



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 24 2019

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

Dylan Robertson

Wellington St.

Ottawa, Ontario  
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](mailto: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: <http://www.oic-ci.gc.ca/eng/lc-cj-logde-complaint-deposer-plainte.aspx> 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: [phac.atip-aiprp.aspc@canada.ca](mailto:phac.atip-aiprp.aspc@canada.ca).

Yours sincerely,

A handwritten signature in blue ink, appearing to read "Christine N. Smith".

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  
[REDACTED]

Highest completed level of education  
[REDACTED]

Laboratory qualifications/regular role  
[REDACTED]

Name  
Zika virus

Exposure Incident Identification Number  
FR-16-000047-1

**Exposure Incident Type**  
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**  
1

**Travel outside province/territory**  
No

**Secondary Transmission**  
No

**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**  
No

**Loss of containment**  
Yes

**Sharps-related (needle stick/sharps injury)**  
No

**Animal-related (bites/scratches)**  
No

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 recurrence  
1 - Rare

Risk Rating  
1

Risk Potential  
Yes

Engineering Controls  
Yes

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Administrative Controls

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

Known but not followed

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

Yes

Training

No

There was no training for task related to incident

No

Training was inappropriate or insufficient

No

Training was available, but was not completed

No

Staff not qualified or not proficient

No

Communications

Yes

There was no method or system for communication

No

No communication occurred but should have

Yes

Communication was unclear, ambiguous, etc

No



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

No

**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

**Management system and/or oversight**

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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

[REDACTED]

Full Name

[REDACTED]

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



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

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

## Employer Information / Information de l'employeur

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

* Region & Province Région et Province Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	* Branch Direction générale PHAC-IDPC / ASPC-PCMI	Directorate Direction NML	Division [REDACTED]
Building Immeuble 1015 Arlington / 1015 Arlington	Postal Locator Localisateur postal R3E3P6	Postal code Code postal R3E 3P6	Telephone number Numéro de téléphone [REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques [REDACTED]	Address Adresse 1015 Arlington Street		
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ 2015-01-07	Time of hazardous occurrence Heure de la situation comportant des risques 10:30 AM HH:MM	Weather Conditions météorologiques  Sunshine / Ensoleillé	
Witnesses Témoins	* Supervisor's name Nom du surveillant [REDACTED]		

Description of what happened / Description des circonstances:

Employee was cleaning and dumping old bedding from autoclaved CL4 animal cages when [REDACTED] felt a pop in [REDACTED] pinky finger on 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: [REDACTED]

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
[REDACTED]				

Description of injury / Description de la blessure:

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

\* Part of Body / Partie du corps:  
Finger / Doigt

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

\* Event or Exposure / Événement ou exposition:  
Overexertion / Surmenage

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? **No / Non**  
 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 doctor, practitioner or medical facility / Nom et adresse du médecin, praticien ou établissement de soins	Did the worker indicate any condition related to the injury? <b>No / Non</b>
Going to health care establishment on Jan 8 at 3:50pm. Will provide name of doctor after appointment. Doctor may recommend time off work.	Is the worker injured? <b>No / Non</b>
	Date of onset / Indiquer la date: YYYY-MM-DD
	From / De: [Redacted] To / À: [Redacted]
	Number of days / Nombre de jours: 0

**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  
 [Redacted]

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 / Oui  
 \* 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 rendered by employee and witnesses by supervisor,

\* Date employer will implement / Date de leur mise en oeuvre:  
 YYYY-MM-DD / AAAA-MM-JJ  
 Date: 2015-01-07

Supplementary preventive measures / Autres mesures 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
[Redacted]	[Redacted]	[Redacted]	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  
 [Redacted]

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

Observations du comité de sécurité et de santé ou de représentant:

Employee injured [redacted] finger while performing [redacted] duties of emptying cages. [redacted] went to his [redacted]  
[redacted]

Recommendations:

There may be gloves that would support the finger during work. [redacted] may have to take on other duties until confident that the finger has healed enough to resume duties. A change in how the cages are cleaned are being looked at.  
Incident closed

[redacted signature box]

MANAGER

[redacted signature box]

OSH PSAC REP

# Incident Reporting System (IRS)

## 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

### 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:



# Incident Reporting System (IRS)

## 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 - 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:

160 Research Lane

15-01

**Incident Report Form**

**Incident: Employee caught finger in door of rear entrance to Suite 103,  
160 Research Lane, Guelph, ON N1G 5B2**

**Accountable Individual** [REDACTED]

**Witnesses** [REDACTED]

[REDACTED] was given an ice pack. [REDACTED] informed witnesses and Health and Safety officer investigating injury [REDACTED] that [REDACTED] was fine and did not need medical attention.

**Signed:** [REDACTED] **Dated:** Feb 3/15

**Actions Undertaken**

None

**Signed:** [REDACTED] **Date:** Feb 3/15

**Persons Informed:** [REDACTED] - Supervisor **Date:** February 3, 2015

All necessary reports filled out and submitted. including AIRS.

# Incident Reporting System (IRS)

## Utilization Report

**Incident ID:** 882  
**Date:** 2015-02-18  
**Time:** 11:50  
**Review Team:** Laura Douglas, Carol Stansfield, Kelly Keith  
**Incident:** Unexpected shutdown of the air system serving PHAC CL3 laboratory

### **Incident Description:**

During maintenance activities, 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

### 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:

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# Incident Reporting System (IRS)

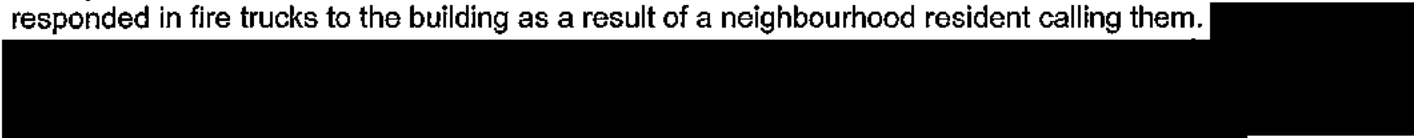
ATIA - 20(1)(b)

## 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 - 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:

15-02

Incident Report Form

Incident: 15/03/10 Accountable Individual: Anil Nickani - manager /

Facilities - Shawn Osmond

See attached

Note: some staff had been working in the Lab since 7:00 AM.

Staff who were there included: Shawn Kenaghan, Chad Gill, Ann Puckts + Betty Wilkie

Notes provided

Signed: A. Nickani

Dated: 15/03/10

Actions Undertaken

- 1) - air circulation changes were made by S. Osmond to permit 100% outside air to flush lab.
- 2) - testing was suspended for further evaluation at lunch time.
- 3) - evaluated at 12:00 PM - conditions are improved
- 4) - Swiffers were provided by Facilities
- 5) - Any affects to testing will consider this incident + will not be results deemed as NCS.

Signed: A

Date: 15/03/10

Persons Informed:

Date: 15/03/10

Anil Nickani  
M. Cornelisse

Incident - H01R thru AIRS dbase - by A. Nickani

# 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 / Exposure to extremely low grade (< 0.2 ppm) form of formaldehyde gas during Biological  
 Autre - Préciser : Safety Cabinet decontamination

**Employer Information / Information de l'employeur**

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

* Region & Province Région et Province Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	* Branch Direction générale PHAC-IDPC / ASPC-PCMI	Directorate Direction	Division
Building Immeuble  Other / Autres Specify / Préciser : JC Wilt Infectious Diseases Research Centre / Centre de recherche en infectiologie JC Wilt	Postal Locator Localisateur postal	Postal code Code postal  R3E 3L5	Telephone number Numéro de téléphone  [REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques  [REDACTED]	Address Adresse  745 Logan Ave Winnipeg MB		
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ  2015-03-10	Time of hazardous occurrence Heure de la situation comportant des risques  09:30 AM HH:MM	Weather Conditions météorologiques  Indoors	
Witnesses Témoins	* Supervisor's name Nom du surveillant  [REDACTED]		

**Description of what happened / Description des circonstances:**

Biological Safety cabinet (BSC) [REDACTED] was decontaminated by Facility staff using formaldehyde gas. Entry to room [REDACTED] was 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 for 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 [REDACTED]. 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?:

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No / Non

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

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

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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**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 / Événement ou exposition:  
Other - Specify / Autres - Préciser  
\* Other: Near miss ingored sign and entered area without knowing hazard

**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  
[REDACTED] 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  
Failure to obey signs and signals / Ne pas se conformer à la signalisation

\* Source of Injury / Origine de la blessure:  
Other - Specify / Autres - Préciser  
\* Other: Uncontrolled acces to room decontamination

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: Band warning will be placed on door indicating Biological Safety Cabinet is being decontaminated.  
Implementation of Room key to access [REDACTED] to qualified individuals  
Implementation of Orange Rubber Floor cone in front of [REDACTED] door indicating Biological Safety Cabinet is being decontaminated.

\* Date employer will implement / Date de leur mise en oeuvre:  
YYYY-MM-DD / AAAA-MM-JJ  
Date: 2015-03-12

**Supplementary preventive measures / Autres mesures de prévention:**

* Name of person investigating Nom de la personne faisant	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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2015-03-12



# Incident Reporting System (IRS)

## 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 caution 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

### Opinion:

Individual - 1  
Community - 1

## Communication Complete as of:

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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

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

* Region & Province Région et Province Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	* Branch Direction générale PHAC-IDPC / ASPC-PCMI	Directorate Direction National Microbiology Laboratory	Division [REDACTED]
Building Immeuble Federal Laboratory - Winnipeg / laboratoire Federal - Winnipeg	Postal Locator Localisateur postal	Postal code Code postal R3E 3L5	Telephone number Numéro de téléphone [REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques JC Wilt Infectious Disease Research Centre [REDACTED]	Address Adresse 745 Logan Avenue / Winnipeg		
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ 2015-03-19	Time of hazardous occurrence Heure de la situation comportant des risques 04:00 PM HH:MM	Weather Conditions météorologiques	
Witnesses Témoins [REDACTED]	* Supervisor's name Nom du surveillant [REDACTED]		

#### Description of what happened / Description des circonstances:

On the 19th of March, at approximately 16:00, [REDACTED] was conducting an experiment in a biological safety cabinet (BSC) when a needlestick injury occurred. [REDACTED] was treating cells with Staphylococcal enterotoxin B (SEB) and was preparing to withdraw TB purified protein derivative (PPD) from a vial. A glove change had not been performed between SEB and PPD usage. [REDACTED] was using a 1 mL BD slip tip syringe and 18G1½ detachable needle combination. In the process of unsheathing the protective cap from the needle, while ensuring that the needle hub maintained contact with the syringe slip tip, the clean, sterile needle had become unsheathed and had jabbed the index finger of the left hand.

After securing reagents in the BSC, [REDACTED] with the aid of a co-worker performed first aid on the injury. [REDACTED] encouraged bleeding, while flushing the injury under running water. A Benzylkonium Chloride antiseptic wipe was used to clean the injury, and a bandage was applied. [REDACTED] then continued to complete their experiment in the BSC, without any further incident.

As a precautionary measure, the on-call Infectious Diseases Physician was contacted to assess the [REDACTED] risk of exposure to SEB. It was determined that the risk was minimal and that [REDACTED] should self-monitor for any instances of heat, redness, or swelling around the injury. No symptoms developed at the site of injury.

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 [REDACTED]

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:  
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 / Événement 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

<p><b>Health Care / Soins Médicaux</b></p> <p>Name and address of doctor/practitioner or medical facility / Le Nom et l'adresse du médecin/praticien ou de l'établissement de soins:</p>	<p><b>Claim Information / Renseignements sur l'indemnisation</b></p> <p>Sick leave without pay / No / Non Congé de maladie non payé:</p> <p>Paid sick leave / Yes / Oui Congé de maladie payé:</p> <p>Date covered / Indiquer les dates: YYYY-MM-DD / AAAA-MM-JJ</p> <p>Absent / To/Au From/Du</p> <p>Number of lost days / 0 Nombre de jours perdus:</p>
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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 / Oui

\* 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 oeuvre:

YYYY-MM-DD / AAAA-MM-JJ

Date: 2015-03-20

Supplementary preventive measures / Autres mesures de prévention:

N/A

* 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

ATIA - 19(1)

# Incident Reporting System (IRS)

## 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:

A [REDACTED] 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. [REDACTED] was using a syringe that did not have a luer lock (to secure the needle to the syringe) and therefore [REDACTED] was having difficulty removing the sheath from the needle without removing the needle from the syringe. When the needle became unsheathed, [REDACTED] accidentally stuck the clean needle into their left index finger. [REDACTED] gloves were not changed after working with the Staphylococcus enterotoxin B and before handling the syringe and needle. [REDACTED] with the help of a co-worker, washed the stick site, encouraged bleeding, applied Benzalkonium chloride and bandaged the finger. The infectious disease on-call physician was consulted and determined that the risk to the technician 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 - 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

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

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DRAFT  
Fin

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 / Nom et adresse postale de l'employeur:

* Region & Province Région et Province Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	* Branch Direction générale PHAC-IDPC / ASPC-PCMI	Directorate Direction NML	Division
Building Immeuble 1015 Arlington / 1015 Arlington	Postal Locator Localisateur postal	Postal code Code postal R3E 3R2	Telephone number Numéro de téléphone
Site of hazardous occurrence Lieu de la situation comportant des risques CL2 Lab	Address Adresse 1015 Arlington Street, Winnipeg, Manitoba		
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ 2015-03-31	Time of hazardous occurrence Heure de la situation comportant des risques 12:00 PM HH:MM	Weather Conditions météorologiques	
Witnesses Témoins None	* Supervisor's name Nom du surveillant		

Description of what happened / Description des circonstances:

was placing something in the biohazard bin while leaning under a shelf and hit head when stood up. applied ice to the area and took an ibuprofen. It should be noted 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 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: Bumped head

\* Part of Body / Partie du corps:

Head / Tête

\* Event or Exposure / Événement 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 health care? Le travailleur a-t-il reçu des soins médicaux? Yes / Oui
--	--

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

<p><b>Health Care / Soins Médicaux</b></p> <p>Name and address of doctor/practitioner or medical facility / Le Nom et l'adresse du médecin/praticien ou de l'établissement de soins:</p> <p>[Redacted]</p> <p>Winnipeg, Canada</p>	<p><b>Claim Information / Renseignements sur l'indemnisation</b></p> <p>Sick leave without pay / No / Non Congé de maladie non payé:</p> <p>Paid sick leave / No / Non Congé de maladie payé:</p> <p>Date covered / Indiquer les dates: YYYY-MM-DD / AAAA-MM-JJ</p> <p>Absent From/Du To/Au</p> <p>Number of lost days / 0 Nombre de jours perdus:</p>
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**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  
[Redacted]

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?:  
No / Non

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 Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
[Redacted]	[Redacted]	[Redacted]	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  
[Redacted]

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
[Redacted]	[Redacted]	[Redacted]

2015-04-28

\* 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 [redacted]. Went to lab where injury occurred. The shelf above the counter holds a microwave 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 [redacted] bent over to retrieve the bin a stood up [redacted] banged [redacted] head on the 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

[redacted] did not miss time. [redacted] did attend [redacted] April 1, 2015 to have the bump checked out. When the attending physician learned that this was a Work related injury, they automaticaly sent a report to WCB. The manager, [redacted] submitted a WCB report listing the incident and that no time was lost.

[redacted]

[redacted]



# Incident Reporting System (IRS)

## 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. Failure of this sensor may cause pressure fluctuations. Fluctuations 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 the 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:

Individual - 1  
Community - 1

## Communication Complete as of:

# Incident Reporting System (IRS)

## Utilization Report

**Incident ID:** 889  
**Date:** 2015-04-02  
**Time:** 11:45  
**Review Team:** 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 - 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:

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



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

Type of occurrence / Genre de situation : Loss of Consciousness / Évanouissement

### Employer Information / Information de l'employeur

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

* Region & Province Région et Province <b>Manitoba &amp; Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba</b>	* Branch Direction générale <b>PHAC-IDPC / ASPC-PCMI</b>	Directorate Direction	Division
Building Immeuble  Other / Autres Specify / Préciser :	Postal Locator Localisateur postal	Postal code Code postal <b>R3E 3L5</b>	Telephone number Numéro de téléphone <b>[REDACTED]</b>
Site of hazardous occurrence Lieu de la situation comportant des risques <b>JCWIDRC</b>		Address Adresse <b>745 Logan Ave, Wpg, MB</b>	
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ <b>2015-04-02</b>	Time of hazardous occurrence Heure de la situation comportant des risques <b>11:45 AM HH:MM</b>	Weather Conditions météorologiques <b>NA</b>	
Witnesses Témoins		* Supervisor's name Nom du surveillant <b>[REDACTED]</b>	

### 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 [REDACTED] for 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 Individual's Information / Information de l'individu accidenté

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

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
[REDACTED]				

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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 / Événement 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 was unaware of health condition.

* 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

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
		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

**Utilization Report**

**Incident ID:** 890  
**Date:** 2015-05-12  
**Time:** 13:30  
**Review Team:** Catherine Robertson, Jay Krishnan, Jim Strong, Lisa Fernando, Kelly Keith  
**Incident:** PHAC CL4 Autoclave Malfunction 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 repair 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:**

### 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
  - 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.

**Section 1.0: Administrative Information**

ADMINISTRATIVE INFORMATION	(If Applicable) Case ID / Incident Number	<b>1.1 - Date Report Created:</b> 14-May-2015	<b>1.2 - Date Revised (if applicable):</b>	
	(If Applicable) Name	<b>1.3 - If revised, indicate the reason for the update to an earlier report</b>		
	<b>1.4 Please indicate the laboratory containment level:</b> <input type="radio"/> CL2 <input type="radio"/> CL3 <input checked="" type="radio"/> CL4			
	<b>1.5 How would you describe the sector/primary area of focus for your institution/facility's activities? (Check all that apply)</b>			
	<input type="checkbox"/> Academic (University, Veterinary College, College, CEGEP, High School, etc.)		<input checked="" type="checkbox"/> Public Health - Government (F/P/T/Municipal)	
	<input type="checkbox"/> Private Industry/Business (Animal Health, Human Health, Biotechnology, Pharmaceutical, Food Industry, Pathogen or Toxin distributor)		<input type="checkbox"/> Environment - Government (F/P/T/Municipal)	
	<input type="checkbox"/> Hospital (Academic-affiliated, non-academic affiliated)		<input type="checkbox"/> Veterinary/Animal Health - Gov't (F/P/T/Municipal)	
	<input type="checkbox"/> Other Government (F/P/T/Municipal)			
	Select the size of the facility/institution (based on the approximate number of laboratory staff/students working in the facility): Large (greater than 150 staff)			
	<b>1.6 - Reporter's contact information (provide contact details for the person making the report):</b>			
Reporter's Name: (First, Last):		Catherine Robertson		
Reporter's Email:		catherine.robertson@phac-aspc.gc.ca		
Reporter's Telephone:		204-789-6079		
<b>1.7 - Reporter's role in the incident</b>				
Not involved/did not witness occurrence; informed following occurrence				
<b>1.8 - Investigational team members and roles (provide first and last name and role on investigation team for each team member)</b>				
Catherine Robertson SES, Investigator Jim Strong Special Pathogens PI Lisa Fernando Biologist, Special pathogens CL-4 Jay Krishnan SES, Biosafety Officer Allen Grolla Biologist, special pathogens CL-4 Todd Mitchell, Senior mechanical specialist				

**Section 2.0: Occurrence - Incident Description (basic details on what, where, when, etc. the incident occurred)**

OCCURRENCE - INCIDENT DESCRIPTION	<b>2.1 Indicate the type(s) of incident that occurred (check all that apply for 2.1 (i) and/or 2.1 (ii) below)</b> <i>i.e. if an inadvertent release AND exposure of an individual(s) occurred, check both incident types in (i) and (ii) below</i>	
	<p><b>(i) For incidents involving exposure of an individual to a human pathogen or toxin, select from the following AND indicate if any of (ii) incidents apply, then continue to 2.2 below:</b></p> <p><input type="checkbox"/> Exposure (may cause disease - see definition at top of page 1)</p> <p><input type="checkbox"/> Lab acquired infection - suspected</p> <p><input type="checkbox"/> Lab acquired infection - confirmed</p>	<p><b>(ii) Indicate other incident type below (if (i) exposure/disease is NOT involved), select from the following then skip to 2.3):</b></p> <p><input type="checkbox"/> Inadvertent release of a human pathogen or toxin</p> <p><input type="checkbox"/> Inadvertent production of a human pathogen or toxin</p> <p><input type="checkbox"/> Missing human pathogen or toxin</p> <p><input checked="" type="checkbox"/> Other, specify: <span style="border: 1px solid black; padding: 2px;">CL-4 Autoclave cycle failure</span></p>
<b>2.2 For exposure/LAI incidents, indicate the total number of affected individuals (provide totals for both (i) and (ii, if applicable) below):</b>		
(i) Total number of individuals exposed/infected <u>during the incident</u> (i.e. number of primary exposures/LAIs) <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span>		
(ii) Indicate if any secondary transmission (person-to-person spread) has occurred and provide number of lab or community contacts:		
<p><input type="radio"/> Yes, indicate the number of secondary transmissions in and outside the lab →</p> <p style="margin-left: 40px;">Number of secondary cases in laboratory/staff contacts: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span>      Number of secondary cases in family/community contacts: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span></p> <p><input type="radio"/> No, no secondary transmission occurred (no person-to-person spread)</p> <p><input type="radio"/> Unknown</p>		



### Incident Investigation and Reporting Form

<b>OCURRENCE - INCIDENT DESCRIPTION (continued)</b>	2.3 (i) - Select the occurrence type that best characterizes the incident: Equipment-related			
	2.3 (ii) - Select the main activity that best describes the work being undertaken during the incident: Other, describe in brief description below			
	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). Carcasses were being autoclaved for disposal. Autoclave failed to complete run. There was a steam leak from the cooling tank servicing the outer jacket.			
	2.4 - Indicate/describe the location where the incident occurred: National Microbiology Laboratory CI-4 Autoclave room			
	2.5 - Is the date and/or time the incident occurred known? <input checked="" type="radio"/> Yes → Go to 2.5 <input type="radio"/> No → Go to 2.6			
2.6 - Date the incident occurred: 13-May-2015	2.7 - Time the incident occurred: HH:mm	2.8 - Date incident <u>first reported</u> to internal authority: 13-May-2015		
<b>BIOLOGICAL AGENT</b>	2.9 - Is the biological agent involved in the Incident known? <input type="radio"/> Yes → Go to 2.10 <input checked="" type="radio"/> No → Go to 2.13 (iii)			
	2.10 - Select the HPTA Schedule to which the biological agent belongs:		2.11 (i) - Select the type of biological agent:	
	2.11 (ii) - If "Other" type of biological agent was selected, describe below:			
	2.12 (i) - Identify the specific biological agent (genus, species):		2.12 (ii) - Specify sub-type, strain, etc. if known:	
	2.12 (iii) - If the specific biological agent (genus, species...) is not known, explain:			
<b>DECONTAMINATION</b>	2.13 - Was decontamination/disinfection performed, using processes and methods in accordance with applicable standards and guidelines? <input type="radio"/> Yes, provide further details in 2.21 below <input checked="" type="radio"/> No, decontamination/disinfection was not required → Go to 2.22 <input type="radio"/> No, Other, explain in 2.21 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.) . 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 outside the containment zone. Section 2.9–2.12 does not apply since there was no involvement with a biological agent.  NOTE: was not required → Go to 2.22 (There is no section 2.22)			
<b>TRAVEL</b>	2.15 - Did/will any of the affected person(s) travel outside of the province/territory in the days/weeks following exposure or onset of illness?			
	2.16 - If any affected person(s) have travel outside of the province/territory in the days/weeks following exposure or onset of illness, indicate if travel did/will occur during the known incubation period (exposed persons) or infectious period (persons with suspected or confirmed LAI)			



### 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  
If more than three affected persons, please request **Additional Affected Persons Form** from [exposure-exposition@phac-aspc.gc.ca](mailto: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 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: <input type="checkbox"/> Check if unknown		3.5 (ii) - Onset Date: <input type="checkbox"/> Check if unknown		3.5 (iii) - Onset Date: <input type="checkbox"/> 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)		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)		3.6 (iii) - 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)	
<input type="checkbox"/> first-aid administered immediately after the exposure <input type="checkbox"/> occupational health consultation within 0-7 days of the exposure <input type="checkbox"/> medical consultation within 0-7 days of the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) within 0-7 days of the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> Other, describe below:		<input type="checkbox"/> first-aid administered immediately after the exposure <input type="checkbox"/> occupational health consultation within 0-7 days of the exposure <input type="checkbox"/> medical consultation within 0-7 days of the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) within 0-7 days of the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> Other, describe below:		<input type="checkbox"/> first-aid administered immediately after the exposure <input type="checkbox"/> occupational health consultation within 0-7 days of the exposure <input type="checkbox"/> medical consultation within 0-7 days of the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) within 0-7 days of the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> 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)		3.7 (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)		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)	
<input type="checkbox"/> occupational health consultation > 7 days after the exposure <input type="checkbox"/> medical consultation > 7 days after the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) > 7 days after the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) > 7 days after the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> Other, describe below:		<input type="checkbox"/> occupational health consultation > 7 days after the exposure <input type="checkbox"/> medical consultation > 7 days after the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) > 7 days after the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) > 7 days after the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> Other, describe below:		<input type="checkbox"/> occupational health consultation > 7 days after the exposure <input type="checkbox"/> medical consultation > 7 days after the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) > 7 days after the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) > 7 days after the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> 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 recovery time	

AFFECTED PERSONS: EXPOSURE, POST-EXPOSURE INTERVENTIONS, OUTCOME





### Incident Investigation and Reporting Form

**Section 4.0: Affected Person(s)** - Laboratory experience and role each person exposed/infected;  
If more than three affected persons, please request **Additional Affected Persons Form** from [exposure-exposition@phac-aspc.gc.ca](mailto:exposure-exposition@phac-aspc.gc.ca)

AFFECTED PERSONS - LABORATORY EXPERIENCE AND ROLE	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 (i) - What is the affected person's highest completed level of education?	4.1 (i) - What is the affected person's highest completed level of education?
	Indicate this person's laboratory experience in years <input type="text"/>	Indicate this person's laboratory experience in years <input type="text"/>	Indicate this person's laboratory experience in years <input type="text"/>
	4.2 (i) - What is the affected person's laboratory qualifications or regular role in the laboratory/facility?	4.2 (i) - What is the affected person's laboratory qualifications or regular role in the laboratory/facility?	4.2 (i) - What is the affected person's laboratory qualifications or regular role 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:

### Section 5.0: Risk Rating and Risk Potential (this section and beyond pertains to the overall incident)

RISK RATING AND RISK ASSESSMENT	5.1 - Indicate, on a scale of 1-5 (1 being lowest and 5 being highest), the actual or potential severity of the occurrence. (note this scale applies broadly, considering the risk/impact to the individual, other staff AND public health; see examples below for each level from 1 to 5 to select the most appropriate level of severity for the incident using this scale)  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)	0
	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.	1
	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)	0
	5.4 - Was the actual severity less than the potential severity (i.e. was there a potential for the incident to have been more severe)?  <input type="radio"/> Yes → Go to 5.5 <input type="radio"/> No → Go to Section 6.0 <input checked="" type="radio"/> Don'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)	

**5.5.i Engineering Controls:**

- Automation or computerization - use of devices or systems removed people from error prone or high risk activities
- 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
- 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 etc. 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 of 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 errors or 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 to 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/exposure to the hazard

Incident Investigation and Reporting Form

**Section 6.0: Investigation Status and Root Cause Analysis**  
**Investigation Status (Questions 6.1-6.3) - Indicate the current status of the investigation**

INVESTIGATION STATUS	<p><b>6.1 - What is the current status of the investigation?</b></p> <p><input type="radio"/> Not yet started → Go to 6.3    <input checked="" type="radio"/> In progress → Go to 6.2    <input type="radio"/> Completed → Go to 6.2</p>
	<p><b>6.2 - Have the root causes of the incident been established by the investigation?</b></p> <p>Unknown root causes: Investigation in process → Go to 5.3</p>
	<p><b>6.3 - Explain why the investigation has not begun OR describe investigative activities to date:</b>                  (NOTE: The numbering in 6.2 should direct to 6.3 and not 5.3)</p> <p>██████████ have determined that the steam leak was from the cooling tank and not the chamber of the autoclave. The water in the tank overheated. They are investigating the cause of this overheating and have suggested a blocked or faulty valve.</p> <p>19th May: ██████████ did not return today....investigation still ongoing.</p> <p>20th May update. Investigation completed</p>

