal, etc.) within 0-exposure Not applicable   Other, describe below:	ventions, i.e. 7 days of the noldent? mediately ultation posure nin 0-7 days is (PEP) posure c, antiviral,	3.6 (iii)- Indicate all the immed or early post-exposure interve those administered within 0-7 known/suspected exposure inco (Check all that apply)    first-aid administered immed after the exposure   occupational health consult within 0-7 days of the expomedical consultation within of the exposure   post-exposure prophylaxis   within 0-7 days of the expoder greatment (antibiotic, antifungal, etc.) within 0-7 dexposure   Not applicable   Other, describe bolows	ntions, i.e. days of the ident?  ediately tation sure 10-7 days (PEP) sure antiviral,	
exposure incident? (Check all occupational health considers) days after the exposure medical consultation > 7 the exposure post-exposure prophylar days after the exposure drug treatment (antibiot antifungal, etc.) > 7 days  Not applicable  Other, describe below:  Rogular medical monitoring working in this lab has cont seroconversion has been read.	chose ays after the Il that apply) sultation > 7  days after  tis (PEP) > 7  ic, antiviral, after the g of all staff inued. No	3.7 (ii) - Indicate all of the lie exposure interventions i.e. the administered more than 7 divexposure incident? (Check allocated occupational health considers after the exposure medical consultation > 7 the exposure prophylocated days after the exposure drug treatment (antiblot antifungal, etc.) > 7 days Not applicable Other, describe below.	hose lys after the l that apply) ultation > 7 days after is (PEP) > 7	3.7 (iii) - Indicate all of the late exposure interventions i.e. tho administered more than 7 days exposure incident? (Check all the occupational health consult days after the exposure medical consultation > 7 days the exposure prophylaxis (days after the exposure days after the exposure prophylaxis (days after the exposure antifungal, etc.) > 7 days after the occupation of the consultation of the consu	after the hat apply) lation > 7  ys after  (PEP) > 7  antiviral,	
3.8 (i) - Illness Outcome		3.8 (ii) - Illness Outcome		3.8 (iii) - Illness Outcome		
3.9 (i) - If recovered, indicat recovery time	e the	3.9 (ii) - If recovered, indicar recovery time	e the	3.9 (iii) - If recovered, indicate recovery time Page:	the : 242 of/de	