**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	<p><b>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)?</b></p> <p><input type="radio"/> Yes → Go to 6.4.ii    <input type="radio"/> No → Go to 6.5.i    <input checked="" type="radio"/> N/A → Go to 6.5.i</p>
	<p><b>6.4.ii - If yes, check all that apply</b></p> <div style="border: 1px solid black; padding: 5px;"> <p>The standards, policies, procedures or other expected practice documents that guided work:</p> <p><input type="checkbox"/> were known but not followed</p> <p><input type="checkbox"/> were not followed because they were not known by the user</p> <p><input type="checkbox"/> were not followed correctly (followed as written, but may have been confusing, not detailed enough or unclear, etc.)</p> <p><input type="checkbox"/> were followed but were not correct for the task (contained wrong information or inadequate to address the situation)</p> <p><input type="checkbox"/> were not in place but should have been in place (the nature of the hazard warrants written direction)</p> </div>
	<p><b>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:</b></p>

MANAGEMENT & OVERSIGHT	<p><b>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)?</b></p> <p><input type="radio"/> Yes → Go to 6.5.ii    <input type="radio"/> No → Go to 6.6.1    <input checked="" type="radio"/> N/A → Go to 6.6.1</p>
	<p><b>6.5.ii - If yes, check all that apply:</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> No supervision of work related to the incident as/when there should have been</p> <p><input type="checkbox"/> Improvement needed re: supervision of work related to the incident</p> <p><input type="checkbox"/> No auditing, evaluation, or enforcement re: USE of standards, policies or procedures or other documents</p> <p><input type="checkbox"/> Improvement needed on auditing, evaluation, or enforcement re: USE of standards, policies, procedures etc.</p> <p><input type="checkbox"/> Training lacks auditing, evaluation, or enforcement</p> <p><input type="checkbox"/> Training needs improvement re: auditing, evaluation, or enforcement</p> <p><input type="checkbox"/> Preparation needs improvement (e.g., walk-through, job planning, pre-work briefing) for activities related to the incident</p> <p><input type="checkbox"/> Human factors need improvement (e.g., recognition of fatigue, impairment, work load, state of mind, team selection)</p> <p><input type="checkbox"/> Risk assessment prior to work <u>was not done</u></p> <p><input type="checkbox"/> Risk assessment conducted prior to the work <u>needs improvement</u></p> <p><input type="checkbox"/> Worker selection <u>needs improvement</u></p> </div>
	<p><b>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:</b></p>



### Incident Investigation and Reporting Form

<b>TRAINING</b>	<p>6.6.i - Was there a <u>training</u> issue related to the incident?</p> <p><input type="radio"/> Yes → Go to 6.6.ii    <input type="radio"/> No → Go to 6.7.i    <input checked="" type="radio"/> N/A → Go to 6.7.i</p>
	<p>6.6.ii - If yes, check all that apply:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> There was <u>no training for the task</u> related to the incident</p> <p><input type="checkbox"/> Training was <u>inappropriate or insufficient</u> to support adequate understanding</p> <p><input type="checkbox"/> Appropriate and sufficient training was <u>available, but not completed</u></p> <p><input type="checkbox"/> Staff was <u>not qualified or proficient in performing the task</u> related to the incident</p> </div>
	<p>6.6.iii. - If a <u>Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent</u> was involved in the incident, provide more detail or explanation below:</p>
<b>COMMUNICATION</b>	<p>6.7.i - Were there <u>communication</u> factors directly related to the occurrence?</p> <p><input type="radio"/> Yes → Go to 6.7.ii    <input type="radio"/> No → Go to 6.8.i    <input checked="" type="radio"/> N/A → Go to 6.8.i</p>
	<p>6.7.ii - If yes, check all that apply:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> There is <u>no method or system</u> for communication</p> <p><input type="checkbox"/> No communication occurred but should have</p> <p><input type="checkbox"/> Communication occurred but was unclear, ambiguous, misunderstood, incorrect or not detailed enough</p> </div>
	<p>6.7.iii. If a <u>Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent</u> was involved in the incident, provide more detail or explanation below:</p>
<b>EQUIPMENT</b>	<p>6.8.i - Were there <u>equipment</u> factors that may directly relate to the occurrence?</p> <p><input checked="" type="radio"/> Yes → Go to 6.8.ii    <input type="radio"/> No → Go to 6.9.i    <input type="radio"/> N/A → Go to 6.9.i</p>
	<p>6.8.ii - If yes, check all that apply:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> The equipment <u>design needs improvement</u> (e.g. design does not meet specifications, specifications inadequate, etc.)</p> <p><input type="checkbox"/> Equipment was <u>not properly maintained</u> (e.g. equipment not maintained to manufacturer or facility standards, etc.)</p> <p><input type="checkbox"/> Equipment maintenance <u>needs improvement</u> (e.g. maintenance meets specifications but equipment still failed)</p> <p><input type="checkbox"/> Equipment used was <u>not fit for purpose</u> (e.g. equipment is being used beyond intended/recommended use)</p> <p><input type="checkbox"/> Quality control was <u>not done</u> (e.g. calibration, validation or testing was not done as/when it should have been)</p> <p><input type="checkbox"/> Quality control <u>needs improvement</u> (e.g. calibration, validation, testing done to accepted standards but still failed)</p> </div>
	<p>6.8.iii. - If a <u>Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent</u> was involved in the incident, provide more detail or explanation below:</p> <p>None of 6.8 ii apply. This was a failure of a secondary piece of equipment that contributed to the autoclave failure. Inspection of the failed component of the secondary equipment was not possible therefore the incident was not predicted.</p>
<b>HUMAN INTERACTION</b>	<p>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?</p> <p><input type="radio"/> Yes → Go to 6.9.ii    <input type="radio"/> No → Go to 6.10.i    <input checked="" type="radio"/> N/A → Go to 6.10.i</p>
	<p>6.9.ii - If yes, check all that apply</p> <p><b>Improvement needed with respect to:</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> The labelling, placement, operation, displays or other functions of tools/equipment in the work environment</p> <p><input type="checkbox"/> Environmental factors within in the work area (e.g., temperature, obstructions, clutter, distractions/noise, surfaces, lighting, etc.)</p> <p><input type="checkbox"/> Workload constraints, pressures or other demands (constraints/demands interfered with staff capability in managing tasks)</p> </div>
	<p>6.9.iii. - If a <u>Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent</u> was involved in the incident, provide more detail or explanation below:</p> <p>Blockage was discovered in the soft water supply to the autoclave. Please see explanation in 6.8iii</p>



### Incident Investigation and Reporting Form

<b>OTHER FACTORS</b>	<b>6.10.i - Were there any other factors related to the incident?</b> <input checked="" type="radio"/> Yes → Go to 6.10.ii <input type="radio"/> No → Go to Section 7.0 <input type="radio"/> N/A → Go to Section 7.0								
	<b>6.10.ii - If other factors were involved, provide more detail or explanation below.</b> Issue with water softeners causing zeolite being discharged from softener along with the water. Zeolite beads blocked the screen on the supply side of the pressure reducing valve serving the CL-4 autoclave.								
<b>Section 7.0: Outcome</b>									
<b>CORRECTIVE ACTION</b>	<b>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.</b>								
	<b>Corrective Action Planned or Taken</b>	<b>Implementation Date</b>							
	1. Facility has redundant water softeners. Soft water system is currently being served by the redundant softener.	13/mai/2015							
	2. Replacement of internal component of faulty water softener system.	26/mai/2015							
	3. Purchase of third water softener to increase redundancy and serviceability.	31/mars/2016							
4.									
<b>MANAGEMENT</b>	<b>7.2 - Has management been informed of this incident?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No or unknown, explain below								
	Provide more detail or explanation below. Please see 6.10 above								
<b>PREVIOUS OCCURRENCES</b>	<b>7.3 - Have there been similar previous occurrences at your location in the past?</b> <input type="radio"/> Yes → Go to 7.4 <input checked="" type="radio"/> No → Go to 7.7								
	<b>7.4 - Were corrective actions specified to address one or more previous occurrence(s)?</b> <input type="radio"/> Yes → Go to 7.5 <input type="radio"/> No → Go to 7.6								
	<b>7.5 - Were corrective actions taken to address one or more previous occurrences?</b> <input type="radio"/> Yes → Go to 7.6 <input type="radio"/> No → Go to 7.6								
	<b>7.6 - Describe the corrective actions taken to address the previous occurrences, OR explain why corrective actions were NOT specified and/or taken.</b>								
<b>IMPROVEMENTS</b>	<b>7.7 - Based on your current 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:</b>								
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Procedures, Protocols and SOPs</td> <td><input type="checkbox"/> Management system and/or oversight</td> </tr> <tr> <td><input type="checkbox"/> Standards and Policies</td> <td><input type="checkbox"/> Equipment factors</td> </tr> <tr> <td><input type="checkbox"/> Training</td> <td><input type="checkbox"/> Human interaction or human factors</td> </tr> <tr> <td><input type="checkbox"/> Communication</td> <td><input type="checkbox"/> Other</td> </tr> </table>		<input type="checkbox"/> Procedures, Protocols and SOPs	<input type="checkbox"/> Management system and/or oversight	<input type="checkbox"/> Standards and Policies	<input type="checkbox"/> Equipment factors	<input type="checkbox"/> Training	<input type="checkbox"/> Human interaction or human factors	<input type="checkbox"/> Communication
<input type="checkbox"/> Procedures, Protocols and SOPs	<input type="checkbox"/> Management system and/or oversight								
<input type="checkbox"/> Standards and Policies	<input type="checkbox"/> Equipment factors								
<input type="checkbox"/> Training	<input type="checkbox"/> Human interaction or human factors								
<input type="checkbox"/> Communication	<input type="checkbox"/> Other								
	<b>7.8 - Provide more detail/explanation based on your responses selected in 7.7 above</b> N/a								



### Incident Investigation and Reporting Form

**ADDITIONAL NOTES**

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. coli* sample" or "beaker containing *Salmonella* was knocked over onto desk").

**INTERNAL USE - PHAC NOTES - FOLLOW UP/CLARIFICATIONS**

PHAC - CENTRE FOR BIOSECURITY NOTES

RECEIVED BY PHAC (NAME: FIRST, LAST)

Date received  Date reviewed  Date Last Follow Up

# Incident Reporting System (IRS)

## 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 staff 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 filtered exhaust, and epoxy coated surfaces. The risk associated with 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:

Individual - 1  
Community - 1

## Communication Complete as of:

ATIA - 19(1)

## 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 / potential contamination of personal belongings and risk to health  
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 Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	* Branch Direction générale PHAC-IDPC / ASPC-PCMI	Directorate Direction	Division <div style="background-color: black; width: 100px; height: 20px; margin: 5px;"></div>
Building Immeuble  Other / Autres Specify / Préciser : 745 Logan Ave, Wpg, MB	Postal Locator Localisateur postal	Postal code Code postal  R3E 3L5	Telephone number Numéro de téléphone <div style="background-color: black; width: 100px; height: 20px; margin: 5px;"></div>
Site of hazardous occurrence Lieu de la situation comportant des risques  JCWIDRC	Address Adresse  745 Logan Ave. Wpg, MB		
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ  2015-06-02	Time of hazardous occurrence Heure de la situation comportant des risques  HH:MM	Weather Conditions météorologiques	
Witnesses Témoins	* Supervisor's name Nom du surveillant <div style="background-color: black; width: 100px; height: 20px; margin: 5px;"></div>		

**Description of what happened / Description des circonstances:**

On the afternoon of Tuesday, June 2, 2015, [redacted] were tasked with cataloging and organising biosafety level 2 samples stored in -80 C freezer. During these tasks, [redacted] handled the exterior of three cryoboxes (boxes which hold 2 mL tubes containing frozen biosafety level 2 samples), but [redacted] personal cellphone while wearing the same pair of gloves. The cellphone was used to photograph sample i.d. numbers for cataloging.

After work hours, [redacted] used [redacted] personal cellphone again and then became concerned about the possible contamination of [redacted] phone. At home [redacted] then used disinfectant (unknown) on the cell phone.

On Wednesday, June 3, 2015, [redacted] visited a local hospital's emergency department. The [redacted] was concerned about the possible transfer of laboratory pathogens from the cellphone to face. [redacted] consulted with an emergency room physician who then recommended that [redacted] speak to [redacted] workplace occupational safety and health officer.

On Thursday, June 4, 2015, [redacted] informed the OSH representative and Technician (who assigned the original task) about the incident on June 2, 2015 and the emergency room physician's recommendation. A meeting was then arranged with the [redacted] Supervisor to formally report the incident. [redacted] concerns were addressed by the Safety Manager, Lab OSH rep, [redacted] Supervisor. Risk to [redacted] was considered negligible due to fact that all tubes and boxes had been disinfected prior to handling, no containers were opened, no other events occurred to cause contamination, no other containers were handled, there was no open wounds or areas of abraded skin.

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After investigation, factors that led to this incident included:

1. [redacted] Risk of material handled and ways to protect individuals was not communicated. This led to increasing concern [redacted]
2. [redacted] The OSH incident reporting procedures outlined in the Orientation session were not followed and those that heard [redacted] mention possible concern did not address the situation thoroughly.
3. [redacted] The no camera and no personal electronic devices internal policies were not adhered to.
4. [redacted] were unsupervised after giving initial broad instructions.

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: [redacted]

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
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

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 / Événement 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

[redacted] 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:

1. [redacted] Risk of material handled and ways to protect individuals was not communicated. This led to increasing concern by the [redacted]
2. [redacted] The OSH incident reporting procedures outlined in the Orientation session were not followed and those that heard the [redacted] mention possible concern did not address the situation thoroughly.
3. [redacted] The no camera and no personal electronic devices internal policies were not adhered to.
4. [redacted] 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

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

Yes / Oui



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

- 1) [REDACTED] 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 [REDACTED] 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) [REDACTED] will review protocol for retrieving and storing samples in a freezer. [REDACTED] 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 oeuvre:

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
[REDACTED]	[REDACTED]	[REDACTED]	2015-06-24



# Incident Reporting System (IRS)

## 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:

# Incident Reporting System (IRS)

## 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 - 1

### Opinion:

Individual - 1  
Community - 1

## Communication Complete as of:

ATIA-16(2)(c)

ATIA - 19(1)

## 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 Région et Province	* Branch Direction générale	Directorate Direction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	PHAC-IDPC / ASPC-PCMI	NML	
Building Immeuble	Postal Locator Localisateur postal	Postal code Code postal	Telephone number Numéro de téléphone
1015 Arlington / 1015 Arlington		R3E 3R2	
Site of hazardous occurrence Lieu de la situation comportant des risques	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 météorologiques	
2015-06-22	10:00 AM HH:MM		
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 monitoring. It was later determined that the motor had siezed. As the electrical current was still running throught the motor, there was no alarm.

Containment services explained that product integrity may have been compromised, but personal 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: [REDACTED]

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:

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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 / Événement 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 / Oui

\* 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 oeuvre:

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 l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
			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 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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2015-06-24

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

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

[Redacted]

name

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

## Utilization Report

**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 biosafety 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 - 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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ATIA - 19(1)

## 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 mailing address / Nom et adresse postale de l'employeur:			
* Region & Province Région et Province Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	* Branch Direction générale PHAC-IDPC / ASPC-PCMI	Directorate Direction NML	Division  [REDACTED]
Building Immeuble 1015 Arlington / 1015 Arlington	Postal Locator Localisateur postal	Postal code Code postal R3E 3R2	Telephone number Numéro de téléphone [REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques [REDACTED]	Address Adresse 1015 Arlington St.		
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ 2015-07-06	Time of hazardous occurrence Heure de la situation comportant des risques 11:00 AM HH:MM	Weather Conditions météorologiques	
Witnesses Témoins	* Supervisor's name Nom du surveillant [REDACTED]		

**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: [REDACTED]

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
[REDACTED]				

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

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

\* Part of Body / Partie du corps:  
 Arm / Bras  
 \* Arm: Affected Side / Bras: Côté Affecté: Right / Droit

\* Event or Exposure / Événement 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? 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**

<p><b>Health Care / Soins Médicaux</b></p> <p>Name and address of doctor/practitioner or medical facility / Le Nom et l'adresse du médecin/praticien ou de l'établissement de soins:</p>	<p><b>Claim Information / Renseignements sur l'indemnisation</b></p> <p>Sick leave without pay / Congé de maladie non payé: No / Non</p> <p>Paid sick leave / Congé de maladie payé: No / Non</p> <p>Date covered / Indiquer les dates: YYYY-MM-DD / AAAA-MM-JJ</p> <p>Absent From/Du To/Au</p> <p>Number of lost days / Nombre de jours perdus: 0</p>
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**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). Recommended 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 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: Chemical 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?:

Yes / Oui

\* Specify / Préciser: Employee was advised to use long sleeved gloves while cleaning up chemical disinfectant.

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\* Date employer will implement / Date de leur mise en oeuvre:  
YYYY-MM-DD / AAAA-MM-JJ  
Date: 2015-07-17

Supplementary preventive measures / Autres mesures 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
			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 Titre du membre du comité ou de représentant	Telephone Number Numéro de téléphone	Date YYYY-MM-DD 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.

[Redacted]

name

[Redacted]

ATIA-19(1)

15-03

Incident Report Form

UoG.

**Incident:** Slip + Fall on stairs      **Accountable Individual:** [Redacted]

After coming into the CRIFS (UoG) building from the rain, [Redacted] slipped and fell on the stairs in the building's west staircase. Left forearm was injured (bruised and swelled up over several hours). Stairs are low grip and shoes were wet and low grip, both contributing to the fall.

**Signed:** [Redacted]      **Dated:** July 15 2015

**Actions Undertaken**

Incident was reviewed and UoG incident report, HOIR, WSIB Form 7 all filed with appropriate parties. Corrective actions taken - UoG informed of low grip stairs, and [Redacted] will wear higher grip shoes - Sought medical attention - no time lost.

**Signed:** [Redacted]      **Date:** July 15 2015

**Persons Informed:** [Redacted]      **Date:** July 14, 2015  
 [Redacted]      July 15, 2015      [Redacted]

HOIR

ATIA-16(2)(c)

**Incident Report Form**

<b>Incident:</b> 15-04	<b>Accountable Individual:</b> S. Osmond
<b>See attached:</b>	
Mechanical failure of boiler pumps impacted the generation of adequate steam generation to run all autoclaves in the building. The mechanical failure could not have been predicted. As a result the Attests were not completed for the [REDACTED] autoclaves.	
Amy notified me directly to indicate that 2 Attests were not completed for 2 autoclaves.	
<b>Signed:</b> [Signature]	<b>Dated:</b> 15-07-03
<b>Actions Undertaken</b>	
Facility Manager, Shawn Osmond obtained contracted service to repair the boilers. Autoclaves were back in service on Tuesday July 7, 2015.	
Attests were completed for all autoclaves between July 7 and 10.	
<b>Signed:</b> [Signature]	<b>Date:</b> 15/07/07
<b>Persons Informed:</b>	<b>Date:</b>
LFZ-Guelph All staff; including Lab Staff—July 3,6,7.	

ATIA-16(2)(c)

ATIA - 20(1)(c)

## 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 / Genre de situation : **Other / Autre**

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

### Employer Information / Information de l'employeur

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

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

### Description of what happened / Description des circonstances:

On the afternoon of Friday, July 17th, an employee [REDACTED] delivered [REDACTED] package (express 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 [REDACTED] 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 [REDACTED] 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 [REDACTED] to obtain more information about how the package was sent and to ensure that [REDACTED] 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 placed 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: [REDACTED]

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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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 / Événement 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  
[REDACTED]

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?:

Yes / Oui

\* 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 M:\ 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

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
[REDACTED]	[REDACTED]	[REDACTED]	2015-07-21

2016-05-26

**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 Titre du membre du comité ou de représentant	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
[REDACTED]	[REDACTED]	2015-12-08

2016-05-25

\* 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 of these 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 [REDACTED]

[REDACTED] 2016-05-26

[REDACTED] 2016/06/06



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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 / 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 Région et Province Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	* Branch Direction générale PHAC-IDPC / ASPC-PCMI	Directorate Direction	Division
Building Immeuble Other / Autres Specify / Préciser : JcWilt Infectious Diseases Research Centre	Postal Locator Localisateur postal	Postal code Code postal R3E3L5	Telephone number Numéro de téléphone [REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques	Address Adresse 745 Logan Ave		
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ 2015-07-20	Time of hazardous occurrence Heure de la situation comportant des risques 12:00 PM HH:MM	Weather Conditions météorologiques n/a	
Witnesses Témoins	* Supervisor's name Nom du surveillant [REDACTED]		

Description of what happened / Description des circonstances:

[REDACTED] 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 to use.

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: [REDACTED]

Birth date YYYY-MM-DD Date de naissance AAAA-MM-JJ [REDACTED]	Age Âge [REDACTED]	Sex Sexe [REDACTED]	Occupation Profession [REDACTED]	Years of experience in occupation No. d'années d'expérience dans profession [REDACTED]
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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 / Événement 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 oeuvre:

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

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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 / Discovery of  
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 Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	* Branch Direction générale PHAC-IDPC / ASPC-PCMI	Directorate Direction NML	Division  [REDACTED]
Building Immeuble 1015 Arlington / 1015 Arlington	Postal Locator Localisateur postal R3E3R2	Postal code Code postal R3E3R2	Telephone number Numéro de téléphone [REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques [REDACTED]		Address Adresse 1015 Arlington Street	
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ 2015-07-28	Time of hazardous occurrence Heure de la situation comportant des risques 03:00 PM HH:MM	Weather Conditions météorologiques Overcast / Ennuagé	
Witnesses Témoins [REDACTED]		* Supervisor's name Nom du surveillant [REDACTED]	

**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: [REDACTED]

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
		[REDACTED]		

**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 / Événement 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: [redacted] 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 Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
[redacted]	[redacted]	[redacted]	2015-07-29

**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
[redacted]	[redacted]	[redacted]

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[REDACTED] 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.

---

[REDACTED]

name

[REDACTED]

signature

[REDACTED]

## Incident Reporting System (IRS)

### 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 crooked 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 woud 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:

### 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
  - 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.

**Section 1.0: Administrative Information**

ADMINISTRATIVE INFORMATION	1.1 - Date Report Created: 29-Jul-2015	1.2 - Date Revised (if applicable):
	1.3 - If revised, indicate the reason for the update to an earlier report	
	1.4 Please indicate the laboratory containment level: <input type="radio"/> CL2 <input type="radio"/> CL3 <input checked="" type="radio"/> CL4	
	1.5 How would you describe the sector/primary area of focus for your institution/facility's activities? (Check all that apply)	
	<input type="checkbox"/> Academic (University, Veterinary College, College, CEGEP, High School, etc.) <input checked="" type="checkbox"/> Public Health - Government (F/P/T/Municipal)	
	<input type="checkbox"/> Private industry/Business (Animal Health, Human Health, Biotechnology, Pharmaceutical, Food Industry, Pathogen or Toxin distributor) <input type="checkbox"/> Environment - Government (F/P/T/Municipal)	
	<input type="checkbox"/> Hospital (Academic-affiliated, non-academic affiliated) <input type="checkbox"/> Veterinary/Animal Health - Gov't (F/P/T/Municipal) <input type="checkbox"/> Other Government (F/P/T/Municipal)	
	Select the size of the facility/institution (based on the approximate number of laboratory staff/students working in the facility): Large (greater than 150 staff)	
	1.6 - Reporter's contact information (provide contact details for the person making the report):	
	Reporter's Name (First, Last): Catherine Robertson	
Reporter's Email: catherine.robertson@phac-aspc.gc.ca		
Reporter's Telephone: 204-789-6079		
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)		
Catherine Robertson, Investigation and reporting Sherisse Lavineway, Clean up and investigation Lisa Fernando, Special pathogens, investigation		

**Section 2.0: Occurrence - Incident Description (basic details on what, where, when, etc. the incident occurred)**

OCCURRENCE - INCIDENT DESCRIPTION	2.1 Indicate the type(s) of incident that occurred (check all that apply for 2.1 (i) and/or 2.1 (ii) below) <i>i.e. if an inadvertent release AND exposure of an individual(s) occurred, check both incident types in (i) and (ii) below</i>	
	(i) For incidents involving exposure of an individual to a human pathogen or toxin, select from the following AND indicate if any of (ii) incidents apply, then continue to 2.2 below: <ul style="list-style-type: none"> <li><input type="checkbox"/> Exposure (may cause disease - see definition at top of page 1)</li> <li><input type="checkbox"/> Lab acquired infection - suspected</li> <li><input type="checkbox"/> Lab acquired infection - confirmed</li> </ul>	(ii) Indicate other incident type below (if (i) exposure/disease is NOT involved), select from the following then skip to 2.3): <ul style="list-style-type: none"> <li><input type="checkbox"/> Inadvertent release of a human pathogen or toxin</li> <li><input type="checkbox"/> Inadvertent production of a human pathogen or toxin</li> <li><input type="checkbox"/> Missing human pathogen or toxin</li> <li><input checked="" type="checkbox"/> Other, specify: <span style="border: 1px solid black; padding: 2px;">Steam Leak from CL-4 autoclave</span></li> </ul>
	2.2 For exposure/LAI incidents, indicate the total number of affected individuals (provide totals for both (i) and (ii), if applicable) below:	
(i) Total number of individuals exposed/infected during the incident (i.e. number of primary exposures/LAIs) <span style="border: 1px solid black; padding: 2px;">0</span>		
(ii) Indicate if any secondary transmission (person-to-person spread) has occurred and provide number of lab or community contacts:		
<input type="radio"/> Yes, indicate the number of secondary transmissions in and outside the lab → Number of secondary cases in laboratory/staff contacts: <span style="border: 1px solid black; padding: 2px;"> </span> Number of secondary cases in family/community contacts: <span style="border: 1px solid black; padding: 2px;"> </span>		
<input checked="" type="radio"/> No, no secondary transmission occurred (no person-to-person spread)		
<input type="radio"/> Unknown		



### Incident Investigation and Reporting Form

<b>OCCURRENCE - INCIDENT DESCRIPTION (continued)</b>	2.3 (i) - Select the occurrence type that best characterizes the incident: Equipment-related		
	2.3 (ii) - Select the <u>main</u> activity that best describes the work being undertaken during the incident: Other, describe in brief description below		
	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). Steam leak from autoclave during a cycle to autoclave scrubs. Pool of water seen on the floor of the clean autoclave room. Leak occurred appx 37 minutes in to the run at 121 degrees C (Normal procedure is 60 minutes at 121 degrees C)		
	2.4 - Indicate/describe the location where the incident occurred within the facility: Clean side of autoclave in CL-4 suite		
	2.5 - Is the date and/or time the incident occurred known? <input checked="" type="radio"/> Yes → Go to 2.6 <input type="radio"/> No → Go to 2.8		
	2.6 - Date the incident occurred: 12:00	2.7 - Time the incident occurred: 12:00	2.8 - Date incident <u>first reported</u> to facility authority: 22-Jul-2015
<b>BIOLOGICAL AGENT</b>	2.9 - Is the biological agent involved in the incident known? <input checked="" type="radio"/> Yes → Go to 2.10 <input type="radio"/> No → Go to 2.12 (iii)		
	2.10 - Select the HPTA Schedule to which the biological agent belongs: Other		2.11 (i) - Select the type of biological agent: Other
	2.11 (ii) - If "Other" type of biological agent was selected, describe below: We selected other since the autoclave load was scrubs that are worn under a positive pressure suit. There is no exposure of the scrubs to an agent under normal working conditions. This was a normal laundry load of scrubs.		
	2.12 (i) - Identify the specific biological agent (genus, species):		2.12 (ii) - Specify sub-type, strain, etc. if known:
	2.12 (iii) - If the specific biological agent (genus, species...) is not known, explain:		
<b>DECONTAMINATION</b>	2.13 - Was decontamination/disinfection performed, using processes and methods in accordance with applicable standards and guidelines? <input checked="" type="radio"/> Yes, provide further details in 2.14 below <input type="radio"/> No, decontamination/disinfection was not required → Go to 2.15 <input type="radio"/> 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 <u>if and as</u> 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 normal protocol is 60 minutes, as a precaution, two staff members donned appropriate PPE and performed a cleanup and decon of 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 autoclaving.		
<b>TRAVEL</b>	2.15 - Did/will any of the affected person(s) travel outside of the province/territory in the days/weeks following exposure or onset of illness? No		
	2.16 - If any affected person(s) have travel outside of the province/territory in the days/weeks following exposure or onset of illness, indicate if travel did/will occur during the known incubation period (exposed persons) or infectious period (persons with suspected or confirmed LAI) No		