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Affected Ferson		Affected Person 2		Affected Person 2	į.
4.1 (i) - What is the affected highest completed level of elunknown	·	4.1 (ii) - What is the affected person highest completed level of education		4.1 (iii) - What is the affected highest completed level of ed	
Indicate this person's laboratory experience in yea		Indicate this person's laboratory experience in years		Indicate this person's laboratory experience in year	rs
4.2 (i) - What is the affected faboratory qualifications or n in the laboratory/facility?  Unknown	gular role	4.2 (ii) - What is the affected person' laboratory qualifications or regular ro In the laboratory/facility?	- 1	4.2 (iii) - What Is the affecter laboratory qualifications or re in the laboratory/facility?	•
4.1 (i) - What is the affected highest completed level of el Unknown  Indicate this person's laboratory experience in yea 4.2 (i) - What is the affected laboratory qualifications or rin the laboratory/facility?  Unknown  4.3 (i) - If "Other" or no labor qualifications explain below: Potentially exposed persons any staff who entered this roincluding TB program staff, S Facilities staff and contractor testing to be carried out on a	vould be om - is, itst	4.3 (ii) - If "Other" or no laboratory qualifications explain below:		4.3 (iii) - If "Other" or no labo qualifications explain below:	ratory
ion 5.0: Risk Rating and Risk	Potential (this	section and beyond pertains to the	over	all incident)	
(note this scale applies broadl below for each level from 1 to 1= Negligible, minimal risk for a 2= Minor, low risk disease <u>and/</u> 3= Moderate, moderate risk for 4= Major high risk of severe dise	, considering the 5 to select the m sease <b>and</b> no risk or low risk to publi disease <u>and/or</u> m ase/death <u>and/o</u>		aff ANi e incid ead am inity sp	D public health; see examples ent using this scale)  rong close contacts, no deaths);  read/outbreak/fatalities);	2
indicated above.  Where 1= Rare, incident will p	obabły never rec	and 5 being highest), the likelihood of our; 2= Unlikely, not expected to recur; fircumstance; 5= Almost Certain, will u	3= Po:	ssible, may recur occasionally;	1
5.3 - Automatically Calculate (Value of 5.1) x (Value o		L and 5.2 results in the risk rating of th	ie occi	ırrence	2
5.4 - Was the actual severity l	-	ential severity (i.e. was there a potenti No → Go to Section 6.0		the Incident to have been more know → Go to Section 6.0	severe)?
5.5 - If the actual severity was apply for 5.5i; 5.5il and 5.5ili b		tential severity, indicate what safegue	ırds pr	evented a more severe (check a	all that
5.5.i Engineering Controls:					
		of devices or systems removed people			
		e of design features (ventilation, biosa tainers, sealable centrifuge cups, etc.)			
Forcing function and of exposure/contact with		ical/design barriers prevented errors o	r redu	ced the amount, potency or ext	ent of
Standards/SOPs, police guidance such as Bloss	ification of tools extent, severity o ies, rules, electro fety Manuals, Pa double checks -	and/or processes - use of standardize or duration of the hazard/exposure onic procedures, drop-down menus - a othogen Safety Sheets, Laboratory note pop up reminders, verification sign-off zard	vailab books	llity and required/reinforced use etc. reduced error/hazard	e of
Human observation (a procedures/rules and	stute staff, monl other administrat uipment - use of	ndividual last line of defence):  toring, early, appropriate response = i  tive controls prevented errors or reduc   individual physical barriers (lab coat,    e to the hazard	ed con	stact/exposure to the hazard eye protection, face shield, etc	

	tigation Status (Questions 6.1-6.3) - Indicate the current status of the investigation								
	6.1 - What is the current status of the investigation?  ○ Not yet started → Go to 6.3  ○ In progress → Go to 6.2  ○ Completed → Go to 6.2								
S	6.2 - Have the root causes of the incident been established by the investigation?								
2	Root causes established: Investigation in process → Go to 6.4.i								
INVENSINGA HON STATUS	6.3 - Explain why the investigation has not begun OR describe investigative activities to date:  OSH investigation conducted with program staff, OSH committee representative and Safety and Environmental Services staff (Biosafety Officers). As it is unknown how the plate came to be under the tool box or was crushed, we can only speculate as to the immediate cause of the incident. It seems most plausible that someone dropped a number of plates and in picking them up, did not realize one plate was missing. However, this can only be speculation.								
ot	Cause Analysis (Questions 6.4- 6.10) - Identify root causes of all causal factors for the incident in the sections/sub-sections below								
	6.4.i - Were there standards, policies, procedures or other expected practice documents that guided the work/activities related to the incident(these may include SOPs, requirements, written guides, instructions, rules and checklists)?								
- [	$($ Yes $\rightarrow$ Go to 6.4.ii $($ No $\rightarrow$ Go to 6.5.i $($ N/A $\rightarrow$ Go to 6.5.i								
	6.4.ii - If yes, check all that apply								
	The standards, policies, procedures or other expected practice documents that guided work:  were known but not followed  were not followed because they were not known by the user  were not followed correctly (followed as written, but may have been confusing, not detailed enough or unclear, etc.)  were followed but were not correct for the task (contained wrong information or inadequate to address the situation)  were not in place but should have been in place (the nature of the hazard warrants written direction)								
	6.4.iii - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  5. Inadequate Instructions/Procedures: THIS ITEM IS BEING ACTIONED – Due to Incubator location, staff indicated that it is standard practice for technicians to call out warning to the lab staff to don a respirator right before the incubator is opened to load plates into Rubbermaid bins to transport them.								
	6.5.i - Were there problems with <u>management and/or oversight</u> directly related to the occurrence (in this section, "enforcement" refers to facility-driven enforcement)?  (a) Yes → Go to 6.5.ii (b) No → Go to 6.6.ii (c) N/A → Go to 6.6.ii								
	6.5.ii - If yes, check all that apply:								
	No supervision of work related to the incident as/when there should have been								
	No auditing, evaluation, or enforcement re: USE of standards, policies or procedures or other documents								
.	Improvement needed on auditing, evaluation, or enforcement re: USE of standards, policies, procedures etc.								
	☐ Training lacks auditing, evaluation, or enforcement								
Ì	☐ Training needs improvement re: auditing, evaluation, or enforcement								
	Preparation needs improvement (e.g., walk-through, job planning, pre-work briefing) for activities related to the incident								
	✓ Human factors need improvement (e.g., recognition of fatigue, impairment, work load, state of mind, team selection)								
	Risk assessment prior to work <u>was not done</u>								
	Risk assessment conducted prior to the work <u>needs improvement</u>								
۱	Worker selection <u>needs improvement</u>								
+	6.5.iii - If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or								
	explanation below: Fatigue due to task load, duration, or lack of rest: Staff mentioned they are spending increased hours in the CL3 suite (6 – 8 hours per day) in order to cope with workload demands. Staff has indicated there are increased levels of stress due to increasing numbers of samples, and it is felt that staffing levels that have not increased to match workloads.								
	Inadequate Leadership and/or Supervision: In spite of having the form TB-F-005 which covered weekly duties, including stocking, being reviewed and signed off by the chief, the task was permitted to fall behind.  Page: 244 of/o								