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. If more than three affected persons, please request Additional Affected Persons Form from [exposure-exposition@phac-aspc.gc.ca](mailto: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 PERSONS: EXPOSURE, POST-EXPOSURE INTERVENTIONS, OUTCOME	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: <input type="checkbox"/> Check if unknown	3.5 (ii) - Onset Date: <input type="checkbox"/> Check if unknown	3.5 (iii) - Onset Date: <input type="checkbox"/> 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)	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)	3.6 (iii) - 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)	
<input type="checkbox"/> first-aid administered immediately after the exposure <input type="checkbox"/> occupational health consultation within 0-7 days of the exposure <input type="checkbox"/> medical consultation within 0-7 days of the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) within 0-7 days of the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> Other, describe below:	<input type="checkbox"/> first-aid administered immediately after the exposure <input type="checkbox"/> occupational health consultation within 0-7 days of the exposure <input type="checkbox"/> medical consultation within 0-7 days of the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) within 0-7 days of the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> Other, describe below:	<input type="checkbox"/> first-aid administered immediately after the exposure <input type="checkbox"/> occupational health consultation within 0-7 days of the exposure <input type="checkbox"/> medical consultation within 0-7 days of the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) within 0-7 days of the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> 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)	3.7 (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)	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)	
<input type="checkbox"/> occupational health consultation > 7 days after the exposure <input type="checkbox"/> medical consultation > 7 days after the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) > 7 days after the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) > 7 days after the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> Other, describe below:	<input type="checkbox"/> occupational health consultation > 7 days after the exposure <input type="checkbox"/> medical consultation > 7 days after the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) > 7 days after the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) > 7 days after the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> Other, describe below:	<input type="checkbox"/> occupational health consultation > 7 days after the exposure <input type="checkbox"/> medical consultation > 7 days after the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) > 7 days after the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) > 7 days after the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> 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 recovery time	



Incident Investigation and Reporting Form

**Section 4.0: Affected Person(s) - Laboratory experience and role each person exposed/infected;**  
 If more than three affected persons, please request Additional Affected Persons Form from exposure-exposition@phac-aspc.gc.ca

AFFECTED PERSONS - LABORATORY EXPERIENCE AND ROLE	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 person's highest completed level of education?
	Indicate this person's laboratory experience in years <input type="text"/>	Indicate this person's laboratory experience in years <input type="text"/>	Indicate this person's laboratory experience in years <input type="text"/>
	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's laboratory qualifications or regular role in 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 laboratory qualifications explain below:

**Section 5.0: Risk Rating and Risk Potential (this section and beyond pertains to the overall incident)**

RISK RATING AND RISK ASSESSMENT	5.1 - Indicate, on a scale of 1-5 (1 being lowest and 5 being highest), the actual or potential severity of the occurrence. (note this scale applies broadly, considering the risk/impact to the individual, other staff AND public health; see examples below for each level from 1 to 5 to select the most appropriate level of severity for the incident using this scale)  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)	1
	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	1
	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)	1
	5.4 - Was the actual severity less than the potential severity (i.e. was there a potential for the incident to have been more severe)?  <input type="radio"/> Yes → Go to 5.5 <input checked="" type="radio"/> No → Go to Section 6.0 <input type="radio"/> Don'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 5.5i; 5.5ii and 5.5iii below)	

**5.5.i Engineering Controls:**

- Automation or computerization - use of devices or systems removed people from error prone or high risk activities
- 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
- 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 etc. 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 of 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 errors or 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 to 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/exposure to the hazard



### Incident Investigation and Reporting Form

**Section 6.0: Investigation Status and Root Cause Analysis**  
**Investigation Status (Questions 6.1-6.3)** - Indicate the current status of the investigation

<b>INVESTIGATION STATUS</b>	<b>6.1 - What is the current status of the investigation?</b> <input type="radio"/> Not yet started → Go to 6.3 <input checked="" type="radio"/> In progress → Go to 6.2 <input type="radio"/> Completed → Go to 6.2
	<b>6.2 - Have the root causes of the incident been established by the investigation?</b> Root causes established: Investigation in process → Go to 6.4.i
	<b>6.3 - Explain why the investigation has not begun OR describe investigative activities to date:</b>

**Root Cause Analysis (Questions 6.4- 6.10)** - Identify root causes of all causal factors for the incident in the sections/sub-sections below

<b>PROTOCOLS, PROCEDURES &amp; SOPs</b>	<b>6.4.i - Were there <u>standards, policies, procedures or other expected practice documents that guided the work/activities</u> related to the incident (these may include SOPs, requirements, written guides, instructions, rules and checklists)?</b> <input type="radio"/> Yes → Go to 6.4.ii <input type="radio"/> No → Go to 6.5.i <input checked="" type="radio"/> N/A → Go to 6.5.i
	<b>6.4.ii - If yes, check all that apply</b> <div style="border: 1px solid black; padding: 5px;"> <p>The standards, policies, procedures or other expected practice documents that guided work:</p> <input type="checkbox"/> were known but not followed  <input type="checkbox"/> were not followed because they were not known by the user  <input type="checkbox"/> were not followed correctly (followed as written, but may have been confusing, not detailed enough or unclear, etc.)  <input type="checkbox"/> were followed but were not correct for the task (contained wrong information or inadequate to address the situation)  <input type="checkbox"/> were not in place but should have been in place (the nature of the hazard warrants written direction)         </div>
	<b>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:</b>

<b>MANAGEMENT &amp; OVERSIGHT</b>	<b>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)?</b> <input type="radio"/> Yes → Go to 6.5.ii <input type="radio"/> No → Go to 6.6.i <input checked="" type="radio"/> N/A → Go to 6.6.i
	<b>6.5.ii - If yes, check all that apply:</b> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> No supervision of work related to the incident as/when there should have been  <input type="checkbox"/> Improvement needed re: supervision of work related to the incident  <input type="checkbox"/> No auditing, evaluation, or enforcement re: <u>USE</u> of standards, policies or procedures or other documents  <input type="checkbox"/> Improvement needed on auditing, evaluation, or enforcement re: <u>USE</u> of standards, policies, procedures etc.  <input type="checkbox"/> Training lacks auditing, evaluation, or enforcement  <input type="checkbox"/> Training needs improvement re: auditing, evaluation, or enforcement  <input type="checkbox"/> Preparation needs improvement (e.g., walk-through, job planning, pre-work briefing) for activities related to the incident  <input type="checkbox"/> Human factors need improvement (e.g., recognition of fatigue, impairment, work load, state of mind, team selection)  <input type="checkbox"/> Risk assessment prior to work <u>was not done</u>  <input type="checkbox"/> Risk assessment conducted prior to the work <u>needs improvement</u>  <input type="checkbox"/> Worker selection <u>needs improvement</u> </div>
	<b>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:</b>



### Incident Investigation and Reporting Form

<b>TRAINING</b>	<p>6.6.i - Was there a <u>training</u> issue related to the incident?</p> <p><input type="radio"/> Yes → Go to 6.6.ii    <input type="radio"/> No → Go to 6.7.i    <input checked="" type="radio"/> N/A → Go to 6.7.i</p>
	<p>6.6.ii - If yes, check all that apply:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> There was <u>no training for the task</u> related to the incident</p> <p><input type="checkbox"/> Training was <u>inappropriate or insufficient</u> to support adequate understanding</p> <p><input type="checkbox"/> Appropriate and sufficient training was <u>available, but not completed</u></p> <p><input type="checkbox"/> Staff was <u>not qualified or proficient in performing the task</u> related to the incident</p> </div>
	<p>6.6.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:</p>
<b>COMMUNICATION</b>	<p>6.7.i - Were there <u>communication</u> factors directly related to the occurrence?</p> <p><input type="radio"/> Yes → Go to 6.7.ii    <input type="radio"/> No → Go to 6.8.i    <input checked="" type="radio"/> N/A → Go to 6.8.i</p>
	<p>6.7.ii - If yes, check all that apply:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> There is <u>no method or system</u> for communication</p> <p><input type="checkbox"/> No communication occurred but should have</p> <p><input type="checkbox"/> Communication occurred but was unclear, ambiguous, misunderstood, incorrect or not detailed enough</p> </div>
	<p>6.7.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:</p>
<b>EQUIPMENT</b>	<p>6.8.i - Were there <u>equipment</u> factors that may directly relate to the occurrence?</p> <p><input checked="" type="radio"/> Yes → Go to 6.8.ii    <input type="radio"/> No → Go to 6.9.i    <input type="radio"/> N/A → Go to 6.9.i</p>
	<p>6.8.ii - If yes, check all that apply:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> The equipment design needs <u>improvement</u> (e.g. design does not meet specifications, specifications inadequate, etc.)</p> <p><input type="checkbox"/> Equipment was <u>not properly maintained</u> (e.g. equipment not maintained to manufacturer or facility standards, etc.)</p> <p><input checked="" type="checkbox"/> Equipment maintenance needs <u>improvement</u> (e.g. maintenance meets specifications but equipment still failed)</p> <p><input type="checkbox"/> Equipment used was <u>not fit for purpose</u> (e.g. equipment is being used beyond intended/recommended use)</p> <p><input type="checkbox"/> Quality control was <u>not done</u> (e.g. calibration, validation or testing was not done as/when it should have been)</p> <p><input type="checkbox"/> Quality control needs <u>improvement</u> (e.g. calibration, validation, testing done to accepted standards but still failed)</p> </div>
	<p>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:</p> <p>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</p>
<b>HUMAN INTERACTION</b>	<p>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?</p> <p><input type="radio"/> Yes → Go to 6.9.ii    <input type="radio"/> No → Go to 6.10.i    <input checked="" type="radio"/> N/A → Go to 6.10.i</p>
	<p>6.9.ii - If yes, check all that apply</p> <p>Improvement needed with respect to:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> The labelling, placement, operation, displays or other functions of tools/equipment in the work environment</p> <p><input type="checkbox"/> Environmental factors within in the work area (e.g., temperature, obstructions, clutter, distractions/noise, surfaces, lighting, etc.)</p> <p><input type="checkbox"/> Workload constraints, pressures or other demands (constraints/demands interfered with staff capability in managing tasks)</p> </div>
	<p>6.9.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:</p>

Incident Investigation and Reporting Form

<b>OTHER FACTORS</b>	6.10.i - Were there any <u>other factors</u> related to the incident? <input type="radio"/> Yes → Go to 6.10.ii <input type="radio"/> No → Go to Section 7.0 <input type="radio"/> N/A → Go to Section 7.0								
	6.10.ii - If <u>other factors</u> were involved, provide more detail or explanation below.								
<b>Section 7.0: Outcome</b>									
<b>CORRECTIVE ACTION</b>	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. <i>If more room is needed, use Additional Notes section at the end of the form.</i>								
	Corrective Action Planned or Taken	Implementation Date							
	1. Replacement of gasket	29/juil./2015							
	2. Other corrective actions to be determined after meeting with autoclave repair techs								
	3.								
	4.								
<b>MANAGEMENT</b>	7.2 - Has management been informed of this incident? <input checked="" type="radio"/> Yes <input type="radio"/> No or unknown, explain below								
	Provide more detail or explanation below.								
<b>PREVIOUS OCCURRENCES</b>	7.3 - Have there been similar <u>previous</u> occurrences at your location in the past? <input checked="" type="radio"/> Yes → Go to 7.4 <input type="radio"/> No → Go to 7.7								
	7.4 - Were corrective actions specified to address one or more <u>previous</u> occurrence(s)? <input checked="" type="radio"/> Yes → Go to 7.5 <input type="radio"/> No → Go to 7.6								
	7.5 - Were corrective actions taken to address one or more <u>previous</u> occurrences? <input checked="" type="radio"/> Yes → Go to 7.6 <input type="radio"/> 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. Changes made to maintenance/inspection schedules, Changes made to particular components of equipment Change to procedures								
<b>IMPROVEMENTS</b>	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:								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Procedures, Protocols and SOPs</td> <td><input type="checkbox"/> Management system and/or oversight</td> </tr> <tr> <td><input type="checkbox"/> Standards and Policies</td> <td><input checked="" type="checkbox"/> Equipment factors</td> </tr> <tr> <td><input type="checkbox"/> Training</td> <td><input type="checkbox"/> Human interaction or human factors</td> </tr> <tr> <td><input type="checkbox"/> Communication</td> <td><input type="checkbox"/> Other</td> </tr> </table>		<input type="checkbox"/> Procedures, Protocols and SOPs	<input type="checkbox"/> Management system and/or oversight	<input type="checkbox"/> Standards and Policies	<input checked="" type="checkbox"/> Equipment factors	<input type="checkbox"/> Training	<input type="checkbox"/> Human interaction or human factors	<input type="checkbox"/> Communication
<input type="checkbox"/> Procedures, Protocols and SOPs	<input type="checkbox"/> Management system and/or oversight								
<input type="checkbox"/> Standards and Policies	<input checked="" type="checkbox"/> Equipment factors								
<input type="checkbox"/> Training	<input type="checkbox"/> Human interaction or human factors								
<input type="checkbox"/> Communication	<input type="checkbox"/> Other								
	7.8 - Provide more detail/explanation based on your responses selected in 7.7 above We will be meeting with the autoclave repair techs to determine if the gasket can be replaced on a regular maintenance schedule.  I am submitting this as a preliminary report as I will be out of the office for 2 weeks beginning Friday July 31st.								



### Incident Investigation and Reporting Form

ADDITIONAL NOTES	<p>7.9 - Additional Notes (provide further details on the investigation, outcome and corrective actions) or or further describe the main essence of the incident with respect to <i>what specifically happened</i> (e.g. "Lab technician got needle stick containing <i>E. coli</i> sample" or "beaker containing <i>Salmonella</i> was knocked over onto desk").</p>
INTERNAL USE - PHAC NOTES, FOLLOW UP/CLARIFICATIONS	<p>PHAC - CENTRE FOR BIOSECURITY NOTES</p>
<p>RECEIVED BY PHAC (NAME: FIRST, LAST) <input style="width: 400px; height: 20px;" type="text"/></p> <p>Date received <input style="width: 100px; height: 20px;" type="text"/> Date reviewed <input style="width: 100px; height: 20px;" type="text"/> Date Last Follow Up <input style="width: 100px; height: 20px;" type="text"/></p>	

# 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 / Potentail Exposure  
 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 Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	* Branch Direction générale PHAC-IDPC / ASPC-PCMI	Directorate Direction NML	Division [REDACTED]
Building Immeuble 1015 Arlington / 1015 Arlington	Postal Locator Localisateur postal	Postal code Code postal R3E 3R2	Telephone number Numéro de téléphone [REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques [REDACTED]	Address Adresse 1015 Arlington		
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ 2015-08-30	Time of hazardous occurrence Heure de la situation comportant des risques 08:45 AM HH:MM	Weather Conditions météorologiques	
Witnesses Témoins [REDACTED]	* Supervisor's name Nom du surveillant [REDACTED]		

Description of what happened / Description des circonstances:

[REDACTED] on duty for the weekend in CL3 [REDACTED] entered [REDACTED] 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 while [REDACTED] performed 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?:  
 No / Non

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

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

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

[REDACTED] had no medical issues to report. Staff were told to follow infectious CL3 practices until further notice.

- 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-inoculation swabbing and blood sampling, and flight feather clipping.

**Investigation Information / Information de l'enquête**

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

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

[REDACTED]

## 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 inadéquats

## \* Source of Injury / 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 [REDACTED] 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:

- ALL pre-inoculation tissue samples (whether from wild animals, "clean" animals from known farm sources, etc.) will be handled as if coming from contaminated animals. This means dunking the sample containers in Virkon of appropriate concentration to ensure they are surface decontaminated before leaving [REDACTED] to be handled by lab staff [REDACTED]. An Incident report was



ATIA - 19(1)

also done with CFIA staff thru their reporting system, with the manager of the area being [REDACTED] and the PSAC OSH rep being Andrea Pickering.

* 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
[REDACTED]	[REDACTED]	[REDACTED]	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 Titre du membre du comité ou de représentant	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
[REDACTED]	[REDACTED]	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 performed by [REDACTED] of CFIA. This incident involved both PHAC and CFIA staff. A meeting with the employees involved took place. It was decided to look into the incident further and perform ongoing risk assessments on a case-by-case basis. Corrective measures are appropriate.

[REDACTED]

[REDACTED] Signature

[REDACTED]

## 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 / Near Miss - 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 <b>Manitoba &amp; Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba</b>	* Branch Direction générale <b>PHAC-IDPC / ASPC-PCMI</b>	Directorate Direction <b>NML</b>	Division
Building Immeuble <b>1015 Arlington / 1015 Arlington</b>	Postal Locator Localisateur postal	Postal code Code postal <b>R3E 3P6</b>	Telephone number Numéro de téléphone <b>2047892000</b>
Site of hazardous occurrence Lieu de la situation comportant des risques <b>Winnipeg</b>		Address Adresse <b>1015 Arlington Street</b>	
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ <b>2015-09-08</b>	Time of hazardous occurrence Heure de la situation comportant des risques <b>09:00 AM HH:MM</b>	Weather Conditions météorologiques	
Witnesses Témoins <b>Les Wittmeler/HC-SC/GC/CA@HWC</b>		* Supervisor's name Nom du surveillant <b>Todd Coulter/HC-SC/GC/CA</b>	

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 negligible. 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**

Birth date YYYY-MM-DD Date de naissance AAAA-MM-JJ	Age Âge	Sex Sexe <b>Male / Homme</b>	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:

No Injuries / Aucune blessures

\* Part of Body / Partie du corps:

No Injuries / Aucune Blessures

\* Event or Exposure / Événement 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:

Building 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 l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
Todd Coulter/HC-SC/GC/CA	Director, Real Property, Safety, and Security	2047892050	2015-09-16

**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 Titre du membre du comité ou de représentant	Telephone Number Numéro de téléphone	Date YYYY-MM-DD 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 occurrence from happening again.

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.

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Finalised 2016-03-29

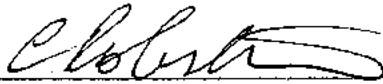
2016-03-29 follow up email to manager - LDS

Todd Couther

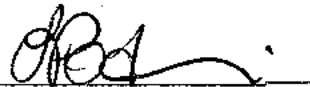


signature

Cathy Robertson



Lisa Podhorodecki



15-05

**Incident Report Form**

<b>Incident:</b> Office Room Sink Drain	<b>Accountable Individual:</b> Shawn Osmond
Drain has collapsed under the 1st floor Admin area - see attached ↳ discovered 15/09/21	
<b>Signed:</b> J Jurt	<b>Dated:</b> 15/09/22
<b>Actions Undertaken</b>  see attached	
<b>Signed:</b> J Jurt	<b>Date:</b>
<b>Persons Informed:</b>	<b>Date:</b> 15/09/22
Mette, Carla Dillan, Laurie Elliott	

HAZARDOUS OCCURRENCE  
INVESTIGATION REPORT

RAPPORT D'ENQUÊTE DE  
SITUATION COMPORTANT DES RISQUES

Type of occurrence / Type de situation  
First Aid / Premiers Soins

Document Released Under the Access to Information Act / Document divulgué en vertu de la Loi sur l'accès à l'information  
 Department File No. / N° de dossier du ministère  
 Canada  
 Regional Office / Bureau régional  
 Employer ID No. / Numéro d'identification de l'employeur

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 [REDACTED]
--	--

Site of Hazardous Occurrence / Lieu de la situation hasardeuse Mechanical Space	Date and Time of Hazardous Occurrence / Date et heure de la situation hasardeuse 2015-09-25 11:00 AM Weather / Conditions météorologiques
--	---

Witnesses / Témoins	Supervisor's Name / Nom du surveillant [REDACTED]
---------------------	--

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

Injured Employee's Name (if applicable) / Nom de l'employé blessé (s'il y a lieu) [REDACTED]	Age / Âge [REDACTED]	Occupation / Profession [REDACTED]
		Years of experience in occupation / Nombre d'années d'expérience dans la profession [REDACTED]

Description of injury / Description de la blessure Wrist / Poignet -> Left / Gauche	Sex / Sexe [REDACTED]	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

Name of person Investigating / Nom de la personne menant l'enquête [Redacted]	Signature / Signature [Redacted]	Date / Date 2015-09-26
Title / Titre [Redacted]	Telephone Number / Numéro de téléphone [Redacted]	
Safety & Health Committee's or Representative's Comments / Observations du comité d'hygiène et de sécurité ou du représentant. Talked with employee about minor skin burn on left wrist approx. 1 inch x 1/2 inch. Employee washed burn area and applied cream to the area following the occurrence.		
Committee Member or Representative Name / Nom de membre du comité ou du représentant [Redacted]	Signature / Signature [Redacted]	Date / Date 2015-09-30
Title / Titre [Redacted]	Telephone Number / Numéro de téléphone [Redacted]	

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.

*closed*

## Utilization Report

**Incident ID:** 904  
**Date:** 2015-09-01  
**Time:** 12:00  
**Review Team:** Sherisse Lavineway, Catherine Robertson, Kym Antonation, Sara Christianson, Kelly Keith  
**Incident:** Spill in biosafety cabinet (BSC) in PHAC CL3

### **Incident Description:**

While being 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 outer pair of gloves were compromised. 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 - 1

### Opinion:

Individual - 1  
Community - 1

## Communication Complete as of:

2017-08-31



## 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 Percy, 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

#### 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

## 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:

Individual - 1  
Community - 2

## Communication Complete as of:

2017-08-31

## Incident Reporting System (IRS)

### 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 - 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:

## 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 - 1

### Opinion:

Individual - 1  
Community - 1

## Communication Complete as of:



### 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
  - 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.

#### Section 1.0: Administrative Information

<b>ADMINISTRATIVE INFORMATION</b>	<b>1.1 - Date Report Created:</b> 25-Sep-2015	<b>1.2 - Date Revised (if applicable):</b>
	<b>1.3 - If revised, indicate the reason for the update to an earlier report</b>	
	<b>1.4 Please indicate the laboratory containment level:</b> <input type="radio"/> CL2 <input type="radio"/> CL3 <input checked="" type="radio"/> CL4	
	<b>1.5 How would you describe the sector/primary area of focus for your institution/facility's activities? (Check all that apply)</b>	
	<input type="checkbox"/> Academic (University, Veterinary College, College, CEGEP, High School, etc.) <input checked="" type="checkbox"/> Public Health - Government (F/P/T/Municipal)	
	<input type="checkbox"/> Private Industry/Business (Animal Health, Human Health, Biotechnology, Pharmaceutical, Food Industry, Pathogen or Toxin distributor) <input type="checkbox"/> Environment - Government (F/P/T/Municipal)	
	<input type="checkbox"/> Hospital (Academic-affiliated, non-academic affiliated) <input type="checkbox"/> Veterinary/Animal Health - Gov't (F/P/T/Municipal)	
	<input type="checkbox"/> Other Government (F/P/T/Municipal)	
	<b>Select the size of the facility/institution (based on the approximate number of laboratory staff/students working in the facility):</b>	
	Large (greater than 150 staff)	
<b>1.6 - Reporter's contact information (provide contact details for the person making the report):</b>		
Reporter's Name: (First, Last): Catherine Robertson		
Reporter's Email: catherine.robertson@phac-aspc.gc.ca		
Reporter's Telephone: 204 789-6079		
<b>1.7 - Reporter's role in the incident</b>		
Not involved/did not witness occurrence; informed following occurrence		
<b>1.8 - Investigational team members and roles (provide first and last name and role on investigation team for each team member)</b>		
Dr. Valerie Smid, Manager of affected employee		
Dr. Jim Strong, Supervisor in CL4		
Carol Stansfield, Senior Biosafety Officer		
Eleanor Percy, Occupational Health Nurse		

#### Section 2.0: Occurrence - Incident Description (basic details on what, where, when, etc. the incident occurred)

<b>OCCURRENCE - INCIDENT DESCRIPTION</b>	<b>2.1 Indicate the type(s) of incident that occurred (check all that apply for 2.1 (i) and/or 2.1 (ii) below)</b> <i>i.e. if an inadvertent release AND exposure of an individual(s) occurred, check both incident types in (i) and (ii) below</i>	
	<b>(i) For incidents involving exposure of an individual to a human pathogen or toxin, select from the following AND indicate if any of (ii) incidents apply, then continue to 2.2 below:</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Exposure (may cause disease - see definition at top of page 1)</li> <li><input type="checkbox"/> Lab acquired infection - suspected</li> <li><input type="checkbox"/> Lab acquired infection - confirmed</li> </ul>	<b>(ii) Indicate other incident type below (if (i) exposure/disease is NOT involved), select from the following then skip to 2.3):</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inadvertent release of a human pathogen or toxin</li> <li><input type="checkbox"/> Inadvertent production of a human pathogen or toxin</li> <li><input type="checkbox"/> Missing human pathogen or toxin</li> <li><input type="checkbox"/> Other, specify: <input style="width: 100%;" type="text"/></li> </ul>
	<b>2.2 For exposure/LAI incidents, indicate the total number of affected individuals (provide totals for both (i) and (ii), if applicable) below:</b>	
<b>(i) Total number of individuals exposed/infected during the incident (i.e. number of primary exposures/LAIs)</b> <input style="width: 50px; text-align: center;" type="text" value="1"/>		
<b>(ii) Indicate if any secondary transmission (person-to-person spread) has occurred and provide number of lab or community contacts:</b>		
<input type="radio"/> Yes, indicate the number of secondary transmissions in and outside the lab →      Number of secondary cases in laboratory/staff contacts: <input style="width: 50px;" type="text"/> Number of secondary cases in family/community contacts: <input style="width: 50px;" type="text"/>		
<input type="radio"/> No, no secondary transmission occurred (no person-to-person spread)		
<input type="radio"/> Unknown		

**Incident Investigation and Reporting Form**

<b>OCCURRENCE - INCIDENT DESCRIPTION (continued)</b>	2.3 (I) - Select the occurrence type that best characterizes the incident: PPE-related (inadequate or failure of PPE)		
	2.3 (II) - Select the <u>main activity</u> that best describes the work being undertaken during the incident: Animal care		
	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.		
	2.4 - Indicate/describe the location where the incident occurred within the facility: CL 4 Laboratory animal room		
	2.5 - Is the date and/or time the incident occurred known? <input checked="" type="radio"/> Yes → Go to 2.6 <input type="radio"/> No → Go to 2.8		
<b>BIOLOGICAL AGENT</b>	2.6 - Date the incident occurred: 04-Sep-2015	2.7 - Time the incident occurred: HH:mm 10:30 a.m.	2.8 - Date Incident <u>first reported</u> to facility authority: 04-Sep-2015
	2.9 - Is the biological agent involved in the incident known? <input checked="" type="radio"/> Yes → Go to 2.10 <input type="radio"/> No → Go to 2.12 (iii)		
	2.10 - Select the HPTA Schedule to which the biological agent belongs: Schedule 4 - Risk Group 4 Human Pathogens		2.11 (i) - Select the type of biological agent: Virus
	2.11 (ii) - If "Other" type of biological agent was selected, describe below:		
	2.12 (i) - Identify the specific biological agent (genus, species): Ebola virus		2.12 (ii) - Specify sub-type, strain, etc. if known:
	2.12 (iii) - If the specific biological agent (genus, species...) is not known, explain:		
<b>DECONTAMINATION</b>	2.13 - Was decontamination/disinfection performed, using processes and methods in accordance with applicable standards and guidelines? <input checked="" type="radio"/> Yes, provide further details in 2.14 below <input type="radio"/> No, decontamination/disinfection was not required → Go to 2.15 <input type="radio"/> 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.) Person left per protocol via the disinfectant chemical shower.		
<b>TRAVEL</b>	2.15 - Did/will any of the affected person(s) travel outside of the province/territory in the days/weeks following exposure or onset of illness? No		
	2.16 - If any affected person(s) have travel outside of the province/territory in the days/weeks following exposure or onset of illness, indicate if travel did/will occur during the known incubation period (exposed persons) or infectious period (persons with suspected or confirmed LAI)		



### 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  
If more than three affected persons, please request Additional Affected Persons Form from [exposure-exposition@phac-aspc.gc.ca](mailto: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 2		Affected Person 3	
3.1 (i) - Indicate exposure or illness/disease status at the time of this report Exposure		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 Other, explain in 3.3 below		3.2 (ii) - Primary route of exposure		3.2 (iii) - Primary route of exposure	
3.3 (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/Other route of exposure, explain:		3.3 (iii) - If Unknown/Other route of exposure, explain:	
3.4 (i) - Indicate onset of symptomatic illness/presentation No		3.4 (ii) - Indicate onset of symptomatic illness/presentation		3.4 (iii) - Indicate onset of symptomatic illness/presentation	
3.5 (i) - Onset Date: <input type="checkbox"/> Check if unknown		3.5 (ii) - Onset Date: <input type="checkbox"/> Check if unknown		3.5 (iii) - Onset Date: <input type="checkbox"/> 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) <input type="checkbox"/> first-aid administered immediately after the exposure <input checked="" type="checkbox"/> occupational health consultation within 0-7 days of the exposure <input checked="" type="checkbox"/> medical consultation within 0-7 days of the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) within 0-7 days of the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> 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) <input type="checkbox"/> first-aid administered immediately after the exposure <input type="checkbox"/> occupational health consultation within 0-7 days of the exposure <input type="checkbox"/> medical consultation within 0-7 days of the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) within 0-7 days of the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> Other, describe below:		3.6 (iii) - 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) <input type="checkbox"/> first-aid administered immediately after the exposure <input type="checkbox"/> occupational health consultation within 0-7 days of the exposure <input type="checkbox"/> medical consultation within 0-7 days of the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) within 0-7 days of the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> 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) <input type="checkbox"/> occupational health consultation > 7 days after the exposure <input type="checkbox"/> medical consultation > 7 days after the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) > 7 days after the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) > 7 days after the exposure <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Other, describe below:		3.7 (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) <input type="checkbox"/> occupational health consultation > 7 days after the exposure <input type="checkbox"/> medical consultation > 7 days after the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) > 7 days after the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) > 7 days after the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> 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) <input type="checkbox"/> occupational health consultation > 7 days after the exposure <input type="checkbox"/> medical consultation > 7 days after the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) > 7 days after the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) > 7 days after the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> 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 recovery time	

AFFECTED PERSONS: EXPOSURE, POST-EXPOSURE INTERVENTIONS, OUTCOME



### Incident Investigation and Reporting Form

**Section 4.0: Affected Person(s)** - Laboratory experience and role each person exposed/infected;  
If more than three affected persons, please request Additional Affected Persons Form from [exposure-exposition@phac-aspc.gc.ca](mailto:exposure-exposition@phac-aspc.gc.ca)

AFFECTED PERSONS - LABORATORY EXPERIENCE AND ROLE	Affected Person 1	Affected Person 2	Affected Person 3
	4.1 (i) - What is the affected person's highest completed level of education? [Redacted]	4.1 (ii) - What is the affected person's highest completed level of education?	4.1 (iii) - What is the affected person's highest completed level of education?
	Indicate this person's laboratory experience in years [Redacted]	Indicate this person's laboratory experience in years [Redacted]	Indicate this person's laboratory experience in years [Redacted]
	4.2 (i) - What is the affected person's laboratory qualifications or regular role in the laboratory/facility? [Redacted]	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's laboratory qualifications or regular role in 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 laboratory qualifications explain below:	

**Section 5.0: Risk Rating and Risk Potential (this section and beyond pertains to the overall incident)**

RISK RATING AND RISK ASSESSMENT	5.1 - Indicate, on a scale of 1-5 (1 being lowest and 5 being highest), the actual or potential severity of the occurrence. (note this scale applies broadly, considering the risk/impact to the individual, other staff AND public health; see examples below for each level from 1 to 5 to select the most appropriate level of severity for the incident using this scale)  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)	1
	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	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)	2
	5.4 - Was the actual severity less than the potential severity (i.e. was there a potential for the incident to have been more severe)?  <input type="radio"/> Yes → Go to 5.5 <input checked="" type="radio"/> No → Go to Section 6.0 <input type="radio"/> Don'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 5.5i; 5.5ii and 5.5iii below)	

**5.5.i Engineering Controls:**

Automation or computerization - use of devices or systems removed people from error prone or high risk activities

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

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 etc. 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 of 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 errors or 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 to 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/exposure to the hazard





### Incident Investigation and Reporting Form

<b>Section 6.0: Investigation Status and Root Cause Analysis</b>	
<b>Investigation Status (Questions 6.1-6.3) - Indicate the current status of the investigation</b>	
<b>INVESTIGATION STATUS</b>	<b>6.1 - What is the current status of the investigation?</b> <input type="radio"/> Not yet started → Go to 6.3 <input type="radio"/> In progress → Go to 6.2 <input checked="" type="radio"/> Completed → Go to 6.2
	<b>6.2 - Have the root causes of the incident been established by the investigation?</b> Root causes established: Investigation complete → Go to 6.4.i
	<b>6.3 - Explain why the investigation has not begun OR describe investigative activities to date:</b>
<b>Root Cause Analysis (Questions 6.4- 6.10) - Identify root causes of all causal factors for the incident in the sections/sub-sections below</b>	
<b>PROTOCOLS, PROCEDURES &amp; SOPs</b>	<b>6.4.i - Were there <u>standards, policies, procedures or other expected practice documents that guided the work/activities</u> related to the incident (these may include SOPs, requirements, written guides, instructions, rules and checklists)?</b> <input type="radio"/> Yes → Go to 6.4.ii <input type="radio"/> No → Go to 6.5.i <input checked="" type="radio"/> N/A → Go to 6.5.i
	<b>6.4.ii - If yes, check all that apply</b> <div style="border: 1px solid black; padding: 5px;"> <p>The standards, policies, procedures or other expected practice documents that guided work:</p> <input type="checkbox"/> were known but not followed  <input type="checkbox"/> were not followed because they were not known by the user  <input type="checkbox"/> were not followed correctly (followed as written, but may have been confusing, not detailed enough or unclear, etc.)  <input type="checkbox"/> were followed but were not correct for the task (contained wrong information or inadequate to address the situation)  <input type="checkbox"/> were not in place but should have been in place (the nature of the hazard warrants written direction)         </div>
	<b>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:</b>
<b>MANAGEMENT &amp; OVERSIGHT</b>	<b>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)?</b> <input type="radio"/> Yes → Go to 6.5.ii <input checked="" type="radio"/> No → Go to 6.6.i <input type="radio"/> N/A → Go to 6.6.i
	<b>6.5.ii - If yes, check all that apply:</b> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> No supervision of work related to the incident as/when there should have been  <input type="checkbox"/> Improvement needed re: supervision of work related to the incident  <input type="checkbox"/> No auditing, evaluation, or enforcement re: <u>USE</u> of standards, policies or procedures or other documents  <input type="checkbox"/> Improvement needed on auditing, evaluation, or enforcement re: <u>USE</u> of standards, policies, procedures etc.  <input type="checkbox"/> Training lacks auditing, evaluation, or enforcement  <input type="checkbox"/> Training needs improvement re: auditing, evaluation, or enforcement  <input type="checkbox"/> Preparation needs improvement (e.g., walk-through, job planning, pre-work briefing) for activities related to the incident  <input type="checkbox"/> Human factors need improvement (e.g., recognition of fatigue, impairment, work load, state of mind, team selection)  <input type="checkbox"/> Risk assessment prior to work <u>was not done</u>  <input type="checkbox"/> Risk assessment conducted prior to the work <u>needs improvement</u>  <input type="checkbox"/> Worker selection <u>needs improvement</u> </div>
	<b>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:</b>



### Incident Investigation and Reporting Form

<b>TRAINING</b>	<p>6.6.i - Was there a <u>training</u> issue related to the incident?</p> <p><input type="radio"/> Yes → Go to 6.6.ii    <input checked="" type="radio"/> No → Go to 6.7.i    <input type="radio"/> N/A → Go to 6.7.i</p>
	<p>6.6.ii - If yes, check all that apply:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> There was <u>no training for the task</u> related to the incident</p> <p><input type="checkbox"/> Training was <u>inappropriate or insufficient</u> to support adequate understanding</p> <p><input type="checkbox"/> Appropriate and sufficient training was <u>available, but not completed</u></p> <p><input type="checkbox"/> Staff was <u>not qualified or proficient in performing the task</u> related to the incident</p> </div>
	<p>6.6.iii. - If a <u>Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent</u> was involved in the incident, provide more detail or explanation below:</p>
<b>COMMUNICATION</b>	<p>6.7.i - Were there <u>communication</u> factors directly related to the occurrence?</p> <p><input type="radio"/> Yes → Go to 6.7.ii    <input checked="" type="radio"/> No → Go to 6.8.i    <input type="radio"/> N/A → Go to 6.8.i</p>
	<p>6.7.ii - If yes, check all that apply:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> There is <u>no method or system</u> for communication</p> <p><input type="checkbox"/> No communication occurred but should have</p> <p><input type="checkbox"/> Communication occurred but was unclear, ambiguous, misunderstood, incorrect or not detailed enough</p> </div>
	<p>6.7.iii. If a <u>Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent</u> was involved in the incident, provide more detail or explanation below:</p>
<b>EQUIPMENT</b>	<p>6.8.i - Were there <u>equipment</u> factors that may directly relate to the occurrence?</p> <p><input checked="" type="radio"/> Yes → Go to 6.8.ii    <input type="radio"/> No → Go to 6.9.i    <input type="radio"/> N/A → Go to 6.9.i</p>
	<p>6.8.ii - If yes, check all that apply:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> The equipment design <u>needs improvement</u> (e.g. design does not meet specifications, specifications inadequate, etc.)</p> <p><input type="checkbox"/> Equipment was <u>not properly maintained</u> (e.g. equipment not maintained to manufacturer or facility standards, etc.)</p> <p><input type="checkbox"/> Equipment <u>maintenance needs improvement</u> (e.g. maintenance meets specifications but equipment still failed)</p> <p><input type="checkbox"/> Equipment used was <u>not fit for purpose</u> (e.g. equipment is being used beyond intended/recommended use)</p> <p><input type="checkbox"/> Quality control was <u>not done</u> (e.g. calibration, validation or testing was not done as/when it should have been)</p> <p><input type="checkbox"/> Quality control <u>needs improvement</u> (e.g. calibration, validation, testing done to accepted standards but still failed)</p> </div>
	<p>6.8.iii. - If a <u>Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent</u> was involved in the incident, provide more detail or explanation below:</p> <p>None of the items in 6.8.ii 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.</p>
<b>HUMAN INTERACTION</b>	<p>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?</p> <p><input type="radio"/> Yes → Go to 6.9.ii    <input checked="" type="radio"/> No → Go to 6.10.i    <input type="radio"/> N/A → Go to 6.10.i</p>
	<p>6.9.ii - If yes, check all that apply</p> <p>Improvement needed with respect to:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> The labelling, placement, operation, displays or other functions of tools/equipment in the work environment</p> <p><input type="checkbox"/> Environmental factors within in the work area (e.g., temperature, obstructions, clutter, distractions/noise, surfaces, lighting, etc.)</p> <p><input type="checkbox"/> Workload constraints, pressures or other demands (constraints/demands interfered with staff capability in managing tasks)</p> </div>
	<p>6.9.iii. - If a <u>Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent</u> was involved in the incident, provide more detail or explanation below:</p>



### Incident Investigation and Reporting Form

<b>OTHER FACTORS</b>	6.10.i - Were there any <u>other factors</u> related to the incident? <input type="radio"/> Yes → Go to 6.10.ii <input checked="" type="radio"/> No → Go to Section 7.0 <input type="radio"/> N/A → Go to Section 7.0									
	6.10.ii - If <u>other factors</u> were involved, provide more detail or explanation below.									
<b>Section 7.0: Outcome</b>										
<b>CORRECTIVE ACTION</b>	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. <i>if more room is needed, use Additional Notes section at the end of the form.</i>									
	Corrective Action Planned or Taken	Implementation Date								
	1. The suit was taken out of rotation.	04/sept./2015								
	2.									
	3.									
<b>MANAGEMENT</b>	7.2 - Has management been informed of this incident? <input checked="" type="radio"/> Yes <input type="radio"/> No or unknown, explain below									
	Provide more detail or explanation below. none required									
<b>PREVIOUS OCCURRENCES</b>	7.3 - Have there been similar <u>previous</u> occurrences at your location in the past? <input checked="" type="radio"/> Yes → Go to 7.4 <input type="radio"/> No → Go to 7.7									
	7.4 - Were corrective actions specified to address one or more <u>previous occurrence(s)</u> ? <input type="radio"/> Yes → Go to 7.5 <input checked="" type="radio"/> No → Go to 7.6									
	7.5 - Were corrective actions taken to address one or more <u>previous</u> occurrences? <input type="radio"/> Yes → Go to 7.6 <input checked="" type="radio"/> 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. Positive pressure suits are required to work in CL4. They sometimes acquire small holes etc which are repaired. The suit continues to be used as long as it passes the weekly pressure decay test, which this suit had done 2 days prior to being worn by this employee.									
	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:									
<b>IMPROVEMENTS</b>	<table border="1" style="width: 100%;"> <tr> <td><input type="checkbox"/> Procedures, Protocols and SOPs</td> <td><input type="checkbox"/> Management system and/or oversight</td> </tr> <tr> <td><input type="checkbox"/> Standards and Policies</td> <td><input type="checkbox"/> Equipment factors</td> </tr> <tr> <td><input type="checkbox"/> Training</td> <td><input type="checkbox"/> Human interaction or human factors</td> </tr> <tr> <td><input type="checkbox"/> Communication</td> <td><input type="checkbox"/> Other</td> </tr> </table>		<input type="checkbox"/> Procedures, Protocols and SOPs	<input type="checkbox"/> Management system and/or oversight	<input type="checkbox"/> Standards and Policies	<input type="checkbox"/> Equipment factors	<input type="checkbox"/> Training	<input type="checkbox"/> Human interaction or human factors	<input type="checkbox"/> Communication	<input type="checkbox"/> Other
	<input type="checkbox"/> Procedures, Protocols and SOPs	<input type="checkbox"/> Management system and/or oversight								
<input type="checkbox"/> Standards and Policies	<input type="checkbox"/> Equipment factors									
<input type="checkbox"/> Training	<input type="checkbox"/> Human interaction or human factors									
<input type="checkbox"/> Communication	<input type="checkbox"/> Other									
7.8 - Provide more detail/explanation based on your responses selected in 7.7 above None of the above. All procedures were followed. All training was complete. There was no lack of communication or oversight. The equipment was functioning as expected and the affected employee reacted in an appropriate manner fitting someone with significant experience working in a high containment animal area.										



### 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. coli* sample" or "beaker containing *Salmonella* was knocked over onto desk").

None required.

ADDITIONAL NOTES

PHAC - CENTRE FOR BIOSECURITY NOTES

INTERNAL USE - PHAC NOTES, FOLLOW UP/CLARIFICATIONS

RECEIVED BY PHAC (NAME: FIRST, LAST)

Date received  Date reviewed  Date Last Follow Up



### 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
  - 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.

**Section 1.0: Administrative Information**

<b>ADMINISTRATIVE INFORMATION</b>	<b>1.1 - Date Report Created:</b> 14-Oct-2015	<b>1.2 - Date Revised (if applicable):</b>		
	<b>1.3 - If revised, indicate the reason for the update to an earlier report</b>			
	<b>1.4 Please indicate the laboratory containment level:</b> <input type="radio"/> CL2 <input type="radio"/> CL3 <input checked="" type="radio"/> CL4			
	<b>1.5 How would you describe the sector/primary area of focus for your institution/facility's activities?</b> (Check all that apply)			
	<input type="checkbox"/> Academic (University, Veterinary College, College, CEGEP, High School, etc.)	<input checked="" type="checkbox"/> Public Health - Government (F/P/T/Municipal)		
	<input type="checkbox"/> Private Industry/Business (Animal Health, Human Health, Biotechnology, Pharmaceutical, Food Industry, Pathogen or Toxin distributor)	<input type="checkbox"/> Environment - Government (F/P/T/Municipal)		
	<input type="checkbox"/> Hospital (Academic-affiliated, non-academic affiliated)	<input type="checkbox"/> Veterinary/Animal Health - Gov't (F/P/T/Municipal)		
	<input type="checkbox"/> Other Government (F/P/T/Municipal)			
	<b>Select the size of the facility/institution</b> (based on the approximate number of laboratory staff/students working in the facility): Large (greater than 150 staff)			
	<b>1.6 - Reporter's contact information</b> (provide contact details for the person making the report):			
Reporter's Name: (First, Last): Catherine Robertson				
Reporter's Email: catherine.robertson@phac-aspc.gc.ca				
Reporter's Telephone: 204-789-6079				
<b>1.7 - Reporter's role in the incident</b>				
Not involved/did not witness occurrence; informed following occurrence				
<b>1.8 - Investigational team members and roles</b> (provide first and last name and role on investigation team for each team member)				
Todd Coulter Director RPSSD - Investigator Les Wittmeier Manager Technical Services, RPSSD - Investigator Catherine Robertson, Head, Safety and Environmental Services, RPSSD - Investigator Todd Mitchell, Senior Mechanical Specialist, RPSSD - Investigator				

**Section 2.0: Occurrence - Incident Description** (basic details on what, where, when, etc. the incident occurred)

<b>OCCURRENCE - INCIDENT DESCRIPTION</b>	<b>2.1 Indicate the type(s) of incident that occurred</b> (check all that apply for 2.1 (i) and/or 2.1 (ii) below) <i>i.e. if an inadvertent release AND exposure of an individual(s) occurred, check both incident types in (i) and (ii) below</i>		
	<p>(i) For incidents involving exposure of an individual to a human pathogen or toxin, select from the following AND indicate if any of (ii) incidents apply, then continue to 2.2 below:</p> <p><input type="checkbox"/> Exposure (may cause disease - see definition at top of page 1)</p> <p><input type="checkbox"/> Lab acquired infection - suspected</p> <p><input type="checkbox"/> Lab acquired infection - confirmed</p>	<p>(ii) Indicate other incident type below (if (i) exposure/disease is NOT involved), select from the following then skip to 2.3):</p> <p><input type="checkbox"/> Inadvertent release of a human pathogen or toxin</p> <p><input type="checkbox"/> Inadvertent production of a human pathogen or toxin</p> <p><input type="checkbox"/> Missing human pathogen or toxin</p> <p><input checked="" type="checkbox"/> Other, specify: <span style="border: 1px solid black; padding: 2px;">Missing effluent killing filter on CL-4 Autoclave</span></p>	
<b>2.2 For exposure/LAI incidents, indicate the total number of affected individuals</b> (provide totals for both (i) and (ii), if applicable) below:			
(i) Total number of individuals exposed/infected during the incident (i.e. number of primary exposures/LAIs) <input style="width: 50px;" type="text"/>			
(ii) Indicate if any secondary transmission (person-to-person spread) has occurred and provide number of lab or community contacts:			
<input type="radio"/> Yes, indicate the number of secondary transmissions in and outside the lab →    Number of secondary cases in laboratory/staff contacts: <input style="width: 50px;" type="text"/> Number of secondary cases in family/community contacts: <input style="width: 50px;" type="text"/>			
<input type="radio"/> No, no secondary transmission occurred (no person-to-person spread)			
<input type="radio"/> Unknown			



### Incident Investigation and Reporting Form

<b>OCCURRENCE - INCIDENT DESCRIPTION (continued)</b>	2.3 (i) - Select the occurrence type that best characterizes the incident: Loss of Containment	
	2.3 (ii) - Select the <b>main activity</b> that best describes the work being undertaken during the incident: Other, describe in brief description below	
	2.3 (iii) - <b>Briefly</b> describe the incident (if necessary, more detail can be provided in the Additional Notes at the end of this form). Autoclaving RG4 carcasses and waste. filter was not in place during autoclave runs.	
	2.4 - Indicate/describe the location where the incident occurred within the facility: Autoclave serving the NML CL-4 laboratory	
2.5 - Is the date and/or time the incident occurred known? <input type="radio"/> Yes → Go to 2.6 <input checked="" type="radio"/> No → Go to 2.8		
2.6 - Date the incident occurred: HH:mm		2.7 - Time the incident occurred: HH:mm
2.8 - Date incident <b>first reported</b> to facility authority: 08-Sep-2015		
<b>BIOLOGICAL AGENT</b>	2.9 - Is the biological agent involved in the incident known? <input checked="" type="radio"/> Yes → Go to 2.10 <input type="radio"/> No → Go to 2.12 (iii)	
	2.10 - Select the HPTA Schedule to which the biological agent belongs: Schedule 4 - Risk Group 4 Human Pathogens	2.11 (i) - Select the type of biological agent: Virus
	2.11 (ii) - If "Other" type of biological agent was selected, describe below:	
	2.12 (i) - Identify the specific biological agent (genus, species): Multiple RG4 agents	2.12 (ii) - Specify sub-type, strain, etc. if known:
	2.12 (iii) - If the specific biological agent (genus, species...) is not known, explain:	
<b>DECONTAMINATION</b>	2.13 - Was decontamination/disinfection performed, using processes and methods in accordance with applicable standards and guidelines? <input type="radio"/> Yes, provide further details in 2.14 below <input type="radio"/> No, decontamination/disinfection was not required → Go to 2.15 <input checked="" type="radio"/> 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.) Decontamination was performed by autoclaving. However it was discovered 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 filtration is required. It is unknown how long this filter has been missing. Estimation based on last filter purchased points of it being missing since 2012.	
<b>TRAVEL</b>	2.15 - Did/will any of the affected person(s) travel outside of the province/territory in the days/weeks following exposure or onset of illness? Unknown	
	2.16 - If any affected person(s) have travel outside of the province/territory in the days/weeks following exposure or onset of illness, indicate if travel did/will occur during the known incubation period (exposed persons) or infectious period (persons with suspected or confirmed LAI) Unknown	



### 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  
If more than three affected persons, please request **Additional Affected Persons Form** from [exposure-exposition@phac-aspc.gc.ca](mailto: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 PERSONS: EXPOSURE, POST-EXPOSURE INTERVENTIONS, OUTCOME	Affected Person 1	Affected Person 2	Affected Person 3
	<p><b>3.1 (i) - Indicate exposure or illness/disease status at the time of this report</b></p> <p><b>3.2 (i) - Primary route of exposure</b></p> <p><b>3.3 (i) - If Unknown/Other route of exposure, explain :</b></p> <p><b>3.4 (i) - Indicate onset of symptomatic illness/presentation</b></p> <p><b>3.5 (i) - Onset Date:</b> <input type="checkbox"/> Check if unknown</p> <p><b>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)</b></p> <p><input type="checkbox"/> first-aid administered immediately after the exposure</p> <p><input type="checkbox"/> occupational health consultation within 0-7 days of the exposure</p> <p><input type="checkbox"/> medical consultation within 0-7 days of the exposure</p> <p><input type="checkbox"/> post-exposure prophylaxis (PEP) within 0-7 days of the exposure</p> <p><input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure</p> <p><input type="checkbox"/> Not applicable</p> <p><input type="checkbox"/> Other, describe below:</p> <p><b>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)</b></p> <p><input type="checkbox"/> occupational health consultation &gt; 7 days after the exposure</p> <p><input type="checkbox"/> medical consultation &gt; 7 days after the exposure</p> <p><input type="checkbox"/> post-exposure prophylaxis (PEP) &gt; 7 days after the exposure</p> <p><input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) &gt; 7 days after the exposure</p> <p><input type="checkbox"/> Not applicable</p> <p><input type="checkbox"/> Other, describe below:</p> <p><b>3.8 (i) - Illness Outcome</b></p> <p><b>3.9 (i) - If recovered, indicate the recovery time</b></p>	<p><b>3.1 (ii) - Indicate exposure or illness/disease status at the time of this report</b></p> <p><b>3.2 (ii) - Primary route of exposure</b></p> <p><b>3.3 (ii) - If Unknown/Other route of exposure, explain :</b></p> <p><b>3.4 (ii) - Indicate onset of symptomatic illness/presentation</b></p> <p><b>3.5 (ii) - Onset Date:</b> <input type="checkbox"/> Check if unknown</p> <p><b>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)</b></p> <p><input type="checkbox"/> first-aid administered immediately after the exposure</p> <p><input type="checkbox"/> occupational health consultation within 0-7 days of the exposure</p> <p><input type="checkbox"/> medical consultation within 0-7 days of the exposure</p> <p><input type="checkbox"/> post-exposure prophylaxis (PEP) within 0-7 days of the exposure</p> <p><input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure</p> <p><input type="checkbox"/> Not applicable</p> <p><input type="checkbox"/> Other, describe below:</p> <p><b>3.7 (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)</b></p> <p><input type="checkbox"/> occupational health consultation &gt; 7 days after the exposure</p> <p><input type="checkbox"/> medical consultation &gt; 7 days after the exposure</p> <p><input type="checkbox"/> post-exposure prophylaxis (PEP) &gt; 7 days after the exposure</p> <p><input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) &gt; 7 days after the exposure</p> <p><input type="checkbox"/> Not applicable</p> <p><input type="checkbox"/> Other, describe below:</p> <p><b>3.8 (ii) - Illness Outcome</b></p> <p><b>3.9 (ii) - If recovered, indicate the recovery time</b></p>	<p><b>3.1 (iii) - Indicate exposure or illness/disease status at the time of this report</b></p> <p><b>3.2 (iii) - Primary route of exposure</b></p> <p><b>3.3 (iii) - If Unknown/Other route of exposure, explain :</b></p> <p><b>3.4 (iii) - Indicate onset of symptomatic illness/presentation</b></p> <p><b>3.5 (iii) - Onset Date:</b> <input type="checkbox"/> Check if unknown</p> <p><b>3.6 (iii) - 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)</b></p> <p><input type="checkbox"/> first-aid administered immediately after the exposure</p> <p><input type="checkbox"/> occupational health consultation within 0-7 days of the exposure</p> <p><input type="checkbox"/> medical consultation within 0-7 days of the exposure</p> <p><input type="checkbox"/> post-exposure prophylaxis (PEP) within 0-7 days of the exposure</p> <p><input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure</p> <p><input type="checkbox"/> Not applicable</p> <p><input type="checkbox"/> Other, describe below:</p> <p><b>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)</b></p> <p><input type="checkbox"/> occupational health consultation &gt; 7 days after the exposure</p> <p><input type="checkbox"/> medical consultation &gt; 7 days after the exposure</p> <p><input type="checkbox"/> post-exposure prophylaxis (PEP) &gt; 7 days after the exposure</p> <p><input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) &gt; 7 days after the exposure</p> <p><input type="checkbox"/> Not applicable</p> <p><input type="checkbox"/> Other, describe below:</p> <p><b>3.8 (iii) - Illness Outcome</b></p> <p><b>3.9 (iii) - If recovered, indicate the recovery time</b></p>

**Incident Investigation and Reporting Form**

**Section 4.0: Affected Person(s) - Laboratory experience and role each person exposed/infected;**

If more than three affected persons, please request **Additional Affected Persons Form** from [exposure-exposition@phac-aspc.gc.ca](mailto:exposure-exposition@phac-aspc.gc.ca)

AFFECTED PERSONS - LABORATORY EXPERIENCE AND ROLE	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 person's highest completed level of education?
	Indicate this person's laboratory experience in years <input type="text"/>	Indicate this person's laboratory experience in years <input type="text"/>	Indicate this person's laboratory experience in years <input type="text"/>
	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's laboratory qualifications or regular role in 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 laboratory qualifications explain below:	

**Section 5.0: Risk Rating and Risk Potential (this section and beyond pertains to the overall incident)**

RISK RATING AND RISK ASSESSMENT	<p><b>5.1 - Indicate, on a scale of 1-5 (1 being lowest and 5 being highest), the actual or potential severity of the occurrence.</b> (note this scale applies broadly, considering the risk/impact to the individual, other staff AND public health; see examples below for each level from 1 to 5 to select the most appropriate level of severity for the incident using this scale)</p> <p>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)</p>	1
	<p><b>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.</b></p> <p>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</p>	1
	<p><b>5.3 - Automatically Calculated. Multiplying 5.1 and 5.2 results in the risk rating of the occurrence</b>                  (Value of 5.1) x (Value of 5.2) = (Value of 5.3)</p>	1
	<p><b>5.4 - Was the actual severity less than the potential severity (i.e. was there a potential for the incident to have been more severe)?</b></p> <p><input type="radio"/> Yes → Go to 5.5      <input checked="" type="radio"/> No → Go to Section 6.0      <input type="radio"/> Don't know → Go to Section 6.0</p>	
	<p><b>5.5 - If the actual severity was less than the potential severity, indicate what safeguards prevented a more severe (check all that apply for 5.5i; 5.5ii and 5.5iii below)</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>5.5.i Engineering Controls:</b></p> <p><input type="checkbox"/> Automation or computerization - use of devices or systems removed people from error prone or high risk activities</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Forcing function and constraints - physical/design barriers prevented errors or reduced the amount, potency or extent of exposure/contact with the hazard</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p><b>5.5.ii - Administrative Controls:</b></p> <p><input type="checkbox"/> Standardization/simplification of tools and/or processes - use of standardized equipment, measures, terminology etc. reduced errors and/or extent, severity or duration of the hazard/exposure</p> <p><input type="checkbox"/> Standards/SOPs, policies, rules, electronic procedures, drop-down menus - availability and required/reinforced use of guidance such as Biosafety Manuals, Pathogen Safety Sheets, Laboratory notebooks etc. reduced error/hazard</p> <p><input type="checkbox"/> Reminders, checklists, double checks - pop up reminders, verification sign-offs, checklist actions, etc. reduced errors or extent of exposure/contact with the hazard</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p><b>5.5.iii - Individual Controls (Human Action/Individual last line of defence):</b></p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Personal Protective Equipment - use of individual physical barriers (lab coat, gloves, eye protection, face shield, etc..) prevented or reduced contact/exposure to the hazard</p> </div>	