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	6.6.i - Was there a <u>training</u> issue related to the incident?
	( Yes → Go to 6.6.ii
	6.6.ii - If yes, check all that apply:
	There was no training for the task related to the incident
	Training was inappropriate or insufficient to support adequate understanding
/=	Appropriate and sufficient training was <u>available</u> , but not completed
Ž	Staff was not qualified or proficient in performing the task related to the incident
TRAINING	
T	6.6.lii If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:  [6.7.i - Were there communication factors directly related to the occurrence?]
	(a) Yes → Go to 6.7.ii (b) No → Go to 6.8.i (c) N/A → Go to 6.8.i
	6.7.ii - If yes, check all that apply:
z	There is no method or system for communication
Ę	□ No communication occurred but should have
ž	✓ Communication occurred but was unclear, ambiguous, misunderstood, incorrect or not detailed enough
COMMUNICATION	6.7.iii. If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below: a. Inadequate horizontal communication between peers: i. TB staff was unaware or not acknowledging the seriousness of the extent to which stocking activities were falling behind. ii. SES staff was not communicating with the OHN regarding a potential exposure incident, iii. Blosafety officer are not communicating with the OHN regarding staff that are taking the CL3 entry quiz. b. Inadequate vertical communication between staff and supervisor: Staff was making decisions regarding prioritization of work wi
	6.8.i - Were there <u>equipment</u> factors that may directly relate to the occurrence?
	( Yes → Go to 6.8.ii
	6.8.fi - If yes, check all that apply:
	The equipment design needs improvement (e.g. design does not meet specifications, specifications inadequate, etc.)
	Equipment was not properly maintained (e.g. equipment not maintained to manufacturer or facility standards, etc.)
	Equipment maintenance needs improvement (e.g. maintenance meets specifications but equipment still failed)
Z	Equipment used was not fit for purpose (e.g. equipment is being used beyond intended/recommended use)
QUIPMENT	Quality control was <b>not done</b> (e.g. calibration, validation or testing was not done as/when it should have been)
Πď	Quality control needs improvement (e.g. calibration, validation, testing done to accepted standards but still failed)
ш	
	6.8.iii <u>If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent</u> was involved in the incident, provide more detail or explanation below:  The equipment factor here was that incubator was in wrong place. Incubator should be in a room where respiratory protection is worn
	C.O.L. Was these human lutagestion as human factors related as a real days and a state of the st
	6.9.1 - Was there <u>human interaction or human factors</u> related to work demands or the work environment that directly related to the incident?
	$\text{(§ Yes $\rightarrow$ Go to 6.9,ii) (§ No $\rightarrow$ Go to 6.10,i) (§ N/A $\rightarrow$ Go to 6.10,i)}$
	6.9.ii - If yes, check all that apply
ž	Improvement needed with respect to:
SE SE	☐ The labelling, placement, operation, displays or other functions of tools/equipment in the work environment
ERA	Environmental factors within in the work area (e.g., temperature, obstructions, clutter, distractions/noise, surfaces, lighting, etc.)
Ĭ	Workload constraints, pressures or other demands (constraints/demands Interfered with staff capability in managing tasks)
HUMAN INTERACTION	6.9.lii If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below:
Ŧ	Plates growing TB require a CO2 incubator, which until this incident was only available in an area of the CL3 suite which does not require respiratory protection. This was considered sufficient as all plates are sealed when they are brought out from the lab rooms where manipulations with live TB are conducted (wherein respiratory protection is required). Additionally, visual inspection of the area around/under the incubator and/or tool bench that would have located this plate were not regularly
	conducted. Page: 245 of/de 2
	A2U17U0UU4B