Incident Investigation and Reporting Form

<p><b>Section 6.0: Investigation Status and Root Cause Analysis</b>  <b>Investigation Status (Questions 6.1-6.3) - Indicate the current status of the Investigation</b></p>	
<p>INVESTIGATION STATUS</p>	<p><b>6.1 - What is the current status of the investigation?</b>  <input type="radio"/> Not yet started → Go to 6.3    <input type="radio"/> In progress → Go to 6.2    <input checked="" type="radio"/> Completed → Go to 6.2</p>
	<p><b>6.2 - Have the root causes of the incident been established by the investigation?</b>                  Root causes established: Investigation complete → Go to 6.4.i</p>
	<p><b>6.3 - Explain why the investigation has not begun OR describe investigative activities to date:</b></p>
<p><b>Root Cause Analysis (Questions 6.4- 6.10) - Identify root causes of all causal factors for the incident in the sections/sub-sections below</b></p>	
<p>PROTOCOLS, PROCEDURES &amp; SOPs</p>	<p><b>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)?</b>  <input checked="" type="radio"/> Yes → Go to 6.4.ii    <input type="radio"/> No → Go to 6.5.i    <input type="radio"/> N/A → Go to 6.5.i</p>
	<p><b>6.4.ii - If yes, check all that apply</b></p> <div style="border: 1px solid black; padding: 5px;"> <p>The standards, policies, procedures or other expected practice documents that guided work:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> were known but not followed</li> <li><input type="checkbox"/> were not followed because they were not known by the user</li> <li><input type="checkbox"/> were not followed correctly (followed as written, but may have been confusing, not detailed enough or unclear, etc.)</li> <li><input type="checkbox"/> were followed but were not correct for the task (contained wrong information or inadequate to address the situation)</li> <li><input type="checkbox"/> were not in place but should have been in place (the nature of the hazard warrants written direction)</li> </ul> </div> <p><b>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:</b>                  At some point the autoclave maintenance staff removed the HEPA filter from the autoclave. The filter is enclosed in a cannister so it is not obvious by sight that the filter is missing. It was brought up during an inspection by Select Agent Inspectors when the technician informed NML staff that filter was not in place and hadn't been for some time.</p>
<p>MANAGEMENT &amp; OVERSIGHT</p>	<p><b>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)?</b>  <input checked="" type="radio"/> Yes → Go to 6.5.ii    <input type="radio"/> No → Go to 6.6.i    <input type="radio"/> N/A → Go to 6.5.i</p>
	<p><b>6.5.ii - If yes, check all that apply:</b></p> <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> No supervision of work related to the incident as/when there should have been</li> <li><input checked="" type="checkbox"/> Improvement needed re: supervision of work related to the incident</li> <li><input type="checkbox"/> No auditing, evaluation, or enforcement re: USE of standards, policies or procedures or other documents</li> <li><input type="checkbox"/> Improvement needed on auditing, evaluation, or enforcement re: USE of standards, policies, procedures etc.</li> <li><input type="checkbox"/> Training lacks auditing, evaluation, or enforcement</li> <li><input type="checkbox"/> Training needs improvement re: auditing, evaluation, or enforcement</li> <li><input type="checkbox"/> Preparation needs improvement (e.g., walk-through, job planning, pre-work briefing) for activities related to the incident</li> <li><input type="checkbox"/> Human factors need improvement (e.g., recognition of fatigue, impairment, work load, state of mind, team selection)</li> <li><input type="checkbox"/> Risk assessment prior to work <u>was not done</u></li> <li><input type="checkbox"/> Risk assessment conducted prior to the work <u>needs improvement</u></li> <li><input type="checkbox"/> Worker selection <u>needs improvement</u></li> </ul> </div>
	<p><b>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:</b>                  Further detail on maintenance records needed from outside contractors. Increased oversight of contractors, contractor awareness training, documented maintenance expectations.</p>

### Incident Investigation and Reporting Form

<b>TRAINING</b>	<b>6.6.i - Was there a <u>training</u> issue related to the incident?</b> <input checked="" type="radio"/> Yes → Go to 6.6.ii <input type="radio"/> No → Go to 6.7.i <input type="radio"/> N/A → Go to 6.7.i
	<b>6.6.ii - If yes, check all that apply:</b> <input type="checkbox"/> There was <u>no training for the task</u> related to the incident <input checked="" type="checkbox"/> Training was <u>inappropriate or insufficient</u> to support adequate understanding <input type="checkbox"/> Appropriate and sufficient training was <u>available, but not completed</u> <input checked="" type="checkbox"/> Staff was <u>not qualified or proficient in performing the task</u> related to the incident
	<b>6.6.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:</b> [REDACTED] were not sufficiently aware of the risks of removal of this filter
<b>COMMUNICATION</b>	<b>6.7.i - Were there <u>communication</u> factors directly related to the occurrence?</b> <input checked="" type="radio"/> Yes → Go to 6.7.ii <input type="radio"/> No → Go to 6.8.i <input type="radio"/> N/A → Go to 6.8.i
	<b>6.7.ii - If yes, check all that apply:</b> <input type="checkbox"/> There is <u>no method or system</u> for communication <input checked="" type="checkbox"/> No communication occurred but should have <input type="checkbox"/> Communication occurred but was unclear, ambiguous, misunderstood, incorrect or not detailed enough
	<b>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:</b> Service records [REDACTED] 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.
<b>EQUIPMENT</b>	<b>6.8.i - Were there <u>equipment</u> factors that may directly relate to the occurrence?</b> <input checked="" type="radio"/> Yes → Go to 6.8.ii <input type="radio"/> No → Go to 6.9.i <input type="radio"/> N/A → Go to 6.9.i
	<b>6.8.ii - If yes, check all that apply:</b> <input type="checkbox"/> The equipment design <u>needs improvement</u> (e.g. design does not meet specifications, specifications inadequate, etc.) <input checked="" type="checkbox"/> Equipment was <u>not properly maintained</u> (e.g. equipment not maintained to manufacturer or facility standards, etc.) <input type="checkbox"/> Equipment maintenance <u>needs improvement</u> (e.g. maintenance meets specifications but equipment still failed) <input type="checkbox"/> Equipment used was <u>not fit for purpose</u> (e.g. equipment is being used beyond intended/recommended use) <input type="checkbox"/> Quality control was <u>not done</u> (e.g. calibration, validation or testing was not done as/when it should have been) <input type="checkbox"/> Quality control <u>needs improvement</u> (e.g. calibration, validation, testing done to accepted standards but still failed)
	<b>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:</b> 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.
<b>HUMAN INTERACTION</b>	<b>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?</b> <input type="radio"/> Yes → Go to 6.9.ii <input checked="" type="radio"/> No → Go to 6.10.i <input type="radio"/> N/A → Go to 6.10.i
	<b>6.9.ii - If yes, check all that apply</b> Improvement needed with respect to: <input type="checkbox"/> The labelling, placement, operation, displays or other functions of tools/equipment in the work environment <input type="checkbox"/> Environmental factors within in the work area (e.g., temperature, obstructions, clutter, distractions/noise, surfaces, lighting, etc.) <input type="checkbox"/> Workload constraints, pressures or other demands (constraints/demands interfered with staff capability in managing tasks)
	<b>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:</b>

Incident Investigation and Reporting Form

<b>OTHER FACTORS</b>	6.10.i - Were there any <u>other factors</u> related to the incident? <input type="radio"/> Yes → Go to 6.10.ii <input type="radio"/> No → Go to Section 7.0 <input type="radio"/> N/A → Go to Section 7.0									
	6.10.ii - If <u>other factors</u> were involved, provide more detail or explanation below.									
Section 7.0: Outcome										
<b>CORRECTIVE ACTION</b>	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								
	1. in line HEPA filter was installed on Friday August 28th. The vent line has been piped to the autoclave capture hood, to provide 2nd filtration	complete								
	2. [redacted] received further training [redacted] will train RPSSD maintenance staff on their return	15-09-28 until October 9th 2015								
	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								
4. NML-RPSSD develop their own checklist from service manual [redacted] will report to the NML's Senior Mechanical Technologist (or alternate) when on site	complete in place									
<b>MANAGEMENT</b>	7.2 - Has management been informed of this incident? <input checked="" type="radio"/> Yes <input type="radio"/> No or unknown, explain below									
	Provide more detail or explanation below. Management/oversight plan has been prepared to ensure closer oversight of activities performed by contractors.									
<b>PREVIOUS OCCURRENCES</b>	7.3 - Have there been similar <u>previous</u> occurrences at your location in the past? <input type="radio"/> Yes → Go to 7.4 <input checked="" type="radio"/> No → Go to 7.7									
	7.4 - Were corrective actions specified to address one or more <u>previous</u> occurrence(s)? <input type="radio"/> Yes → Go to 7.5 <input type="radio"/> No → Go to 7.6									
	7.5 - Were corrective actions taken to address one or more <u>previous</u> occurrences? <input type="radio"/> Yes → Go to 7.6 <input type="radio"/> No → Go to 7.5									
	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:									
<b>IMPROVEMENTS</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Procedures, Protocols and SOPs</td> <td><input checked="" type="checkbox"/> Management system and/or oversight</td> </tr> <tr> <td><input type="checkbox"/> Standards and Policies</td> <td><input type="checkbox"/> Equipment factors</td> </tr> <tr> <td><input checked="" type="checkbox"/> Training</td> <td><input type="checkbox"/> Human Interaction or human factors</td> </tr> <tr> <td><input type="checkbox"/> Communication</td> <td><input type="checkbox"/> Other</td> </tr> </table>		<input checked="" type="checkbox"/> Procedures, Protocols and SOPs	<input checked="" type="checkbox"/> Management system and/or oversight	<input type="checkbox"/> Standards and Policies	<input type="checkbox"/> Equipment factors	<input checked="" type="checkbox"/> Training	<input type="checkbox"/> Human Interaction or human factors	<input type="checkbox"/> Communication	<input type="checkbox"/> Other
	<input checked="" type="checkbox"/> Procedures, Protocols and SOPs	<input checked="" type="checkbox"/> Management system and/or oversight								
<input type="checkbox"/> Standards and Policies	<input type="checkbox"/> Equipment factors									
<input checked="" type="checkbox"/> Training	<input type="checkbox"/> Human Interaction or human factors									
<input type="checkbox"/> Communication	<input type="checkbox"/> Other									
7.8 - Provide more detail/explanation based on your responses selected in 7.7 above Maintenance checklists with signoff will ensure that contractors is carrying out all the work as specified in the contract. It will allow for better oversight of the contractors. Training to RPSS staff on autoclave performance and maintenance will help them identify problems and proved them the experlence to improve oversight of contractors.										



### Incident Investigation and Reporting Form

**ADDITIONAL NOTES**

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. coli* sample" or "beaker containing *Salmonella* was knocked over onto desk").

**INTERNAL USE - PHAC NOTES, FOLLOW UP/CLARIFICATIONS**

PHAC - CENTRE FOR BIOSECURITY NOTES

RECEIVED BY PHAC (NAME: FIRST, LAST)

Date received  Date reviewed  Date Last Follow Up

# Incident Reporting System (IRS)

## 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

### 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:



# Exposure Notification Report - Occurrence Information

Exposure Incident Identification Number: NR-16-000047

## Information

Fields marked with an asterisk (\*) are required to save the page.  
Sections marked with a section sign (§) are required to submit the report.

\* Are/did any of the individuals exposed or infected during the incident travelling outside the province/territory during the potential incubation or infectious period? ⓘ

No

\* Is the date that the incident occurred known?

- Yes
- No

\* Date the incident occurred

2016-09-13

\* Date the incident was first reported to internal authorit(ies)

2016-09-13

\* Indicate the location where the incident occurred

Containment Level 2 small animal room

\* Select the occurrence type(s) that best characterise the incident (if more than one type is significant, check all that apply)

- Spill
- Loss of containment
- Sharps-related (needle stick/sharps injury)
- Animal-related (bites/scratches)
- Insect-related
- Personal protective equipment (PPE) related (inadequate or failure)
- Equipment-related
- Procedure-related
- Unknown
- Other

\* Indicate the main activity that best describes the work being undertaken during the incident

Animal care

\* Is/are the biological agent(s) involved in the incident known?

- Yes
- No

## § Biological Agents

Specify the name(s) of the biological agent(s) involved in the incident

Start typing a biological agent name Add

Name	Human Risk Group	Animal Risk Group	Terrestrial Animal Pathogen under CFIA Authority	Security Sensitive	Trigger Quantity (mg)
Zika virus	RG2	RG1	Yes	No	Not Applicable

**Other Biological Agents (10 maximum. Use semicolons ';' to add multiple at a time.)**

Enter other biological agent name Add

**Other Biological Agent Name**  
 No data is available in the table

**Specify the specific strain, sub-type, etc. of the biological agent, if known/applicable**

**\*Was decontamination/disinfection of materials and surfaces performed using processes and methods in accordance with applicable standards and guidelines?**

- Yes, provide further details below
- No, decontamination/disinfection was not required
- No, Other reason (explain below why not done or not done per standards and guidelines)
- Unknown (explain below)

[Index \(https://biosecurity-portal.hc-sc.gc.ca/reports/notification-index/?rid=0cb9dfb3-397c-e611-80eb-005056820108\)](https://biosecurity-portal.hc-sc.gc.ca/reports/notification-index/?rid=0cb9dfb3-397c-e611-80eb-005056820108)

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

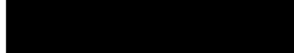
**Next** [Submission \(https://biosecurity-portal.hc-sc.gc.ca/reports/notification-submission/?rid=0cb9dfb3-397c-e611-80eb-005056820108\)](https://biosecurity-portal.hc-sc.gc.ca/reports/notification-submission/?rid=0cb9dfb3-397c-e611-80eb-005056820108)



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

# Exposure Notification 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)

[Redacted Name Field]

\* 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/notification-occurrence-information/?rid=0cb9dfb3-397c-e611-80eb-005056820108>)





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

# Exposure Notification Report - Administrative Information



Exposure Incident Identification Number: NR-16-000047

## Information

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

Select the incident type that best describes the incident being reported

Exposure

\* Licence Number associated with this Incident



Licence Holder

Matthew Gilmour

\* Indicate the containment level of the laboratory associated with the incident

Containment Level 2

[Index \(https://biosecurity-portal.hc-sc.gc.ca/reports/notification-index/?rid=0cb9dfb3-397c-e611-80eb-005056820108\)](https://biosecurity-portal.hc-sc.gc.ca/reports/notification-index/?rid=0cb9dfb3-397c-e611-80eb-005056820108)

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

# Exposure Follow-up Report - Administrative Information



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

## Information

Fields marked with an asterisk (\*) are required to save the page. Sections marked with a section sign (§) are required to submit the report.

Select the incident type that best describes the incident being reported

Exposure

\* Licence Number associated with this Incident

[Redacted]

Licence Holder

Matthew Gilmour

\* Indicate the containment level of the laboratory associated with the incident

Containment Level 2

\* Indicate the total number of individuals affected (exposed + infected) during the incident

1

## § Affected Persons

Add Affected Person

Affected Person Identification Number	Disease Status	Route of Exposure	Illness Outcome	Completed
[Redacted]	Exposure	Inhalation		Yes

[Index \(https://biosecurity-portal.hc-sc.gc.ca/reports/follow-up-index/?rid=6217ba1a-029a-e611-80fe-0050568253d3\)](https://biosecurity-portal.hc-sc.gc.ca/reports/follow-up-index/?rid=6217ba1a-029a-e611-80fe-0050568253d3)
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# Exposure Follow-up Report - Occurrence Information

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

## Information

Fields marked with an asterisk (\*) are required to save the page.  
Sections marked with a section sign (§) are required to submit the report.

\* Are/did any of the individuals exposed or infected during the incident travelling outside the province/territory during the potential incubation or infectious period? ⓘ

No

\* Indicate if any secondary transmission (person-to-person spread) occurred following the incident ⓘ

- Yes
- No
- Unknown

\* Is the date that the incident occurred known?

- Yes
- No

\* Date the incident occurred

2016-09-13

\* Date the incident was first reported to internal authorit(ies)

2016-09-13

\* Indicate the location where the incident occurred

Containment Level 2 small animal room

\* Select the occurrence type(s) that best characterise the incident (If more than one type is significant, check all that apply)

- Spill
- Loss of containment
- Sharps-related (needle stick/sharps injury)
- Animal-related (bites/scratches)
- Insect-related
- Personal protective equipment (PPE) related (inadequate or failure)
- Equipment-related
- Procedure-related
- Unknown
- Other

\* Indicate the main activity that best describes the work being undertaken during the incident

Animal care

\* Is/are the biological agent(s) involved in the incident known?

- Yes
- No

## § Biological Agents

Specify the name(s) of the biological agent(s) involved in the incident

Start typing a biological agent name

Name	Human Risk Group	Animal Risk Group	Terrestrial Animal Pathogen under CFIA Authority	Security Sensitive	Trigger Quantity (mg)
Zika virus	RG2	RG1	Yes	No	Not Applicable

**Other Biological Agents (10 maximum. Use semicolons ";" to add multiple at a time.)**

Enter other biological agent name Add

**Other Biological Agent Name**

No data is available in the table

**Specify the specific strain, sub-type, etc. of the biological agent, if known/applicable**

**\*Was decontamination/disinfection of materials and surfaces performed using processes and methods in accordance with applicable standards and guidelines?**

- Yes, provide further details below
- No, decontamination/disinfection was not required
- No, Other reason (explain below why not done or not done per standards and guidelines)
- Unknown (explain below)

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>) Next

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



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

# 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 actual severity 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

2

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 likelihood of a recurrence 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)

1

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

Yes

No

Don't know

\*If the actual severity was less than the potential severity, indicate what type of safeguards prevented a more severe. Check all that apply.

**Engineering Controls**

Check all that apply

- Automation or computerization**, e.g. use of devices or systems removed 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)**

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

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

Next

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



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

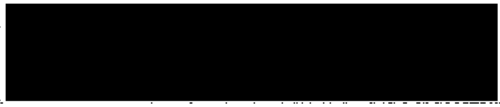


Exposure Incident Identification Number: FR-16-000047-1

## Information

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

\*Incident Investigation team members (provide first and last name and role for each member of the investigation team)



\*Indicate the current status of the investigation

Complete

## Root Causes

\*Have root causes been established for the incident based on the investigation to date?

- Root causes established, analysis complete
- Some root causes established, investigation/analysis ongoing
- Root causes not yet established, investigation/analysis in process
- Unable to establish root causes, investigation terminated

## Standards, Policies, Procedures

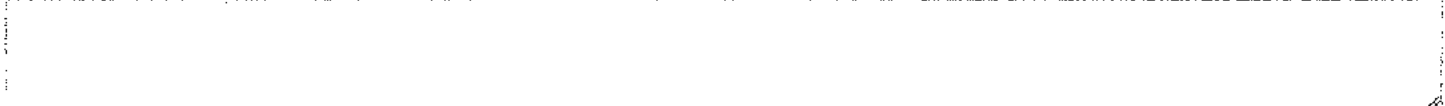
\*Were there standards, policies, procedures or other expected practice documents that guided the work/activities (these may include SOPs, requirements, written guides, instructions, rules and checklists)?

- Yes
- No
- Unknown
- Not Applicable

Check all that apply re: The standards, policies, procedures or other expected practice documents that guided the work were:

- Known but **not followed**
- Not followed because they were **not known by the user(s)**
- Not followed correctly** (followed as written, but may have been confusing, not detailed enough or unclear, etc.)
- Followed but **not correct for the task/activity** (contained wrong information or were inadequate to address the situation)
- Not 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



## Training

\*Was there a training issue related to the incident?

- Yes
- No
- Unknown

## Communications

\*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, misunderstood, incorrect or not detailed enough

If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent was involved in the incident, provide more detail or explanation below

## Management Oversight

\*Were there problems with management and/or oversight directly related to the incident? (In the root causes below "enforcement" refers to facility-driven enforcement)

- Yes
- No
- Unknown
- Not Applicable

## Equipment

\*Were there equipment factors that directly related to the incident?

- Yes
- No
- Unknown
- Not Applicable

## Human Interaction

\*Did any human interactions or human factors related to work demands or the work environment directly relate to the incident?

- Yes
- No
- Unknown
- Not Applicable

## Other Factors

\*Were there any other factors related to the incident?

- Yes
- No

\*Specify other factors

- 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.



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

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

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~~W~~ 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)**

Government  
of CanadaGouvernement  
du Canada

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

# 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  
 No

\* Indicate the categories of corrective actions that apply for this incident (check all that apply).

- Procedures, protocols and SOPs  
 Standards and policies  
 Training  
 Communication  
 Management system and/or oversight  
 Equipment factors  
 Human interaction or human factors  
 Other

\* Describe each corrective action implemented or planned **AND** indicate the expected completion date in brackets at the end of each corrective action.

Example: Reinforce training on proper hand washing procedures among all staff and students working in the containment zone (January 31st, 2016).

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

\* Has management been informed of this incident?

- Yes  
 No  
 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 incident investigation and root causes, what components of your biosafety 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  
 Other

**If the incident involved a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent, explain or provide details on biosafety program improvements:**

**Additional Notes (provide any further details to describe the main essence of the incident or additional comments on the investigation findings).**

[Empty text box for additional notes]

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

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

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# 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>)

#15-06

ATIA - 19(1)

ATIA - 20(1)(b)

ATIA - 20(1)(c)

Formulaire de rapport d'incident

Incident : Mueller Hinton Broth 11 ml

Personne responsable :

Danielle Daignaut

Lot of Mueller Hinton Broth 11ml received. Upon verification, the lot showed numerous tubes with uneven level of liquid.

Signature :

[Redacted Signature]

Date : 2015-12-02

Mesures prises

Following an e-mail exchange [Redacted] the lot was sterilized and discarded. The lot was replaced [Redacted]. The lot and the subsequent one showed the same problem, and were discarded. None of the tubes were used for testing. A forth lot was sent and this time showed acceptable levels of broth in the tubes. QA certificate was verified and sterility test passed (attached).

The issue had been communicated to [Redacted]. A resolution teams was assembled and will be meeting this month and a resolution plan will be sent to us.

Signature :

[Redacted Signature]

Date : 2015-12-02

Personnes informées : Shelley Frost

Date : 2015-12-04

[Redacted Signature]

Shelley Frost

# 1507

ATIA-16(2)(c)  
ATIA - 19(1)  
ATIA - 20(1)(b)  
ATIA - 20(1)(c)

Formulaire de rapport d'incident

**Incident : QC Problems *Enterococcus faecalis* ATCC 29212**

**Personne responsable : Danielle Daignault**

Numerous QC failures related to *Enterococcus faecalis* ATCC 29212 for Chloramphenicol, gentamicin and tetracycline when using both Optireads.

Signature : [Redacted] Date : 2015-12-02

**Mesures prises**

Since all QCs passed when using Vizion, only manual reading will be performed until the problem is solved. This remains in compliance with RAM-001 (see section 8). The issue had been communicated to [Redacted] and it was decided that [Redacted]. A resolution teams was assembled and will be meeting this month. A resolution plan will be sent to us.

Signature : [Redacted] Date : 2015-12-02

Personnes informées : Shelley Frost Date : 2015-12-04

SF  
6/12/15

# Incident Reporting System (IRS)

## Utilization Report

**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:



# Incident Reporting System (IRS)

## 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:

Individual - 1  
Community - 1

## Communication Complete as of:

# 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 / 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 Région et Province	* Branch Direction générale	Directorate Direction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	PHAC-IDPC / ASPC-PCMI	NML	[REDACTED]
Building Immeuble	Postal Locator Localisateur postal	Postal code Code postal	Telephone number Numéro de téléphone
1015 Arlington / 1015 Arlington		R3E 3R2	[REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques	Address Adresse		
[REDACTED]	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 météorologiques	
2015-12-02	09:45 AM HH:MM	Foggy / Brumeux	
Witnesses Témoins	* Supervisor's name Nom du surveillant		
[REDACTED]	[REDACTED]		

**Description of what happened / Description des circonstances:**

The individual was performing routine animal procedures, which consisted of mouse injections followed by in vivo imaging. When injecting an RML scrapie 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 of the 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 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 procedure safely. To clarify, the needle itself had just been used to inject into the body cavity of a scrapie prion infected mouse, and then after being potentially exposed to prions from the injection, then went into the hand of the individual. The needle hub itself did not contain infectious prion within it, it contained the bioluminescent D-Luciferin reporter solution. The MSDS of D-luciferin, lists it as not WHMIS controlled, not a dangerous substance.

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: [REDACTED]

Birth date YYYY-MM-DD	Age Âge	Sex Sexe	Occupation Profession	Years of experience in occupation
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Date de naissance AAAA-MM-JJ			No. d'années d'expérience dans profession
[REDACTED]			

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 / Événement 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  
[REDACTED]

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 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:  
There was nothing that could be corrected. All correct procedures were followed. Other options for protective equipment to prevent such occurrences 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
[REDACTED]	[REDACTED]	[REDACTED]	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  
[REDACTED]

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
[REDACTED]	[REDACTED]	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 because the reporter dyes pass through the system quicker.  
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.

[Redacted]

*Signature*

[Redacted]

[Redacted]

SCHEDULE 1 / ANNEXE 1  
SECTION 15.8 / ARTICLE 15.8)

HAZARDOUS OCCURRENCE  
INVESTIGATION REPORT

RAPPORT D'ENQUÊTE DE  
SITUATION COMPORTANT DES RISQUES

Type of occurrence / Type de situation  
First Aid / Premiers Soins

Department File No. / N° de dossier du ministère de la Santé  
Regional Office / Bureau régional  
Employer ID No. / Numéro d'identification de l'employeur

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 R3E3P6
	Telephone Number / Numéro de téléphone [REDACTED]

Site of Hazardous Occurrence / Lieu de la situation hasardeuse Mechanical Space	Date and Time of Hazardous Occurrence / Date et heure de la situation hasardeuse 2015-12-07 09:30 AM
	Weather / Conditions météorologiques

Witnesses / Témoins [REDACTED]	Supervisor's Name / Nom du surveillant [REDACTED]
-----------------------------------	--

Description of what happened / Description des circonstances  
Moving equipment from cart onto floor. Person noticed 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 / Description sommaire et coût estimatif des dommages matériels

Injured Employee's Name (if applicable) / Nom de l'employé blessé (s'il y a lieu) [REDACTED] HC-SC/GC/CA	Age / Âge [REDACTED]	Occupation / Profession [REDACTED]
		Years of experience in occupation / Nombre d'années d'expérience dans la profession [REDACTED]

Description of injury / Description de la blessure Hand / Main -> Right / Droit	Sex / Sexe [REDACTED]	Direct cause of injury / Cause directe de la blessure Other - Specify / Autres - Préciser
--	--------------------------	--

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      Lifting training

Direct causes of Hazardous Occurrence / Causes directes de la situation hasardeuse  
Other - Specify / Autres - Préciser  
== Un seen sharp edge / object

Other - Specify / Autres - Préciser  
== Sharp edge / object

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

Name of person investigating / Nom de la personne menant l'enquête [Redacted]	Signature / Signature [Redacted]	Date / Date 2016-01-07
Title / Titre [Redacted]	Telephone Number / Numéro de téléphone [Redacted]	
Safety & Health Committee's or Representative's Comments / Observations du comité d'hygiène et de sécurité ou du représentant. Conducted the investigation with the employee, management and SES. After a brief description of the work, and explanation of what happened to cause the injury we were all satisfied that the proper procedures were followed when the incident occurred, and the proper PPE was in use.		
Committee Member or Representative Name / Nom de membre du comité ou du représentant [Redacted]	Signature / Signature [Redacted]	Date / Date 2016-01-07
Title / Titre [Redacted]	Telephone Number / Numéro de téléphone [Redacted]	

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.