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# Incident Investigation and Reporting Form

	.10.i - Were there any other factors related to the incident?			
	<b>(?</b> Yes → Go to 6.10.)i			
OTHER FACTORS	6.10.ii - If other factors were involved, provide more detail or explanation below.  At the time of the incident, staff were unaware of a "missing" plate. Since the time this plate was dropped or otherwise came to be under the tool bench, new inventory control procedures have been initiated by the program. All cultures and plates are now tracked, cradie to grave, and a missing plate would now be identified much more quickly.			
Sectio	Section 7.0: Outcome			
CORRECTIVE ACTION	7.1 - Based on your investigation and root causes described above, indicate any corrective actions to be taken and the target completion date for each. If more room is needed, use Additional Notes section at the end of the form.			
	Corrective Action Planned or Taken	Implementation Date		
	<ol> <li>Move CO2 incubator into a room requiring respiratory protection, required connecting a CO2 gas line into the room.</li> </ol>	Work order placed		
	Improve inventory control procedures such that missing plates do not go unnoticed - Completed before incident was discovered.	18/août/2015		
	3. Weekly visual inspection of areas in the lab that are not cleaned by cleaning staff have been implemented - COMPLETE	10/août/2015		
	4. Improvement in communication between TB staff, Facilities and SES	New procedures for communication being v	written	
MANAGEMENT	7.2 - Has management been informed of this Incident?   © Yes	No or unknown, explain below		
	Provide more detail or explanation below.			
CURRENCES	7.3 - Have there been similar <u>previous</u> occurrences at your location in the past?			
	7.4 - Were corrective actions specified to address one or more <u>previous</u> occurrence(s)? (^ Yes → Go to 7.5 (6 No → Go to 7.6			
	7.5 - Were corrective actions taken to address one or more <u>previous</u> occurrences? (Yes → Go to 7.6 No → Go to 7.6			
	7.6 - Describe the corrective actions taken to address the <u>previous</u> occurrences, OR explain why corrective actions were NOT specified and/or taken.			
	7.7 - Based on your <u>current</u> investigation, what components of your biosafety program management system could be improved to reduce the likelihood of future occurrences of this incident? Check all that apply:			
EMENTS	Procedures, Protocols and SOPs			

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#### Incident Investigation and Reporting Form

7.9 - Additional Notes (provide further details on the investigation, outcome and corrective actions) or further describe the main essence of the incident with respect to what specifically happened (e.g. "Lab technician got needle stick containing E, collisample" or "beaker containing Salmonella was knocked over onto desk").