ATIA - 19(1)

HAZARDOUS OCCURRENCE  
INVESTIGATION REPORT

Document d'enquête de situation  
COMPORTANT DES RISQUES  
Information 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

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

Hazardous Occurrence / Situation comportant des risques

- Injury / Blessure  
 Explosion / Fire / Explosion / Feu  
 Loss of Consciousness / Évanouissement  
 Threats / Menaces  
 Emergency Procedures / Mesures d'urgence  
 Near Miss / Quasi-accident

Other (specify):  
Autres (précisez):

Type of Injury Genre de blessure	WCB Claim Initiated Demande d'indemnité présentée à la CAT
<input type="checkbox"/> Minor - First Aid Superficielle - premiers soins <input checked="" type="checkbox"/> Minor - Medical Aid Superficielle - soins médicaux <input type="checkbox"/> Disabling Invalidante <input type="checkbox"/> Fatal Mortelle	<input checked="" type="checkbox"/> Yes / Oui <input type="checkbox"/> No / Non

Department file no. No de dossier du ministère	Regional or District Office Bureau régional ou de district	Employer ID No. No d'identification de l'employeur
---	---	---

A - INJURED EMPLOYEE INFORMATION / RENSEIGNEMENTS SUR L'EMPLOIE(E) BLESSE(E)

1. Name/Nom	2. Sex/Sexe	3. Date of Birth / Date de naissance Y/A M/M D/J
4. Classification	5. Occupation/Poste	6. Time in this type of work / Fait ce genre de travail depuis
7a. Specify type of safety training received and date of training / Précisez la formation reçue en matière de sécurité et la date de la formation		7. Safety training received / Formation en matière de sécurité

*Certification records are at [redacted] office*

8. Name of Employer / Nom de l'employeur	Address (including postal code) / Adresse (y compris le code postal)	Telephone No. / No de téléphone
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B - HAZARDOUS OCCURRENCE / SITUATION COMPORTANT DES RISQUES

9. Hazardous Occurrence Location / Lieu de la situation comportant des risques	10. Regular Duties / Fonctions régulières	11. Supervisor / Superviseur
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12. Witness(es) / Témoin(s)	13. First Aid Treatment / Premiers soins
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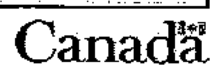
14. First Aid Attendant / Secouriste	15. Date and Time of Accident / Date et heure de l'accident	16. Date and Time Reported / Date et heure de la déclaration
--------------------------------------	---	--

17. Nature and extent of injury (State part of body affected) / Nature et gravité de la blessure (mentionnez la partie du corps blessée)

*Lower back, left side, 3" or 4" by spine.  
Badly bruised*

18. Property / Material Damage Nature and extent (vehicles, spectacles, tools, equipment, etc.) Cost	18. Dommages matériels et à la propriété Nature et étendue (véhicules, lunettes, outils, équipement, etc.) coût
---	--

19. Lead Occupational Safety and Health Person / Responsable de la santé et de la sécurité au travail	Management Contact / Personne-ressource de la direction
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20. Sequence of events leading to accident

Série d'événement qui ont entraîné l'accident

Identify equipment, tools, materials etc. that may have contributed to accident

L'équipement, les outils, le matériel, etc. qui ont pu contribuer à l'accident

preparing tank lid in order to accept paint

21. Cause(s) of Accident / Causes(s) de l'accident

a) Direct cause of injury / Cause directe de la blessure

Bad luck ! loss footing and balance

b) Mechanical, physical, and/or environmental conditions / Conditions mécaniques, physiques, et/ou environnementales

good

c) Human factors (unsafe act) / Facteurs humains (acte dangereux)

N/A

d) Weather Conditions / Conditions météorologiques

good

D - PREVENTIVE ACTION / MESURES PRÉVENTIVES

22. Corrective and preventive measures planned or recommended / Mesures correctives et préventives planifiées ou recommandées

23. Date of implementation / Date de mise en vigueur Y/A M/M D/J

N/A

24. Investigator- Investigation Team / Enquêteur - Groupe d'enquêteurs

Name and phone no.	Nom et no de téléphone	Title / Titre	Date (Y/A M/M D/J)	Signature
1				
2				
3				
4				
5				

25. OSH Committee Review / Examen du Comité de SST

Comments / Observations

Yes / Oui  No / Non

Signature - Employee co-chairperson / Signature du coprésident (employé)

Signature - Management co-chairperson / Signature du coprésident (direction)

E - MANAGEMENT REVIEW / EXAMEN DE LA DIRECTION

Comments / Observations

Name and phone no. /	Nom et no de téléphone	Title / Titre	Signature	Date



F-Additional Information/Information Suppl

aire

# 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 mailing address / Nom et adresse postale de l'employeur:

* Region & Province Région et Province Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	* Branch Direction générale PHAC-IDPC / ASPC-PCMI	Directorate Direction	Division
Building Immeuble 1015 Arlington / 1015 Arlington	Postal Locator Localisateur postal	Postal code Code postal r3e3r2	Telephone number Numéro de téléphone
Site of hazardous occurrence Lieu de la situation comportant des risques Parking lot @ NML- 1015 Arlington st, Winnipeg	Address Adresse CSCHAH 1015 Arlington st Winnipeg, Mb,		
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ 2015-12-16	Time of hazardous occurrence Heure de la situation comportant des risques 12:30 PM HH:MM	Weather Conditions météorologiques Snowing / Enneigé	
Witnesses Témoins	* Supervisor's name Nom du surveillant [REDACTED]		

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

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

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

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
[REDACTED]				

Description of injury / Description de la blessure:

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

ATIA - 19(1)

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 (bruising), back pain

\* Event or Exposure / Événement 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 health care? Le travailleur a-t-il reçu des soins médicaux? No / Non
--	---

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

<p><b>Health Care / Soins Médicaux</b></p> <p>Name and address of doctor/practitioner or medical facility / Le Nom et l'adresse du médecin/praticien ou de l'établissement de soins:</p>	<p><b>Claim Information / Renseignements sur l'indemnisation</b></p> <p>Sick leave without pay / No / Non Congé de maladie non payé:</p> <p>Paid sick leave / No / Non Congé de maladie payé:</p> <p>Date covered / Indiquer les dates: YYYY-MM-DD / AAAA-MM-JJ</p> <p>Absent From/Du To/Au</p> <p>Number of lost days / 0 Nombre de jours perdus:</p>
--	--

**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 because the individual that filed the AIRS report did not wish to continue with the investigation.  
→ be interviewed.

\* 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

ATIA - 19(1)

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. *80* *→ interviewed*

* 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
[REDACTED]			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 Titre du membre du comité ou de représentant	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
[REDACTED]		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.

[REDACTED]

[REDACTED]

*signature*

[REDACTED]

[REDACTED]

# 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  
 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 Direction générale	Directorate Direction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	PHAC-IDPC / ASPC-PCMI	NML	
Building Immeuble	Postal Locator Localisateur postal	Postal code Code postal	Telephone number Numéro de téléphone
1015 Arlington / 1015 Arlington		R3E 3R3	
Site of hazardous occurrence Lieu de la situation comportant des risques	Address Adresse		
Outside the workplace	Logan Ave and Reitta street, winnipeg		
* 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 météorologiques	
2015-12-16	12:25 PM HH:MM	Snowing / Enneigé	
Witnesses Témoins	* Supervisor's name Nom du surveillant		
Non			

**Description of what happened / Description des circonstances:**

I was driving east on Logan ave going towards JC Wilt Laboratory at 12:25pm, 2015-12-16 to deliver specimens.  
 - A car travelling in front of me going east bound Logan Ave stopped suddenly to turn left (north) to Sherman St (By the community centre.)  
 - I was travelling 30-40 km/h and started braking but the van slid around 2-3 car lengths with the wheel turned right and finally got traction to turn right where the van then bumped the rear drivers side bumper / wheel fender (est. 5-10km/h) of a parked truck on the right hand side of Logan Ave.  
 I went into the bakery where the truck was parked and found the owner. We exchanged information, [redacted] did not have [redacted] registration on [redacted] person.

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

\* Brief description of property damage / Description sommaire des dommages matériels: Front right fender, light and driver side mirror were damaged on fleet vehicle. There was also damage to parked vehicle.

\* Estimated cost of property damage / Coût estimatif des dommages matériels: \$2,300.00

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

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

Birth date	Age	Sex	Occupation	Years of experience in
------------	-----	-----	------------	------------------------

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

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 / Événement 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  
[REDACTED]

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 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: [REDACTED]

\* 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 l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
[REDACTED]			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  
[REDACTED]

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
[REDACTED]		2016-01-08

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

ATIA - 19(1)

Observations du comité de sécurité et de santé ou de représentant:

There were no injuries in this incident. This gov vehicle 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 filing 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.)

---

[Redacted]

Signature

[Redacted]

[Redacted]

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

## 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 / Nom et adresse postale 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	NML	[REDACTED]
Building Immeuble	Postal Locator Localisateur postal	Postal code Code postal	Telephone number Numéro de téléphone
1015 Arlington / 1015 Arlington		R3E 3R2	[REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques		Address Adresse *	
[REDACTED]		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 météorologiques	
2016-01-07	11:15 AM HH:MM		
Witnesses Témoins		* Supervisor's name Nom du surveillant	
[REDACTED]		[REDACTED]	

**Description of what happened / Description des circonstances:**  
 During regular work hours at 11:15am, doing a routine procedure for Animal Use Document H-15-013 "Development of Protective Monoclonal Antibodies against Filoviruses", [REDACTED] performing a cardiac puncture on a mouse using a 3 cc syringe and a 25 gauge 5/8 " needle as per SOP VTS-WI-504 "Blood Collection Techniques for Rodents". The mouse was vaccinated with non-infectious VSV-Sudan (Vesicular Stomatitis Virus), more specifically, the VSV vector expressing the glycoprotein from Sudan virus. [REDACTED] finished the exsanguination procedure and put the needle back into the needle cap. With some force, the needle bent and went through the needle cap and punctured [REDACTED] left thumb. [REDACTED] immediately notified coworkers and first aid was rendered by washing the area with running water and squeezing the area to bleed. [REDACTED] witness who has [REDACTED] first aid) placed 70% alcohol on the area. Supervisor was made aware of the incident. No time was lost and continued [REDACTED] regular work day. [REDACTED] was instructed to monitor [REDACTED] thumb and notify supervisor if any adverse medical issues arise.

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: [REDACTED]

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
[REDACTED]				



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 / Événement 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 reminded 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 & 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
		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.

---

[Redacted]

[Redacted]

*Signature*

[Redacted]

# Incident Reporting System (IRS)

## 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:

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:

# 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 / Minor injuries / Blessures Mineurs  
 Genre de situation :

### 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 Direction générale	Directorate Direction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	PHAC-IDPC / ASPC-PCMI	NML	
Building Immeuble	Postal Locator Localisateur postal	Postal code Code postal	Telephone number Numéro de téléphone
1015 Arlington / 1015 Arlington		R3E 3M2	
Site of hazardous occurrence Lieu de la situation comportant des risques	Address Adresse		
Employee's cubicle	820 Elgin Avé, 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 comportant des risques HH:MM	Weather Conditions météorologiques	
2016-01-12			
Witnesses Témoins	* Supervisor's name Nom du surveillant		

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.

[REDACTED] has summarized the procurement recommendations from the ergonomic report and emailed it [REDACTED]

#### 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. I 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 Accommodations 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 chair, 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.

ATIA - 19(1)  
 ATIA - 20(1)(b)  
 ATIA - 20(1)(c)

I eventually got a chair in 2015 and the sales rep [redacted] (not sure of his / her job) told me it fit me, but 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'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: [redacted]

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
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

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 / Événement 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?
--	---

No / Non Yes / Oui

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

<p><b>Health Care / Soins Médicaux</b></p> <p>Name and address of doctor/practitioner or medical facility / Le Nom et l'adresse du médecin/praticien ou de l'établissement de soins:</p> <p>[REDACTED]</p> <p>An up to date list of time loss appointments can be obtained from [REDACTED]</p>	<p><b>Claim Information / Renseignements sur l'indemnisation</b></p> <p>Sick leave without pay / Congé de maladie non payé: No / Non</p> <p>Paid sick leave / Congé de maladie payé: Yes / Oui</p> <p>Date covered / Indiquer les dates: YYYY-MM-DD / AAAA-MM-JJ</p> <p>Absent From/Du: [REDACTED] To/AU: [REDACTED]</p> <p>Number of lost days / Nombre de jours perdus: 4.2</p>
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**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

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

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

Yes / Oui

\* 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 [REDACTED] to try. New 27 inch monitors have been installed for both workstations, this will allow [REDACTED] to use a lower resolution without losing workspace [REDACTED] screen. Ergonomic keyboards have been installed as well as a right handed ergonomic mouse for one of the workstations. We are waiting 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
[REDACTED]	[REDACTED]	[REDACTED]	2016-06-16

Administration

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
[Redacted]	[Redacted]	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 accommodations 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).

Employee

[Redacted] 2017-01-09

Manager

[Redacted] 2017-01-09

[Redacted] 2016/12/20

[Redacted] 2016/10/19

# 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 / Minor Injuries / Blessures Mineurs  
 Genre de situation :

**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 Direction générale	Directorate Direction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	PHAC-IDPC / ASPC-PCMI	NML	[REDACTED]
Building Immeuble	Postal Locator Localisateur postal	Postal code Code postal	Telephone number Numéro de téléphone
1015 Arlington / 1015 Arlington	R3E 3P6	R3E 3P6	[REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques	Address Adresse		
	1015 Arlington st		
* 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 météorologiques	
2016-02-26	01:45 PM HH:MM	Sunshine / Ensoleillé	
Witnesses Témoins	* Supervisor's name Nom du surveillant		
	[REDACTED]		

**Description of what happened / Description des circonstances:**

Employee was moving (pulling) ferret bank thru a door way [REDACTED] and caught [REDACTED] and between the door frame and the cages. A ferret bank is a large piece of equipment consisting of a group of 6 animal cages and is the size of a refrigerator and is heavy. [REDACTED] came and told supervisor, [REDACTED] and was told to see doctor or contact Occ. nurse for medical guidance. First digit on left hand was swollen. An OSH AIRS report and WCB claim was initiated. Mitigation strategies were reviewed and preliminarily put in place until an OSH investigation can be conducted. No time was lost as of yet.

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: [REDACTED]

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
[REDACTED]				

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

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



\* Part of Body / Partie du corps:

Hand / Main

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

\* Event or Exposure / Événement ou exposition:

Struck against / Projeté contre

<p>Did death occur as a result of the injury? Est-ce que la mort s'en est suivie suite à cet accident? No / Non</p>	<p>Did the worker receive health care? Le travailleur a-t-il reçu des soins médicaux? Yes / Oui</p>
<b>Workers' Compensation Information / Information de la Commission des accidents du travail</b>	
<p><b>Health Care / Soins Médicaux</b> Name and address of doctor/practitioner or medical facility / Le Nom et l'adresse du médecin/praticien ou de l'établissement de soins: [redacted] did go see a doctor on March 2nd, no WCB had been done at [redacted] doctors office.</p>	<p><b>Claim Information / Renseignements sur l'indemnisation</b> Sick leave without pay / No / Non <b>Congé maladie</b> Paid sick leave / Yes / Oui Congé de maladie payé. Date covered / Indiquer les dates: YYYY-MM-DD / AAAA-MM-JJ Absent / To/Au From/Du Number of lost days / 0 Nombre de jours perdus:</p>

**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  
[redacted]

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

\* Causes of Accident / Causes de l'accident:  
Inadequate space- aisle- 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 / Oui

\* 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 against 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 oeuvre:

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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
[REDACTED]			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 Titre du membre du comité ou de représentant	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
[REDACTED]		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 further issues with the injured finger.

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

[REDACTED] \_\_\_\_\_ [REDACTED]

*Signature*

[REDACTED]

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

**Final**

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

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

**Employer Information / Information de l'employeur**

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

* Region & Province Région et Province <b>Manitoba &amp; Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba</b>	* Branch Direction générale <b>PHAC-IDPC / ASPC-PCMI</b>	Directorate Direction	Division  [REDACTED]
Building Immeuble <b>1015 Arlington / 1015 Arlington</b>	Postal Locator Localisateur postal	Postal code Code postal <b>R3E 3R2</b>	Telephone number Numéro de téléphone [REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques		Address Adresse <b>1015 Arlington</b>	
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ <b>2016-02-29</b>	Time of hazardous occurrence Heure de la situation comportant des risques <b>09:30 AM HH.MM</b>	Weather Conditions météorologiques	
Witnesses Témoins [REDACTED]		* Supervisor's name Nom du surveillant [REDACTED]	

Description of what happened / Description des circonstances:

[REDACTED] 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: [REDACTED]

Birth date YYYY-MM-DD Date de naissance AAAA-MM-JJ [REDACTED]	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:  
 Sprains - strains / Entorses - foulures

\* Part of Body / Partie du corps:  
 Back / Dos

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\* Event or Exposure / Événement ou exposition:  
 Other - Specify / Autres - Préciser  
 \* Other: No overexertion, just a possible awkward movement

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

<p><b>Health Care / Soins Médicaux</b></p> <p>Name and address of doctor/practitioner or medical facility / Le Nom et l'adresse du médecin/praticien ou de l'établissement de soins:</p> <div style="background-color: black; width: 100px; height: 40px; margin-top: 10px;"></div>	<p><b>Claim Information / Renseignements sur l'indemnisation</b></p> <p>Sick leave without pay / Congé de maladie non payé: No / Non</p> <p>Paid sick leave / Congé de maladie payé: Yes / Oui</p> <p>Date covered / Indiquer les dates:                  YYYY-MM-DD / AAAA-MM-JJ                  Absent 2016-02-29 To/Au 2016-03-01                  From/Du</p> <p>Number of lost days / Nombre de jours perdus: 1.5</p>
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**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 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: 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/stretchches will be issued.

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* 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
[REDACTED]			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 Titre du membre du comité ou de représentant	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
[REDACTED]		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 been 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 belts were not used during this time but it has been recommended to provide enough belts for staff to use if they feel the need. This will be locked into by the manager immediately and purchased by April 30 2016 (after fiscal year end). No other follow up looks to be required.

[REDACTED]

Signature

[REDACTED]

# Incident Reporting System (IRS)

## 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 - 1

### Property:

Within CSCHAH - 1  
External to CSCHAH - 1

### Social/Psychological:

Individual - 1  
Community - 1

### Opinion:

Individual - 1  
Community - 1

## Communication Complete as of:

ATIA-16(2)(c)

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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

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

* Region & Province Région et Province Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	* Branch Direction générale PHAC-IDPC / ASPC-PCMI	Directorate Direction NML	Division [REDACTED]
Building Immeuble 1015 Arlington / 1015 Arlington	Postal Locator Localisateur postal n/a	Postal code Code postal R3E 3R2	Telephone number Numéro de téléphone [REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques [REDACTED]	Address Adresse 1015 Arlington St.		
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ 2016-05-18	Time of hazardous occurrence Heure de la situation comportant des risques 02:30 PM HH:MM	Weather Conditions météorologiques Overcast / Ennuagé	
Witnesses Témoins [REDACTED]	* Supervisor's name Nom du surveillant [REDACTED]		

Description of what happened / Description des circonstances:

[REDACTED] stepped out of [REDACTED] lab chair to reach for a book on the desk in front [REDACTED] went to sit back down and fell on the floor, as the chair in the meantime had rolled slightly backward. [REDACTED] landed partially breaking the fall with [REDACTED] left hand. At first the injured hand was a bit sore but this soreness never went away and remained aggravated. Therefore by May 26, [REDACTED] decided to formally file a report of this occurrence and saw a doctor the same day.

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: [REDACTED]

Birth date YYYY-MM-DD Date de naissance AAAA-MM-JJ [REDACTED]	Age Âge [REDACTED]	Sex Sexe [REDACTED]	Occupation Profession [REDACTED]	Years of experience in occupation No. d'années d'expérience dans profession [REDACTED]
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Description of injury / Description de la blessure:

\* Nature of Injury / Nature de la lésion:

Contusion - crushing - bruise / Contusion - écrasement - meurtrissure

\* Part of Body / Partie du corps:  
Arm / Bras

\* Arm: Affected Side / Bras: Côté Affecté: Left / Gauche

\* Event or Exposure / Événement 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
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**Workers' Compensation Information / Information de la Commission des accidents du travail**

<p><b>Health Care / Soins Médicaux</b></p> <p>Name and address of doctor/practitioner or medical facility / Le Nom et l'adresse du médecin/praticien ou de l'établissement de soins:</p> <p>[REDACTED]</p>	<p><b>Claim Information / Renseignements sur l'indemnisation</b></p> <p>Sick leave without pay / Congé de maladie non payé: No / Non</p> <p>Paid sick leave / Congé de maladie payé: Yes / Oui</p> <p>Date covered / Indiquer les dates: YYYY-MM-DD / AAAA-MM-JJ</p> <p>Absent From/Du 2016-05-25 To/Au 2016-05-25</p> <p>Number of lost days / Nombre de jours perdus: 0</p>
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**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

[REDACTED]

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?:

Yes / Oui

\* Specify / Préciser: Employee to ensure their chair has not rolled away prior to sitting down.

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

YYYY-MM-DD / AAAA-MM-JJ

Date: 2016-05-27



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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
[REDACTED]	[REDACTED]	[REDACTED]	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
[REDACTED]	[REDACTED]	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 hasn't rolled prior to sitting.

[REDACTED]

[REDACTED] Signature

[REDACTED]

[REDACTED]

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16-01

**Incident Report Form**

<b>Incident:</b>	<b>Accountable</b>
<b>Individual:</b> [REDACTED]	
<p>[REDACTED] injured [REDACTED] right wrist when [REDACTED] hand became caught on the door handle of the [REDACTED] was rushing through the doorway, [REDACTED] kept [REDACTED] hand on the handle and continued to proceed when the door closed and caused [REDACTED] wrist to extend in an awkward position. Following the incident, [REDACTED] was able to move [REDACTED] wrist freely with some soreness and discomfort.</p>	
<b>Signed:</b> [REDACTED]	<b>Dated:</b> Apr 8/16
<b>Actions Undertaken</b>	
<p>Correction Action – not required – human error          First Aid was self-administered [REDACTED] immediately applied ice to [REDACTED] wrist after the incident.</p> <p><b>HOIR was completed for Corporate OHS</b></p>	
<b>Signed:</b> [REDACTED]	<b>Date:</b> April 8/16
<b>Persons Informed:</b> [REDACTED]	

**Date: April 6, 2016**

**Formulaire de rapport d'Incident**

<b>Incident :</b>	<b>Personne</b>
<b>responsable :</b>	
<b>Signature :</b>	<b>Date :</b>

## 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 / Potential exposure to infectious material  
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 Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	* Branch Direction générale PHAC-IDPC / ASPC-PCMI	Directorate Direction	Division
Building Immeuble  Other / Autres Specify / Préciser : JCWIDRC	Postal Locator Localisateur postal	Postal code Code postal  R3E 3L5	Telephone number Numéro de téléphone  [REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques  CL2 laboratory	Address Adresse  745 Logan Avenue, Wpg, MB		
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ  2016-05-24	Time of hazardous occurrence Heure de la situation comportant des risques  02:00 PM HHMM	Weather Conditions météorologiques  NA	
Witnesses Témoins	* Supervisor's name Nom du surveillant  [REDACTED]		

**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 [REDACTED] ER for post 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: [REDACTED]

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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

**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 / Événement 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-défectueux)

\* 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 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: 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 piercing 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 leur 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
[REDACTED]			

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# Incident Reporting System (IRS)

## 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

### 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:

# Incident Reporting System (IRS)

## 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:

Individual - 1  
Community - 1

## Communication Complete as of:



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# Hazardous Occurrence Investigation Report

## Rapport D'Enquête de Situation Comportant des Risques

Final  
Draft  
2016/07/06

Type of report / Genre de rapport : New Occurrence / Situation Nouvelle  
 Type of occurrence / Genre de situation : First Aid / Premiers Soins

### Employer Information / Information de l'employeur

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

* Region & Province Région et Province Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	* Branch Direction générale PHAC-IDPC / ASPC-PCMI	Directorate Direction NML	Division [REDACTED]
Building Immeuble 1015 Arlington / 1015 Arlington	Postal Locator Localisateur postal	Postal code Code postal R3E 3R2	Telephone number Numéro de téléphone [REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques [REDACTED]	Address Adresse 1015 Arlington		
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ 2016-05-31	Time of hazardous occurrence Heure de la situation comportant des risques 11:30 AM HH:MM	Weather Conditions météorologiques Raining / Pluvieux	
Witnesses Témoins [REDACTED]	* Supervisor's name Nom du surveillant [REDACTED]		

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 door [REDACTED] 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: [REDACTED]

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
[REDACTED]				

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

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\* Other: fell on left side (shoulder, knee, hip etc)

\* Event or Exposure / Événement ou exposition:

Other - Specify / Autres - Préciser

\* Other: slipped in puddle

**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: 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 / Oui

\* Specify / Préciser: Manager [redacted] to contact [redacted] as point of contact for cleaning agency. Ask them to discuss incident [redacted] and to reinforce the need to ensure excess water doesn't remain on the floor following mopping. [redacted] 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'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
[redacted]	[redacted]	[redacted]	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.

Managers:  
Employee:  
SES Rep

2016-07-05

2016-07-05

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# Hazardous Occurrence Investigation Report

## Rapport D'Enquête de Situation Comportant des Risques

Final [Redacted]  
~~Draft~~ 2016/09/01

Type of report / Genre de rapport : New Occurrence / Situation Nouvelle  
 Type of occurrence / Genre de situation : Other / Autre  
 \* Other - Specify / Autre - Préciser : Environmental Sensitivity

### 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 Direction générale	Directorate Direction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	PHAC-IDPC / ASPC-PCMI	NML	
Building Immeuble	Postal Locator Localisateur postal	Postal code Code postal	Telephone number Numéro de téléphone
1015 Arlington / 1015 Arlington		R3E 3M2	[Redacted]
Site of hazardous occurrence Lieu de la situation comportant des risques		Address Adresse	
[Redacted]		[Redacted]	
* 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 HH:MM	Weather Conditions météorologiques	
2016-06-01			
Witnesses Témoins		* Supervisor's name Nom du surveillant	
[Redacted]		[Redacted]	

### Description of what happened / Description des circonstances:

A Request was made for a scent free environment February 12, 2016 [Redacted] This was then followed up by a conversation between myself [Redacted] (Can't remember the specific date). [Redacted] possibly a doctor's note would be required by my manager. I checked [Redacted] (HR Advisor) and [Redacted] said that a note from a doctor was not required.

March 8, 2016: I spoke with an employee's manager about their use of scents in the workplace. The incident was reported to me in February but the employee was on leave during that time.

May 17, 2016: [Redacted] sent me an e-mail indicating that both a visitor attending training [Redacted] and an employee were wearing scented products, both scents were quite strong in the bathroom. In this e-mail [Redacted] indicated that scents affect [Redacted]

May 20, 2016: [Redacted] provided me with a note from [Redacted] doctor recommending that [Redacted] in a scent free environment.

May 26, 2016: [Redacted] sent me an e-mail indicating two employees that have worn scents recently, that someone in the [Redacted] area was wearing a floral scent, there is someone on the other side of [Redacted] 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 [Redacted] 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 employees indicated in the email on May 26.

May 31, 2016: [Redacted] sent me an email to let me know that the floral scent is back in the [Redacted] area.

June 1, 2016: In an email [Redacted] let me know who was wearing the scented product on the other side [Redacted] they wore the scented product in the restroom that morning. Later that morning [Redacted] smelled a scented product in her cubicle (8:51). I sent a request for more Scent Free signs.

June 2, 2016: [Redacted] sent me an email reporting that [Redacted] smelled the scented product again (9:00). A reminder email was sent by [Redacted] to all [Redacted] reminding the staff that this is a scent free facility and I asked [Redacted] 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 put [Redacted] paper copies were dropped off.

June 6, 2016: Posted the scent free signs [Redacted]

June 8, 2016: [Redacted] emailed me to say [Redacted] person was wearing a scented product. [Redacted] had an upper

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respiratory reaction. I informed the employee's manager

June 9, 2016: [redacted] emailed me to say [redacted] used the paper shredder in [redacted] there were a lot of scented products in the area but [redacted] was unsure as to who was wearing them. The [redacted] person was wearing the same scent again.

June 14, 2016: Met with a member of SES and the OSH committee to discuss what has been done in the past and possible solutions for the future if the problem of employees wearing scents exists.

June 15, 2016: [redacted] emailed me to say [redacted] smelled a scented product in the middle of the north side [redacted] around 8:30. [redacted] was unsure [redacted] had a reaction because [redacted] was not feeling well.

June 21, 2016: [redacted] emailed me to indicate [redacted] smelled scents twice in the morning. One at 8:25 in [redacted] washroom and the second time at 9:40 outside [redacted]. There was training in [redacted]

[redacted] has indicated to me that there are other occurrences but did not record them as we were unaware that an HOIR should be created. [redacted] call the OHS office in Ottawa on June 3rd.

Scents [redacted] smelled in [redacted] cubicle took between 30 and 90 minutes to dissipate.

When [redacted] comes in contact with a scented product [redacted] might experience a reaction (upper and lower respiratory reaction).