Main incident involved a sealed plate containing TB becoming lost under a tool bench/box in a room which contained the only CO2 incubator within the CL3 suite, but which does not require respiratory protection. We can only speculate as to how the plate came to be under the tool box as the incident was not reported at the time. As inventory control procedures with respect to TB plates did not include tracking of individual plates, it may be that if the person responsible dropped several plates and did not realize that 1 plate was missing. It is also unknown when and how the plate came to be crushed. The new inventory management system would now prevent a plate from being lost for over 1 year without notice. (Plates are given a unique identifier and entered into the inventory management system when created and are tracked until such time as they are destroyed.)

The risk of exposure to infectious aerosols would have been highest when and immediately after the plate was crushed. Risk to the staff who discovered the plate and cleaned the area is considered to be very low.

Entry logs are presently being checked and all staff /contractors who entered the suite are being given the tuberculin skin test TB program is being reviewed by director, including procedures and protocols as well as supervisory duties incubator is being moved to a room with that requires respiratory protection.

SES is reviewing and rewriting their procedures to make sure OHN is aware of any staff changes in containment laboratories and that said staff receive correct medical surveillance.

CL-3 users group meetings are being revived to endure communication between programs/facilities and SES. While a safety group exists to cover all containment levels, it is felt that a separate high containment group meet to address issues specific to higher containment laboratories.

#### PHAC - CENTRE FOR BIOSECURITY NOTES

received via email

From: Catherine Robertson/HC-SC/GC/CA

To: exposure-exposition@phac-aspc.gc.ca Date: 2015-09-09 01:20 PM

Cc: Cindi Corbett/HC-SC/GC/CA

Subject: incident report form

incident report form The attached file is the filled-out form. Please open it to review the data. Catherine Robertson, Head, Safety and Environmental Services, Public Health Agency of Canada

Canadian Science Centre for Human and Animal Health, 1015 Arlington Street, Winnipeg, Manitoba R3E 3P6 Tel: 204 789-6079 (office); 204-229-8275 (cellphone) Fax: 204 789-2069 e-mail: catherine.robertson@phac-aspc.gc.ca

As per the Canadian Science Centre for Human and Animal Health (CSCHAH) Incident Reporting System (IRS) you are being advised of the following incident. If there are no questions or concerns identified, I will forward this notification to CSCHAH staff and then the Community Liaison Committee (CLC) in 24 hours.

From: Kelly Keith/HC-SC/GC/CA [To: Incident Report System Communication Group] Date: 2015-10-21 06:44 PM Subject: CSCHAH Incident Notification - Potential Exposure to CL3 agent in PHAC CL3 laboratory Incident: Potential Exposure to CL3 agent in PHAC CL3 laboratory

Incident description: On July 28, 2015, an employee in a PHAC containment level 3 (CL3) laboratory was working in an area of the CL3 suite that does not require respiratory protection when a cracked plastic agar plate (petri dish) that was set up for culture of Mycobacterium (the cause of tuberculosis) was discovered on the ground under some equipment. These plates are manipulated in a room that requires respiratory protection, at that time they would then be sealed and moved to an incubator which is located in an area not regulring respiratory protection.

Upon finding the plate, the employee immediately exited the room and informed a co-worker; they donned respiratory protection, re-entered the room and cleaned the area as per standard operating procedures for a biological spill. The supervisor and Safety and Environmental Services (SES) staff were notified and an Occupational Safety and Health (OSH) investigation was immediately initiated.

The on-call external infectious disease physician was consulted and the risk of exposure to those who had been in the area is considered very low. No Illness has been reported, however all individuals who had been in the CL3 suite since the plate was created were identified and appropriate medical follow-up including testing for exposure was undertaken. This testing is ongoing with a follow up round scheduled for November/December. -⊦-

10-Sep-15

RECEIVED BY PHAC (NAME: FIRST, LAST)

Jennifer Bernt (exposure-exposition@phac-aspc.gc.ca)

9-Sep-15 Date received

Date reviewed

age: 247 of/de 247 Date Last Follow Up | 22-Oct-15

NTERNAL USE - PHAC NOTES, FOLLOW UP/CLARIFICATIONS