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: [redacted]

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
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Description of injury / Description de la blessure:

\* Nature of Injury / Nature de la lésion:  
Allergic Reaction / Réaction Allergique

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

\* Event or Exposure / Événement ou exposition:  
Allergic Reaction / Réaction 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  
[redacted] 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 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: An email about scents in the workplace was sent on 2016-06-02 [redacted] More permanent signs have been requested (Only 2 originally were posted [redacted] 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

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:

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
[REDACTED]	[REDACTED]	[REDACTED]	2016-06-06

[REDACTED]  
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 Titre du membre du comité ou de représentant	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
[REDACTED]	[REDACTED]	2016-09-01

[REDACTED]  
2016/09/01

\* 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:

[REDACTED]

2016/09/15

Employee:

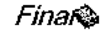
2016/09/22

# 2016-07 PHAC-07

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



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

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

### Employer Information / Information de l'employeur

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

* Region & Province Région et Province Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	* Branch Direction générale PHAC-IDPC / ASPC-PCMI	Directorate Direction NML	Division
Building Immeuble 1015 Arlington / 1015 Arlington	Postal Locator Localisateur postal	Postal code Code postal R3E 3M2	Telephone number Numéro de téléphone
Site of hazardous occurrence Lieu de la situation comportant des risques		Address Adresse	
* Date of hazardous occurrence Date de la situation comportant des risques YYYY-MM-DD AAAA-MM-JJ 2016-07-19	Time of hazardous occurrence Heure de la situation comportant des risques 08:50 AM HH:MM	Weather Conditions météorologiques	
Witnesses Témoins		* Supervisor's name Nom du surveillant	

**Description of what happened / Description des circonstances:**

reported to me in an email that while was breaking down boxes with scissors, the scissors slipped and the points of each scissor blade cut leg (two incisions on right thigh). was cutting the boxes on lap because they were quite shallow and did not want to damage the carpet or desk. After the incident helped get bandaged up using band-aids, the bleeding had stopped within 25 minutes. At 10 am emailed to see if there were any ice packs in the building. Around 11 am acquired an ice pack from for the pain.

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 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:  
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 / Événement 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 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

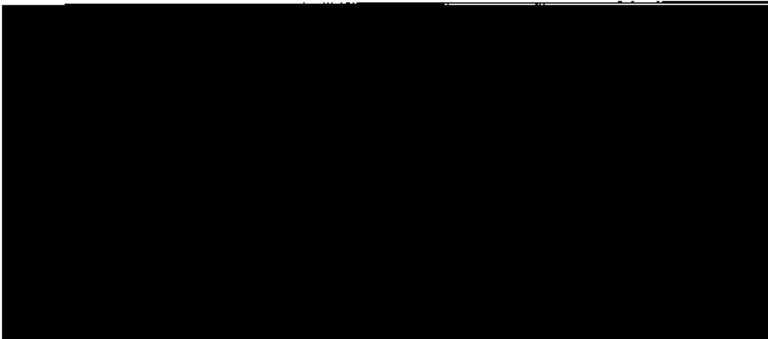
\* Was there implementation of Corrective measures / Est-ce qu'il y a eu implémentation de mesures correctives?:  
Yes / Oui

\* Specify / Préciser: 1. The employee was reminded to choose the correct tool for the job, ie. to use a utility 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  
2016/11/29

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

Safety & Health committee members 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
		2016-09-15

\* 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 purchased and 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

<b>Incident:</b> [REDACTED] (July 26, 2016)	
<b>Accountable Individual:</b>	
<p>Happened around 3:15 p.m. [REDACTED] was in a meeting [REDACTED] at [REDACTED] desk, suddenly [REDACTED] was not responding [REDACTED] questions, went into repetitive movement mode and became non responsive, seemed like going into seizure state with heavy sweating and dazed look. [REDACTED] was trying to respond but could not.</p>	
<b>Signed:</b> [REDACTED]	<b>Dated:</b> July 27, 2016
<b>Actions Undertaken</b>	
<p>911 was called, [REDACTED] was brought into the recovery position by the Health and safety staff, other staff stood out in the corners of the street to direct the ambulance, when the paramedics arrived, medications from [REDACTED] was given to them. They took [REDACTED] to [REDACTED] [REDACTED] was called from work around 4 pm and informed that [REDACTED] has been taken to the hospital.</p>	
<b>Signed:</b> [REDACTED]	<b>Date:</b> July 27, 2016
<b>Persons Informed:</b> [REDACTED]	<b>Date:</b> July 26, 2016

HOIR Reading [REDACTED]

**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

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

## 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

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

* Region & Province Région et Province Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	* Branch Direction générale PHAC-IDPC / ASPC-PCMI	Directorate Direction	Division [REDACTED]
Building Immeuble  Other / Autres Specify / Préciser : JCWilt Infectious Diseases Research Centre	Postal Locator Localisateur postal	Postal code Code postal  R3E 3L5	Telephone number Numéro de téléphone  [REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques  [REDACTED]	Address Adresse  745 Logan Ave., Wpg, MB		
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ  2016-08-24	Time of hazardous occurrence Heure de la situation comportant des risques  02:10 PM HH:MM	Weather Conditions météorologiques  n/a	
Witnesses Témoins  [REDACTED]	* Supervisor's name Nom du surveillant  [REDACTED]		

**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 paramedics 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 [REDACTED] Hospital for 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 Individual's Information / Information de l'individu accidenté

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

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
[REDACTED]				

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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 / Événement ou exposition:  
Overexertion / Surmenage

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**

<p><b>Health Care / Soins Médicaux</b></p> <p>Name and address of doctor/practitioner or medical facility / Le Nom et l'adresse du médecin/praticien ou de l'établissement de soins:</p> <div style="background-color: black; width: 200px; height: 20px; margin-top: 5px;"></div>	<p><b>Claim Information / Renseignements sur l'indemnisation</b></p> <p>Sick leave without pay / No / Non Congé de maladie non payé:</p> <p>Paid sick leave / Yes / Oui Congé de maladie payé:</p> <p>Date covered / Indiquer les dates: YYYY-MM-DD / AAAA-MM-JJ</p> <p>Absent From/Du 2016-08-24 To/Au 2016-08-24</p> <p>Number of lost days / 1 Nombre de jours perdus:</p>
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**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?:

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 oeuvre:

YYYY-MM-DD / AAAA-MM-JJ

Date: 2016-08-30

Supplementary preventive measures / Autres mesures de prévention:

Employees 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 Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
[REDACTED]			

**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

[REDACTED]

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
[REDACTED]		2016-08-31

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

Observations du comité de sécurité et de santé ou de représentant:  
employee declined osh union member to be at the osh incident investigation meeting

# Incident Reporting System (IRS)

## 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 - 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:

## 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 mailing address / Nom et adresse postale de l'employeur:

* Region & Province Région et Province Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	* Branch Direction générale PHAC-IDPC / ASPC-PCMI	Directorate Direction	Division [REDACTED]
Building Immeuble  Other / Autres Specify / Préciser :JCWilt Infectious Diseases Research Centre	Postal Locator Localisateur postal	Postal code Code postal  R3E3L5	Telephone number Numéro de téléphone [REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques  locker room.	Address Adresse  745 Logan Avenue, Wpg, MB		
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ  2016-08-30	Time of hazardous occurrence Heure de la situation comportant des risques  01:00 PM HH:MM	Weather Conditions météorologiques  NA	
Witnesses Témoins [REDACTED]	* Supervisor's name Nom du surveillant [REDACTED]		

Description of what happened / Description des circonstances:

[REDACTED] was greeting a co-worker while turning and glancing at [REDACTED] phone when [REDACTED] tripped over [REDACTED] foot and fell to the ground. While falling [REDACTED] contacted the wall of closed locker doors hurting [REDACTED] ankle, and hitting the front right side of [REDACTED] head on the lockers. Within 20min to 1 hour, [REDACTED] started feeling woozy, and nauseous.

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: [REDACTED]

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
[REDACTED]				

Description of injury / Description de la blessure:

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

\* Part of Body / Partie du corps:  
Head / Tête

\* Event or Exposure / Événement 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**

<p><b>Health Care / Soins Médicaux</b></p> <p>Name and address of doctor/practitioner or medical facility / Le Nom et l'adresse du médecin/praticien ou de l'établissement de soins:</p> <p>[REDACTED]</p>	<p><b>Claim Information / Renseignements sur l'indemnisation</b></p> <p>Sick leave without pay / No / Non Congé de maladie non payé:</p> <p>Paid sick leave / Yes / Oui Congé de maladie payé:</p> <p>Date covered / Indiquer les dates: YYYY-MM-DD / AAAA-MM-JJ</p> <p>Absent 2016-08-31 To/Au 2016-08-31 From/Du</p> <p>Number of lost days / 1 Nombre de jours perdus:</p>
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**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

[REDACTED]

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

\* 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 oeuvre:  
YYYY-MM-DD / AAAA-MM-JJ  
Date: 2016-09-20



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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
			2016-09-02

**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 de 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
		2016-09-20

\* 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 in tripping, the area was reviewed with Facilities personnel to confirm appropriate design and building code requirements. Nothing further came from this review.

2016-RIAC-09

# Hazardous Occurrence Investigation Report

## Rapport D'Enquête de Situation Comportant des Risques

**Final**

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

Type of occurrence / Genre de situation : Other / Autre

\* Other - Specify / Autre - Préciser : Near miss

**Employer Information / Information de l'employeur**

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

* Region & Province Région et Province Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	* Branch Direction générale PHAC-IDPC / ASPC-PCMI	Directorate Direction NML	Division [REDACTED]
Building Immeuble  Other / Autres Specify / Préciser :	Postal Locator Localisateur postal	Postal code Code postal R3H 1H2	Telephone number Numéro de téléphone [REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques [REDACTED]		Address Adresse [REDACTED]	
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ  2016-10-20	Time of hazardous occurrence Heure de la situation comportant des risques  11:55 AM HH.MM	Weather Conditions météorologiques	
Witnesses Témoins	* Supervisor's name Nom du surveillant [REDACTED] 2016-11-17.		

**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 [REDACTED] workstation so that [REDACTED] 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 [REDACTED] desk and fell onto the floor and broke.

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: [REDACTED]

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

NOVEMBER 18TH  
A2017000048  
2016

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 / Événement 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 / Oui  
 \* 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'il 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 oeuvre:  
 YYYY-MM-DD / AAAA-MM-JJ  
 Date: 2016-10-21

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
[Redacted]	[Redacted]	[Redacted]	2016-10-31

[Redacted]  
 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	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
[Redacted]	[Redacted]	2016-11-18

Nov. 18<sup>th</sup>, 2016

\* 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 workstation , 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 occurred 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 recommendation . The incident is now closed .

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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 / 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 Région et Province	* Branch Direction générale	Directorate Direction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	PHAC-IDPC / ASPC-PCMI	NML	[REDACTED]
Building Immeuble	Postal Locator Localisateur postal	Postal code Code postal	Telephone number Numéro de téléphone
1015 Arlington / 1015 Arlington		R3E 3P6	[REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques	Address Adresse		
JCWilt Infectious Diseases Research Centre	745 Logan Avenue, Winnipeg		
* 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 météorologiques	
2016-11-30	03:00 PM HH:MM	N/A	
Witnesses Témoins	* Supervisor's name Nom du surveillant		
[REDACTED]	[REDACTED]		

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: [REDACTED]

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
[REDACTED]				

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 / Événement 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

[Redacted]

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: Employee used finger to remove what [Redacted] thought was a stone in [Redacted] 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 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: Employee will use Instrument to remove stuck objects in the future

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

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
[Redacted]			2016-12-01





**HAZARDOUS OCCURRENCE INVESTIGATION  
REPORT**

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

Hazardous Occurrence / Situation comportant des risques						
<input checked="" type="checkbox"/> Injury Blessure	<input type="checkbox"/> Explosion / Fire Explosion / Feu	<input type="checkbox"/> Loss of Consciousness Evanouissement	<input type="checkbox"/> Threats Menaces	<input type="checkbox"/> Emergency Procedures Mesures d'urgence	<input type="checkbox"/> Near Miss Quasi-accident	
<input type="checkbox"/> Other (specify): Autres (précisez):						
Type of Injury <i>Foreign Material exposed to eye</i> Genre de blessure				WCB Claim Initiated Demande d'indemnité présentée à la CAT		
<input checked="" type="checkbox"/> Minor - First Aid Superficielle - premiers soins				<input checked="" type="checkbox"/> Minor - Medical Aid Superficielle - soins médicaux		<input type="checkbox"/> Disabling Invalidante
				<input type="checkbox"/> Fatal Mortelle		<input type="checkbox"/> Yes / Oui
				<input checked="" type="checkbox"/> No / Non		
Department file no.	N° de dossier du ministère	Regional or District Office	Bureau régional ou de district	Employer ID No.	Identification employeur	
<b>A - INJURED EMPLOYEE INFORMATION / RENSEIGNEMENTS SUR L'EMPLOIE(E) BLESSE(E)</b>						
1. Name/Nom		2. Sex/Sexe		3. Date of Birth / Date de naissance Y/A M/M D/J		
4. Classification		5. Occupation/Poste		6. Time in this type of work / Fait ce genre de travail depuis		7. Safety training received Formation en matière de sécurité
				Years / Années		Months / Mois
						<input checked="" type="checkbox"/> Yes / Oui <input type="checkbox"/> No / Non
7a. Specify type of safety training received and date of training / Précisez la formation reçue en matière de sécurité et la date de la formation						
<i>WHMIS, Confined Space</i>						
8. Name of Employer / Nom de l'employeur		Address (including postal code) / Adresse (y compris le code postal)			Telephone No. / N° de téléphone	
<b>B - HAZARDOUS OCCURRENCE / SITUATION COMPORTANT DES RISQUES</b>						
9. Hazardous Occurrence Location / Lieu de la situation comportant des risques			10. Regular Duties / Fonctions régulières		11. Supervisor / Superviseur	
<i>NML -</i>			<i>Yes</i>			
12. Witness(es) / Témoin(s)				13. First Aid Treatment Premiers soins		<i>eye-wash station used.</i>
<i>N/A Applicable</i>				<input checked="" type="checkbox"/> Yes / Oui		<input type="checkbox"/> No / Non
14. First Aid Attendant / Secouriste		15. Date and Time of Accident / Date et heure de l'accident			16. Date and Time Reported Date et heure de la déclaration	
		<i>Wednesday January 4th 2017 @ 10:00 AM</i>			<i>10:05</i>	
17. Nature and extent of injury (State part of body affected) / Nature et gravité de la blessure (mentionnez la partie du corps blessée)						
<i>Left eye, Irritation + Material exposed to eye</i>						
18. Property / Material Damage Nature and extent (vehicles, spectacles, tools, equipment, etc.) Cost				Dommages matériels et à la propriété Nature et étendue (véhicules, lunettes, outils, équipement, etc), coût		
<i>Not Applicable</i>						
19. Lead Occupational Safety and Health Person / Responsable de la santé et de la sécurité au travail				Management Contact / Personne-ressource de la direction		



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C - INVESTIGATION OF ACCIDENT / ENQUETE SUR L'ACCIDENT			
20. Sequence of events leading to accident Identify equipment, tools, materials etc. that may have contributed to accident		Série d'événement qui ont entraîné l'accident L'équipement, les outils, le matériel, etc. qui ont pu contribuer à l'accident	
Remove fine step material covering Access panel.			
21. Cause(s) of Accident / Causes(s) de l'accident			
a) Direct cause of injury / Cause directe de la blessure frayed insulation panel and piece of f. biglass fell off			
b) Mechanical, physical, and/or environmental conditions / Conditions mécaniques, physiques, et/ou environnementales N/A			
c) Human factors (unsafe act) / Facteurs humains (acte dangereux) was not wearing safety glasses			
d) Weather Conditions / Conditions météorologiques N/A			
D - PREVENTIVE ACTION / MESURES PRÉVENTIVES			
22. Corrective and preventive measures planned or recommended / Mesures correctives et préventives planifiées ou recommandées taped up frayed section of insulation & will wear safety glasses.			23. Date of implementation / Date de mise en vigueur Jan 4/17
24. Investigator - Investigation Team / Enquêteur - Groupe d'enquêteurs			
Name and phone no. / Nom et n° de téléphone	Title / Titre	Date (Y/A M/M D/J)	Signature
1 [REDACTED]	[REDACTED]	17-01-12	[REDACTED]
2			
3			
4			
5			
6			
25. OSH Committee Review / Examen du Comité de SST <input checked="" type="checkbox"/> Yes / Oui <input type="checkbox"/> No / Non		Comments / Observations	
[REDACTED]		Signature - Management co-chairperson / Signature du coprésident (direction)	
E - MANAGEMENT REVIEW / EXAMEN DE LA DIRECTION			
Comments / Observations			
Name and phone no. / Nom et n° de téléphone		Title / Titre	Signature
[REDACTED]		[REDACTED]	[REDACTED]

PHAC Management Rep

[REDACTED]  
PHAC Employee Rep



**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 [REDACTED]. 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 [REDACTED] 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 [REDACTED] 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 [REDACTED] 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:**

Internal to CSCHAH - 1

External to CSCHAH - 1

**Property:**

Within CSCHAH - 2

External to CSCHAH - 1

**Social/Psychological:**

Individual - 1

Community - 1

**Opinion:**

Individual - 1

Community - 1

2017-08-31

## 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 / Spill (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:

* Region & Province Région et Province <b>Manitoba &amp; Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba</b>	* Branch Direction générale <b>PHAC-Other / ASPC-Autre</b>	Directorate Direction	Division
Building Immeuble <b>1015 Arlington / 1015 Arlington</b>	Postal Locator Localisateur postal	Postal code Code postal	Telephone number Numéro de téléphone [REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques <b>J. C. Wilt</b>		Address Adresse	
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ <b>2017-01-16</b>	Time of hazardous occurrence Heure de la situation comportant des risques <b>08:05 AM HH:MM</b>	Weather Conditions météorologiques	
Witnesses Témoins [REDACTED]		* Supervisor's name Nom du surveillant [REDACTED]	

Description of what happened / Description des circonstances:

[REDACTED] 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: [REDACTED]

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
		[REDACTED]		

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 / Événement 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 tip 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
[Redacted]			

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 Titre du membre du comité ou de représentant	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
[REDACTED]		

\* 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 - 20(1)(b)

**Incident Report Form**

**Incident: 17-01**

**Accountable 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 Undertaken**

Correction Action – salt was spread in area by PWGSC Facilities.

*- request by JJ*

**HOIR was completed in AIRS dbase**

**Signed:**

*JJ (OHG member)*

**Date:**

*17/01/17*

**Persons Informed: Daphne Scott Shelley Frost, Carla Dallan, AIRS Dbase**

**Date: January 31, 2017**

2017-PHAC-02

ATIA-19(1)

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

*Final*

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

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

### 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 Direction générale	Directorate Direction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	PHAC-IDPC / ASPC-PCMI		
Building Immeuble	Postal Locator Localisateur postal	Postal code Code postal	Telephone number Numéro de téléphone
1015 Arlington / 1015 Arlington		R3E 3R2	
Site of hazardous occurrence Lieu de la situation comportant des risques		Address Adresse	
CL3			
* 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 météorologiques	
2017-01-20	04:00 PM HHMM		
Witnesses Témoins		* Supervisor's name 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: [REDACTED]

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:

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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 / Événement 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 exerçait au moment de la situation comportant des risques?

Yes / Oui

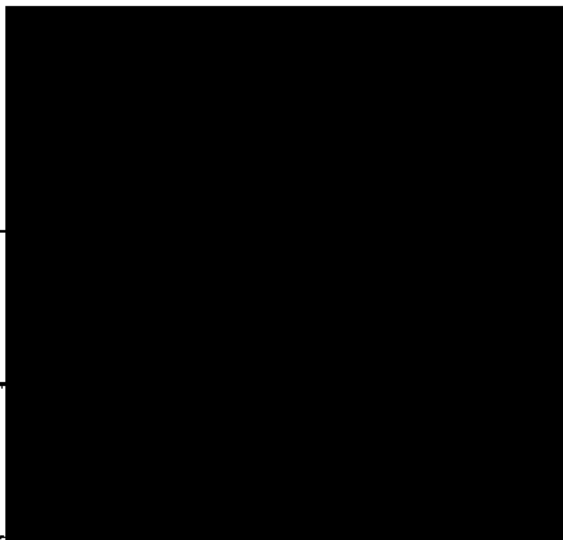
\* Specify / Préciser: Staff member is up to date on all required CL3 training.

\* 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



ATIA - 19(1)

**Incident Report Form**

<b>Incident:</b> 17-02	<b>Accountable Individual:</b> [REDACTED]
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.	
[REDACTED] injured [REDACTED] leg, neck and face when [REDACTED] fell outside. Conditions	
<b>Signed:</b>	<b>Dated:</b>
<b>Actions Undertaken</b>	
Correction Action – not required – human error	
First Aid was self-administered [REDACTED] immediately applied ice to [REDACTED] knee and neck after the incident. No injuries could be seen on the face and attention was not required there.	
HOIR was completed	
<b>Signed:</b> [REDACTED] (CFIS number)	<b>Date:</b> 17/02/01
<b>Persons Informed:</b> [REDACTED]	<b>AIRS Dbase</b> <b>Date: February 1, 2017</b>

Formulaire de rapport d=incident

<b>Incident :</b>	<b>Personne</b>
<b>responsable :</b>	
<b>Signature :</b>	
<b>Date :</b>	
<b>Mesures prises</b>	

2017-1146-03

ATIA-16(2)(c)

ATIA - 19(1)

## 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 / 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 Région et Province	* Branch Direction générale	Directorate Direction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	PHAC-IDPC / ASPC-PCMI		
Building Immeuble	Postal Locator Localisateur postal	Postal code Code postal	Telephone number Numéro de téléphone
1015 Arlington / 1015 Arlington		R3E 3E2	
Site of hazardous occurrence Lieu de la situation comportant des risques	Address Adresse		
CL3	1015 Arlington		
* 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 HH:MM	Weather Conditions météorologiques	
2017-02-02			
Witnesses Témoins	* Supervisor's name Nom du surveillant		
	[REDACTED]		

### 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, tied up between tasks and then prepared for the tissue block extraction for overnight heating for digestion of the sample.

When the incident occurred, 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 themselves 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 fingernail 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 my routine of leaving the CL3 lab and went into [REDACTED] TB office. Then went to catch my bus. As soon as I noticed the cut, 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 blade.

The staff member reported the minor injury to a coworker the next morning (Feb 3). The coworker informed OSH, SES and the manager. It was also discussed with the nurse and decided there 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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**Injured Individual's Information / Information de l'individu accidenté**

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

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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**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 / Événement 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  
[REDACTED]

**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 / Oui  
\* 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 Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
[REDACTED]	[REDACTED]	[REDACTED]	2017-02-22

2017-19AC-05

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

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

Final

Type of report / Genre de rapport : New Occurrence / Situation Nouvelle  
 Type of occurrence / Genre de situation : Other / Autre  
 \* Other - Specify / Autre - Préciser : Potential exposure

### 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 Direction générale	Directorate Direction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	PHAC-IDPC / ASPC-PCMI	[REDACTED]	[REDACTED]
Building Immeuble	Postal Locator Localisateur postal	Postal code Code postal	Telephone number Numéro de téléphone
1015 Arlington / 1015 Arlington		R3E 3R2	[REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques	Address Adresse		
CSCHAH	1015 Arlington		
* 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 météorologiques	
2017-02-03	10:15 AM HH:MM		
Witnesses Témoins	* Supervisor's name Nom du surveillant		
[REDACTED]	[REDACTED]		

#### 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

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

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

Birth date	Age	Sex	Occupation	Years of experience in
------------	-----	-----	------------	------------------------

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

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 / Événement 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  
[REDACTED] /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 dispositifs 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 singularly 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
[REDACTED]			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
[REDACTED]	[REDACTED]	2017-02-22

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

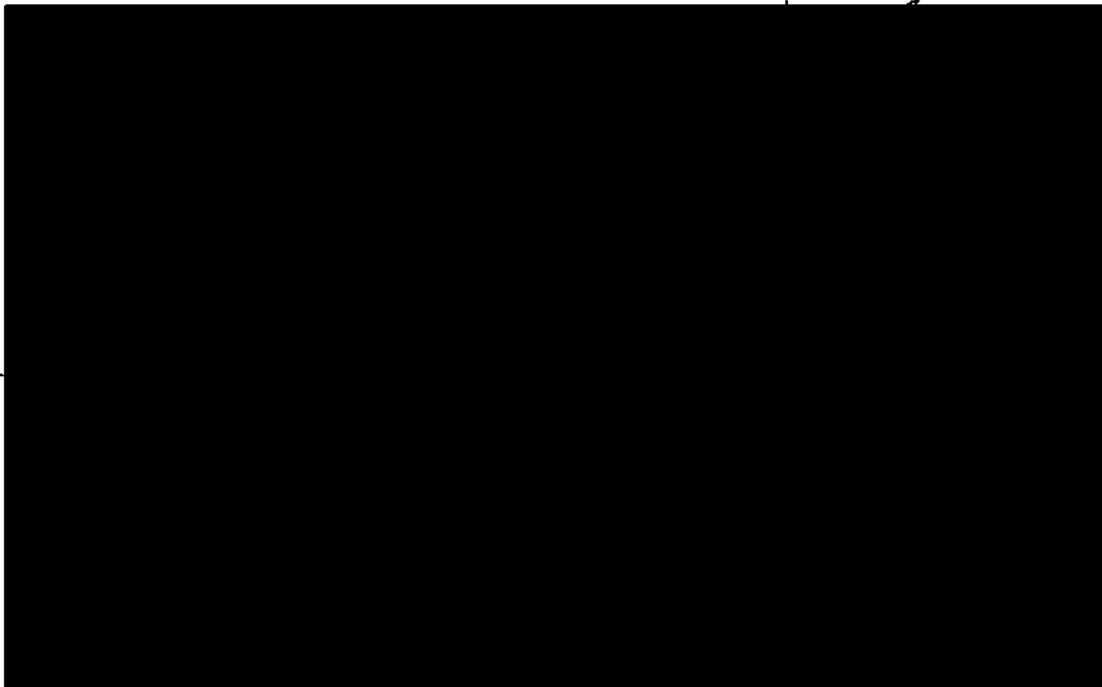
Observations du comité de sécurité et de santé ou de représentant:

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.



# Incident Reporting System (IRS)

## Utilization Report

**Incident ID:** 930  
**Date:** 2017-02-03  
**Time:** 10:15  
**Review Team:** Darwyn Kobasa, Jim Strong, Catherine Robertson, Eleanor Percy, 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

### 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 - 2  
Community - 1

### Opinion:

Individual - 1  
Community - 2

## Communication Complete as of:

2017-08-31



2017-1140-06

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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

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

* Region & Province Région et Province Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	* Branch Direction générale PHAC-IDPC / ASPC-PCMI	Directorate Direction NML	Division [REDACTED]
Building Immeuble Federal Laboratory - Winnipeg / laboratoire Federal - Winnipeg	Postal Locator Localisateur postal	Postal code Code postal R3E 3R2	Telephone number Numéro de téléphone [REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques [REDACTED]		Address Adresse 1015 Arlington Street	
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ 2017-02-15	Time of hazardous occurrence Heure de la situation comportant des risques HH.MM	Weather Conditions météorologiques	
Witnesses Témoins		* Supervisor's name Nom du surveillant [REDACTED]	

Description of what happened / Description des circonstances:

[REDACTED] injured themselves 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

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

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

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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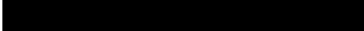


Description of injury / Description de la blessure:

- \* Nature of Injury / Nature de la lésion:  
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 / Événement 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?  
Yes / 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 oeuvre:  
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 Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
[Redacted]			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 Titre du membre du comité ou de représentant	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
[Redacted]	[Redacted]	[Redacted]

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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 [redacted] 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).

[redacted]

Signature

[redacted]

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### 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, 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

**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.*

Standardized information from these forms facilitates monitoring for patterns and trends and assists in sharing lessons learned within an organization and beyond

**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.

**Section 1.0: Administrative Information**

ADMINISTRATIVE INFORMATION	PHAC Incident ID: [REDACTED]	Incident Number: [REDACTED]	1.1 - Date Report Created: 06-Feb-2017	1.2 - Date Revised (if applicable): 06-Mar-2017
	Location: [REDACTED]	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: <input type="radio"/> CL2 <input type="radio"/> CL3 <input checked="" type="radio"/> CL4			
	1.5 How would you describe the sector/primary area of focus for your institution/facility's activities? (Check all that apply)			
	<input type="checkbox"/> Academic (University, Veterinary College, College, CEGEP, High School, etc.)		<input checked="" type="checkbox"/> Public Health - Government (F/P/T/Municipal)	
	<input type="checkbox"/> Private Industry/Business (Animal Health, Human Health, Biotechnology, Pharmaceutical, Food Industry, Pathogen or Toxin distributor)		<input type="checkbox"/> Environment - Government (F/P/T/Municipal)	
	<input type="checkbox"/> Hospital (Academic-affiliated, non-academic affiliated)		<input type="checkbox"/> Veterinary/Animal Health - Gov't (F/P/T/Municipal)	
	<input type="checkbox"/> Other Government (F/P/T/Municipal)			
	Select the size of the facility/institution (based on the approximate number of laboratory staff/students working in the facility): Large (greater than 150 staff)			
	1.6 - Reporter's contact information (provide contact details for the person making the report):			
Reporter's Name: (First, Last): Jay Krishnan				
Reporter's Email: jay.krishnan@phac-aspc.gc.ca				
Reporter's Telephone: 204 789-7082				
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 Weingartl (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 Investigation: [REDACTED] Jay Krishnan				

**Section 2.0: Occurrence - Incident Description (basic details on what, where, when, etc. the incident occurred)**

OCCURRENCE - INCIDENT DESCRIPTION	2.1 Indicate the type(s) of incident that occurred (check all that apply for 2.1 (i) AND 2.1 (ii) below) <i>i.e. if an inadvertent release AND exposure of an individual(s) occurred, check both incident types in (i) and (ii) below</i>	
	(i) For incidents involving exposure of an individual to a human pathogen or toxin, select from the following AND indicate if any of (ii) incidents apply, then continue to 2.2 below: <input type="checkbox"/> Exposure (may cause disease - see definition at top of page 1) <input type="checkbox"/> Lab acquired infection - suspected <input type="checkbox"/> Lab acquired infection - confirmed	(ii) Indicate other incident type below (if (i) exposure/disease is NOT involved, select from the following then skip to 2.3): <input type="checkbox"/> Inadvertent release of a human pathogen or toxin <input type="checkbox"/> Inadvertent production of a human pathogen or toxin <input type="checkbox"/> Missing human pathogen or toxin <input checked="" type="checkbox"/> Other, specify: <span style="border: 1px solid black; padding: 2px;">Failed to follow SOP</span>
	2.2 For exposure/LAI incidents, indicate the total number of affected individuals (provide totals for both (i) and (ii), if applicable) below:	
(i) Total number of individuals exposed/infected during the incident (i.e. number of primary exposures/LAIs) <span style="border: 1px solid black; padding: 2px;"> </span>		
(ii) Indicate if any secondary transmission (person-to-person spread) has occurred and provide number of lab or community contacts:		
<input type="radio"/> Yes, indicate the number of secondary transmissions in and outside the lab →    Number of secondary cases in laboratory/staff contacts: <span style="border: 1px solid black; padding: 2px;"> </span> Number of secondary cases in family/community contacts: <span style="border: 1px solid black; padding: 2px;"> </span>		
<input type="radio"/> No, no secondary transmission occurred (no person-to-person spread)		
<input checked="" type="radio"/> Unknown		

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OCCURRENCE - INCIDENT DESCRIPTION (continued)	<b>2.3 (i) - Select the occurrence type that best characterizes the incident:</b> Procedure-related	
	<b>2.3 (ii) - Select the main activity that best describes the work being undertaken during the incident:</b> Other, describe in brief description below	
	<b>2.3 (iii) - Briefly describe the incident (if necessary, more detail can be provided in the Additional Notes at the end of this form).</b> See section 7.9	
	<b>2.4 - Indicate/describe the location where the incident occurred within the facility:</b> [Redacted]	
	<b>2.5 - Is the date and/or time the incident occurred known?</b> <input checked="" type="radio"/> Yes → Go to 2.6 <input type="radio"/> No → Go to 2.8	
<b>2.6 - Date the incident occurred:</b> 03-Feb-2017		
<b>2.7 - Time the incident occurred:</b> 10:15		
<b>2.8 - Date incident first reported to facility authority:</b> 03-Feb-2017		
BIOLOGICAL AGENT	<b>2.9 - Is the biological agent involved in the incident known?</b> <input type="radio"/> Yes → Go to 2.10 <input checked="" type="radio"/> No → Go to 2.12 (iii)	
	<b>2.10 - Select the category (Toxin, Risk Group or other) for the toxin or biological agent involved in this incident:</b> Risk Group 4 Human Pathogen	<b>2.11 (i) - Select the type of biological agent:</b> Virus
	<b>2.11 (ii) - If "Other" type of biological agent was selected, describe below:</b>	
	<b>2.12 (i) - Identify the specific biological agent (genus, species):</b> Ebola, RG3 Corona viruses, Influenza (H1N1)	<b>2.12 (ii) - Specify sub-type, strain, etc. if known:</b>
	<b>2.12 (iii) - If the specific biological agent (genus, species...) is not known, explain:</b> Animals previously housed were infected with the agents listed above	
	<b>2.13 - Was decontamination/disinfection performed, using processes and methods in accordance with applicable standards and guidelines?</b> <input checked="" type="radio"/> Yes, provide further details in 2.14 below <input type="radio"/> No, decontamination/disinfection was not required → Go to 2.15 <input type="radio"/> No, Other, explain in 2.14 below why not done or not done per standards	
DECONTAMINATION	<b>2.14 Additional details (decontamination/disinfection details where done OR explain why not done if and as required, etc.)</b> Employee was wiping down an animal cage station when their colleague noticed partially open suit's zipper. The colleague closed the zipper. The employee left the rodent room, and went to the decon dunk tank in the main lab to dunk hands. They then exited containment via chemical shower, where the the suit was decontaminated with 5% MicroChem. Following the chemical shower, the employee removed the suit and scrub before exiting chemical shower.  The suit and scrub were taken to the main lab, the scrub was autoclaved out on 20170206. The inside of the suit around the open zipper was decontaminated by spraying with 5% MicroChem followed by fumigation on Feb 7th in N2070.	
	<b>2.15 - Did/will any of the affected person(s) travel outside of the province/territory in the days/weeks following exposure or onset of illness?</b> Unknown	
TRAVEL	<b>2.16 - If any affected person(s) have travel outside of the province/territory in the days/weeks following exposure or onset of illness, indicate if travel did/will occur during the known incubation period (exposed persons) or infectious period (persons with suspected or confirmed LAI)</b>	

### Incident Investigation and Reporting Form

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 **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 2	Affected Person 3
AFFECTED PERSONS: EXPOSURE, POST-EXPOSURE INTERVENTIONS, OUTCOME	<b>3.1 (i) - Indicate exposure or illness/disease status at the time of this report</b> Exposure	<b>3.1 (ii) - Indicate exposure or illness/disease status at the time of this report</b> Disease status at the time of this report	<b>3.1 (iii) - Indicate exposure or illness/disease status at the time of this report</b> Disease status at the time of this report
	<b>3.2 (i) - Primary route of exposure</b> Other, explain in 3.3 below	<b>3.2 (ii) - Primary route of exposure</b> Other, explain in 3.3 below	<b>3.2 (iii) - Primary route of exposure</b> Other, explain in 3.3 below
	<b>3.3 (i) - If Unknown/Other route of exposure, explain :</b> If exposed, the potential routes would be inhalation, contact with mucus membrane/skin	<b>3.3 (ii) - If Unknown/Other route of exposure, explain :</b> If exposed, the potential routes would be inhalation, contact with mucus membrane/skin	<b>3.3 (iii) - If Unknown/Other route of exposure, explain :</b> If exposed, the potential routes would be inhalation, contact with mucus membrane/skin
	<b>3.4 (i) - Indicate onset of symptomatic illness/presentation</b> No	<b>3.4 (ii) - Indicate onset of symptomatic illness/presentation</b> No	<b>3.4 (iii) - Indicate onset of symptomatic illness/presentation</b> No
	<b>3.5 (i) - Onset Date:</b> <input type="checkbox"/> Check if unknown	<b>3.5 (ii) - Onset Date:</b> <input type="checkbox"/> Check if unknown	<b>3.5 (iii) - Onset Date:</b> <input type="checkbox"/> Check if unknown
	<b>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)</b> <input type="checkbox"/> first-aid administered immediately after the exposure <input type="checkbox"/> occupational health consultation within 0-7 days of the exposure <input checked="" type="checkbox"/> medical consultation within 0-7 days of the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) within 0-7 days of the exposure drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> Other, describe below:	<b>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)</b> <input type="checkbox"/> first-aid administered immediately after the exposure <input type="checkbox"/> occupational health consultation within 0-7 days of the exposure <input type="checkbox"/> medical consultation within 0-7 days of the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) within 0-7 days of the exposure drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> Other, describe below:	<b>3.6 (iii) - 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)</b> <input type="checkbox"/> first-aid administered immediately after the exposure <input type="checkbox"/> occupational health consultation within 0-7 days of the exposure <input type="checkbox"/> medical consultation within 0-7 days of the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) within 0-7 days of the exposure drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> Other, describe below:
	Special pathogens investigation committee, which included an ID physician met within an hour of the incident to assess the risk		
	<b>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)</b> <input type="checkbox"/> occupational health consultation > 7 days after the exposure <input type="checkbox"/> medical consultation > 7 days after the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) > 7 days after the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) > 7 days after exposure <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Other, describe below:	<b>3.7 (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)</b> <input type="checkbox"/> occupational health consultation > 7 days after the exposure <input type="checkbox"/> medical consultation > 7 days after the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) > 7 days after the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) > 7 days after exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> Other, describe below:	<b>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)</b> <input type="checkbox"/> occupational health consultation > 7 days after the exposure <input type="checkbox"/> medical consultation > 7 days after the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) > 7 days after the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) > 7 days after exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> Other, describe below:
	<b>3.8 (i) - Illness Outcome</b> Not applicable	<b>3.8 (ii) - Illness Outcome</b> Not applicable	<b>3.8 (iii) - Illness Outcome</b> Not applicable
	<b>3.9 (i) - If recovered, indicate the recovery time</b> Not applicable	<b>3.9 (ii) - If recovered, indicate the recovery time</b> Not applicable	<b>3.9 (iii) - If recovered, indicate the recovery time</b> Not applicable

### Incident Investigation and Reporting Form

For incidents NOT involving exposure/disease, please skip to section 5.0 on page 4 of 8

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**Section 4.0: Affected Person(s) - Laboratory experience and role of each person exposed/infected:**  
 If more than three affected persons, please request Additional Affected Persons Form from exposure-exposition@phac-aspc.gc.ca

AFFECTED PERSONS - LABORATORY EXPERIENCE AND ROLE	Affected Person 1	Affected Person 2	Affected Person 3
	4.1 (i) - What is the affected person's highest completed level of education? [Redacted]	4.1 (ii) - What is the affected person's highest completed level of education?	4.1 (iii) - What is the affected person's highest completed level of education?
	Indicate this person's laboratory experience in years [Redacted]	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? [Redacted]	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's laboratory qualifications or regular role in 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 laboratory qualifications explain below:	

**Section 5.0: Risk Rating and Risk Potential (this section and beyond pertains to the overall incident)**

RISK RATING AND RISK ASSESSMENT	5.1 - Indicate, on a scale of 1-5 (1 being lowest and 5 being highest), the actual or potential severity of the occurrence. (note this scale applies broadly, considering the risk/impact to the individual, other staff AND public health; see examples below for each level from 1 to 5 to select the most appropriate level of severity for the incident using this scale)  1= Negligible, minimal risk for disease and no risk to public health; 2= Minor, low risk for 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)	1
	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	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)	2
	5.4 - Was the actual severity less than the potential severity (i.e. was there a potential for the incident to have been more severe)?  <input checked="" type="radio"/> Yes → Go to 5.5 <input type="radio"/> No → Go to Section 6.0 <input type="radio"/> Don'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 outcome (check all that apply for 5.5i, 5.5ii and 5.5iii below)	

**5.5.i - Engineering Controls:**

Automation or computerization - use of devices or systems removed people from error prone or high risk activities

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

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 etc. 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 of 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 errors or 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 to 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/exposure to the hazard

### Incident Investigation and Reporting Form

<b>Section 6.0: Investigation Status and Root Cause Analysis</b>	
Investigation Status (Questions 6.1-6.3) - Indicate the current status of the investigation	
INVESTIGATION STATUS	<p><b>6.1 - What is the current status of the investigation?</b>  <input type="radio"/> Not yet started → Go to 6.3    <input type="radio"/> In progress → Go to 6.2    <input checked="" type="radio"/> Completed → Go to 6.2</p> <p><b>6.2 - Have the root causes of the incident been established by the investigation?</b>                  Root causes established: Investigation complete → Go to 6.4.i</p> <p><b>6.3 - Explain why the investigation has not begun OR describe investigative activities to date:</b></p>
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	<p><b>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)?</b>  <input checked="" type="radio"/> Yes → Go to 6.4.ii    <input type="radio"/> No → Go to 6.5.i    <input type="radio"/> N/A → Go to 6.5.i</p> <p><b>6.4.ii - If yes, check all that apply</b></p> <div style="border: 1px solid black; padding: 5px;"> <p>The standards, policies, procedures or other expected practice documents that guided work:</p> <p><input checked="" type="checkbox"/> were known but <u>not followed</u></p> <p><input type="checkbox"/> were not followed because they were <u>not known by the user</u></p> <p><input type="checkbox"/> were <u>not followed correctly</u> (followed as written, but may have been confusing, not detailed enough or unclear, etc.)</p> <p><input type="checkbox"/> were followed but were <u>not correct for the task</u> (contained wrong information or inadequate to address the situation)</p> <p><input type="checkbox"/> were not in place but <u>should have been in place</u> (the nature of the hazard warrants written direction)</p> </div> <p><b>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:</b>                  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.</p>
MANAGEMENT & OVERSIGHT	<p><b>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)?</b>  <input type="radio"/> Yes → Go to 6.5.ii    <input checked="" type="radio"/> No → Go to 6.6.i    <input type="radio"/> N/A → Go to 6.6.i</p> <p><b>6.5.ii - If yes, check all that apply:</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> No supervision of work related to the incident as/when there should have been</p> <p><input type="checkbox"/> Improvement needed re: supervision of work related to the incident</p> <p><input type="checkbox"/> No auditing, evaluation, or enforcement re: <u>USE</u> of standards, policies or procedures or other documents</p> <p><input type="checkbox"/> Improvement needed on auditing, evaluation, or enforcement re: <u>USE</u> of standards, policies, procedures etc.</p> <p><input type="checkbox"/> Training lacks auditing, evaluation, or enforcement</p> <p><input type="checkbox"/> Training needs improvement re: auditing, evaluation, or enforcement</p> <p><input type="checkbox"/> Preparation needs improvement (e.g., walk-through, job planning, pre-work briefing) for activities related to the incident</p> <p><input type="checkbox"/> Human factors need improvement (e.g., recognition of fatigue, impairment, work load, state of mind, team selection)</p> <p><input type="checkbox"/> Risk assessment prior to work <u>was not done</u></p> <p><input type="checkbox"/> Risk assessment conducted prior to the work <u>needs improvement</u></p> <p><input type="checkbox"/> Worker selection <u>needs improvement</u></p> </div> <p><b>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:</b></p>



### Incident Investigation and Reporting Form

<b>TRAINING</b>	<p>6.6.i - Was there a <b>training</b> issue related to the incident?</p> <p><input type="radio"/> Yes → Go to 6.6.ii    <input checked="" type="radio"/> No → Go to 6.7.1    <input type="radio"/> N/A → Go to 6.7.i</p>
	<p>6.6.ii - If yes, check all that apply:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> There was <b>no training for the task</b> related to the incident</p> <p><input type="checkbox"/> Training was <b>inappropriate or insufficient</b> to support adequate understanding</p> <p><input type="checkbox"/> Appropriate and sufficient training was <b>available, but not completed</b></p> <p><input type="checkbox"/> Staff was <b>not qualified or proficient in performing the task</b> related to the incident</p> </div>
	<p>6.6.iii - <b>If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent</b> was involved in the incident, provide more detail or explanation below:</p>
<b>COMMUNICATION</b>	<p>6.7.i - Were there <b>communication</b> factors directly related to the occurrence?</p> <p><input type="radio"/> Yes → Go to 6.7.ii    <input checked="" type="radio"/> No → Go to 6.8.1    <input type="radio"/> N/A → Go to 6.8.1</p>
	<p>6.7.ii - If yes, check all that apply:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> There is <b>no method or system</b> for communication</p> <p><input type="checkbox"/> No communication occurred but <b>should have</b></p> <p><input type="checkbox"/> Communication occurred but was <b>unclear, ambiguous, misunderstood, incorrect or not detailed enough</b></p> </div>
	<p>6.7.iii - <b>If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent</b> was involved in the incident, provide more detail or explanation below:</p>
<b>EQUIPMENT</b>	<p>6.8.i - Were there <b>equipment</b> factors that may directly relate to the occurrence?</p> <p><input checked="" type="radio"/> Yes → Go to 6.8.ii    <input type="radio"/> No → Go to 6.9.i    <input type="radio"/> N/A → Go to 6.9.i</p>
	<p>6.8.ii - If yes, check all that apply:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> The equipment <b>design needs improvement</b> (e.g. design does not meet specifications, specifications inadequate, etc.)</p> <p><input type="checkbox"/> Equipment was <b>not properly maintained</b> (e.g. equipment not maintained to manufacturer or facility standards, etc.)</p> <p><input type="checkbox"/> Equipment <b>maintenance needs improvement</b> (e.g. maintenance meets specifications but equipment still failed)</p> <p><input type="checkbox"/> Equipment used was <b>not fit for purpose</b> (e.g. equipment is being used beyond intended/recommended use)</p> <p><input type="checkbox"/> <b>Quality control was not done</b> (e.g. calibration, validation or testing was not done as/when it should have been)</p> <p><input type="checkbox"/> <b>Quality control needs improvement</b> (e.g. calibration, validation, testing done to accepted standards but still failed)</p> </div>
	<p>6.8.iii - <b>If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent</b> was involved in the incident, provide more detail or explanation below:</p> <p>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</p>
<b>HUMAN INTERACTION</b>	<p>6.9.i - Was there <b>human interaction or human factors</b> related to work demands or the work environment that directly related to the incident?</p> <p><input checked="" type="radio"/> Yes → Go to 6.9.ii    <input type="radio"/> No → Go to 6.10.i    <input type="radio"/> N/A → Go to 6.10.i</p>
	<p>6.9.ii - If yes, check all that apply</p> <p><b>Improvement needed with respect to:</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> The labelling, placement, operation, displays or other functions of tools/equipment in the work environment</p> <p><input type="checkbox"/> Environmental factors within in the work area (e.g., temperature, obstructions, clutter, distractions/noise, surfaces, lighting, etc.)</p> <p><input checked="" type="checkbox"/> <b>Workload constraints, pressures or other demands</b> (constraints/demands interfered with staff capability in managing tasks)</p> </div>
	<p>6.9.iii - <b>If a Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent</b> was involved in the incident, provide more detail or explanation below:</p> <p>Significant workload as the containment was being prepared for decontamination, the employee was distracted while putting the gloves on</p>

### Incident Investigation and Reporting Form

<b>OTHER FACTORS</b>	6.10.i - Were there any <b>other factors</b> related to the incident? <input type="radio"/> Yes → Go to 6.10.ii <input checked="" type="radio"/> No → Go to Section 7.0 <input type="radio"/> N/A → Go to Section 7.0								
	6.10.ii - If <b>other factors</b> were involved, provide more detail or explanation below.								
<b>Section 7.0: Outcome</b>									
<b>CORRECTIVE ACTION</b>	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. <i>If more room is needed, use Additional Notes section at the end of the form.</i>								
	<b>Corrective Action Planned or Taken</b>	<b>Implementation Date</b>							
	1. Install a mirror in the suit room	03/Apr/2017							
	2. Add a bright colored tie to suit's zipper sliders, which would make it easy to spot a open suit (recommendation from the OSH investigation)	01/May/2017							
3.									
4.									
<b>MANAGEMENT</b>	7.2 - Has management been informed of this incident? <input checked="" type="radio"/> Yes <input type="radio"/> No or unknown, explain below								
	Provide more detail or explanation below. NML Scientific Director General, NCFAD Laboratory Executive Director, NML Executive Director, and NCFD Director were informed by the Director of Safety, Centre for Biosecurity (Mary Louise Graham - Director, Office of Biosafety and Biocontainment Operations) was also notified by a courtesy call; a courtesy call couldn't be placed with the OBSCS as there is no phone numbers available to reach a person in time for a courtesy call.								
<b>PREVIOUS OCCURRENCES</b>	7.3 - Have there been similar <b>previous</b> occurrences at your location in the past? <input checked="" type="radio"/> Yes → Go to 7.4 <input type="radio"/> No → Go to 7.7								
	7.4 - Were corrective actions specified to address one or more <b>previous</b> occurrence(s)? <input checked="" type="radio"/> Yes → Go to 7.5 <input type="radio"/> No → Go to 7.6								
	7.5 - Were corrective actions taken to address one or more <b>previous</b> occurrences? <input type="radio"/> Yes → Go to 7.6 <input checked="" type="radio"/> No → Go to 7.6								
	7.6 - Describe the corrective actions taken to address the <b>previous</b> occurrences, OR explain why corrective actions were NOT 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 breakage of a glass mirror, the former chief opted not to have one installed.								
<b>IMPROVEMENTS</b>	7.7 - Based on your <b>current investigation</b> , 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:								
	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Procedures, Protocols and SOPs</td> <td><input type="checkbox"/> Management system and/or oversight</td> </tr> <tr> <td><input type="checkbox"/> Standards and Policies</td> <td><input type="checkbox"/> Equipment factors</td> </tr> <tr> <td><input type="checkbox"/> Training</td> <td><input checked="" type="checkbox"/> Human interaction or human factors</td> </tr> <tr> <td><input type="checkbox"/> Communication</td> <td><input checked="" type="checkbox"/> Other</td> </tr> </table>		<input type="checkbox"/> Procedures, Protocols and SOPs	<input type="checkbox"/> Management system and/or oversight	<input type="checkbox"/> Standards and Policies	<input type="checkbox"/> Equipment factors	<input type="checkbox"/> Training	<input checked="" type="checkbox"/> Human interaction or human factors	<input type="checkbox"/> Communication
<input type="checkbox"/> Procedures, Protocols and SOPs	<input type="checkbox"/> Management system and/or oversight								
<input type="checkbox"/> Standards and Policies	<input type="checkbox"/> Equipment factors								
<input type="checkbox"/> Training	<input checked="" type="checkbox"/> Human interaction or human factors								
<input type="checkbox"/> Communication	<input checked="" type="checkbox"/> Other								
7.8 - Provide more detail/explanation based on your responses selected in 7.7 above As per the current SOP, employees check each others suit before entering containment; however, this is not possible when an employee is entering containment alone. Installing a non-breakable mirror in the suit room would facilitate an employee self checking their suit before entering containment. This mirror based self check has already been in place in NCFAD CL4 for many years.									

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### Incident Investigation and Reporting Form

**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. coli* 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 [redacted] 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 lab 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 day any infectious work was carried out in the laboratory [redacted] 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

ADDITIONAL NOTES

PHAC - CENTRE FOR BIOSECURITY NOTES:

[REDACTED]

INTERNAL USE - PHAC NOTES, FOLLOW UP/CLARIFICATIONS

RECEIVED BY PHAC (NAME-FIRST, LAST): [REDACTED]

Date received: [REDACTED] Date reviewed: [REDACTED] Date Last Follow Up: [REDACTED]

# Rapport D'Enquête de Situation Comportant des Risques



PROTECTED (when completed) / PROTÉGÉ (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 Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	* Branch Direction générale PHAC-IDPC / ASPC-PCMI	Directorate Direction [REDACTED]	Division [REDACTED]
Building Immeuble Other / Autres Specify / Préciser [REDACTED]	Postal Locator Localisateur postal R3H	Postal code Code postal R3H 1H2	Telephone number Numéro de téléphone [REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques [REDACTED]	Address Adresse [REDACTED] Winnipeg, MB		
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ 2017-03-10	Time of hazardous occurrence Heure de la situation comportant des risques 09:00 AM HH:MM	Weather Conditions météorologiques Sunshine / Ensoleillé	
Witnesses Témoins Daron Pshebriski/HC-SC/GC/CA	* Supervisor's name Nom du surveillant Tony J Medeiros/HC-SC/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. [REDACTED]

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

Yes / Oui

\* 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.

\* Estimated cost of property damage / Coût estimatif des dommages matériels: \$1.00

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

\* Injured employee's name /

Nom de l'employé blessé: NOT APPLICABLE

Birth date YYYY-MM-DD Date de naissance AAAA-MM-JJ	Age Âge	Sex Sexe Male / Homme	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:  
No Injuries / Aucune blessures

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

\* Event or Exposure / Événement 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?:

Yes / Oui

\* 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 Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
Tony J Medeiros/HC-SC/GC/CA	Manager, LMS	204-984-3332	2017-03-10

**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

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 Medeiros 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

2017-PHAC-08

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

Finare

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

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

### Employer Information / Information de l'employeur

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

* Region & Province Région et Province Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	* Branch Direction générale PHAC-IDFC / ASPC-PCMI	Directorate Direction NML	Division [REDACTED]
Building Immeuble 1015 Arlington / 1015 Arlington	Postal Locator Localisateur postal R3E3R2	Postal code Code postal R3E3R2	Telephone number Numéro de téléphone [REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques [REDACTED]	Address Adresse 1015 Arlington St		
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ 2017-04-06	Time of hazardous occurrence Heure de la situation comportant des risques 02:00 PM HH:MM	Weather Conditions météorologiques	
Witnesses Témoins no	* Supervisor's name Nom du surveillant [REDACTED]		

Description of what happened / Description des circonstances:

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 [REDACTED] to inform of situation.

3:15 PM Went to [REDACTED] 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 [REDACTED]

10:00 AM Spoke [REDACTED] Described event and pathogens present in lab. [REDACTED] Sent prescription to [REDACTED] pharmacy. Have to call [REDACTED] back 2017-04-11 to update.

10:15 [REDACTED] asked [REDACTED] for AIRS instructions. Notified [REDACTED] (SES lead pager) of incident.

Infectious agents manipulated in this lab are Strep Pneumo Groups A & B.

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: [REDACTED]

Birth date	Age	Sex	Occupation	Years of experience in
------------	-----	-----	------------	------------------------

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

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 / Événement 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 health care? Le travailleur a-t-il reçu des soins médicaux? Yes / Oui
--	--

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

<p><b>Health Care / Soins Médicaux</b></p> <p>Name and address of doctor/practitioner or medical facility / Le Nom et l'adresse du médecin/praticien ou de l'établissement de soins:</p>	<p><b>Claim Information / Renseignements sur l'indemnisation</b></p> <p>Sick leave without pay / No / Non Congé de maladie non payé</p> <p>Paid sick leave / Yes / Oui Congé de maladie payé</p> <p>Date covered / Indiquer les dates: YYYY-MM-DD / AAAA-MM-JJ</p> <p>Absent From/Du To/Au</p> <p>Number of lost days / 0 Nombre de jours perdus</p>
--	--

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  
[REDACTED]
- 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
[REDACTED]			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 Titre du membre du comité ou de représentant	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
PSAC Health and Safety Representative	[REDACTED]	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 laboratory practices.

[REDACTED]

*Signature*

[REDACTED]

[REDACTED]

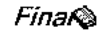
[REDACTED]

[REDACTED]



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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 / 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 Direction générale	Directorate Direction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	PHAC-IDPC / ASPC-PCMI	NML	[REDACTED]
Building Immeuble	Postal Locator Localisateur postal	Postal code Code postal	Telephone number Numéro de téléphone
Other / Autres Specify / Préciser :		R3E 3R2	[REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques	Address Adresse		
[REDACTED]	745 Logan Ave, Wpg, 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 comportant des risques	Weather Conditions météorologiques	
2017-04-06	08:20 AM HH:MM	N/A	
Witnesses Témoins	* Supervisor's name Nom du surveillant		
[REDACTED]	[REDACTED]		

### 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 AAAA-MM-JJ	Age Âge	Sex Sexe	Occupation Profession	Years of experience in occupation No. d'années d'expérience dans profession
		[REDACTED]		

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 / Evénement 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 commencing 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 / Oui  
\* 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 equlpmnt not being service.

\* Date employer will implement / Date de leur mise en oeuvre:  
YYYY-MM-DD / AAAA-MM-JJ  
Date: 2017-07-11

Supplementary preventive measures / Autres mesures 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
[Redacted]	Safety Officer	[Redacted]	

ATIA-16(2)(c)

ATIA - 19(1)

## 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 / 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 Région et Province	* Branch Direction générale	Directorate Direction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	PHAC-IDPC / ASPC-PCMI		
Building Immeuble	Postal Locator Localisateur postal	Postal code Code postal	Telephone number Numéro de téléphone
1015 Arlington / 1015 Arlington		R3E3P6	[REDACTED]
Site of hazardous occurrence Lieu de la situation comportant des risques	Address Adresse		
Office	[REDACTED]		
* 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 météorologiques	
2017-05-08	10:00 AM HH.MM		
Witnesses Témoins	* Supervisor's name Nom du surveillant		
[REDACTED]	[REDACTED]		

Description of what happened / Description des circonstances:

Employee was packing up her office for retrofit. [REDACTED] tried to remove a roll 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 [REDACTED] right shoulder. [REDACTED] 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: [REDACTED]

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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Description of injury / Description de la blessure:

\* Nature of Injury / Nature de la lésion:

ATIA - 19(1)

Sprains - strains / Entorses - foulures

\* Part of Body / Partie du corps:

Shoulder / Épaule

\* Shoulder: Affected Side / Épaule: Côté Affecté: Right / Droit

\* Event or Exposure / Événement ou exposition:

Caught in - under or between / Coincé à l'intérieur - au dessous ou entre

**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: 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'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: 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 / Oui

\* Specify / Préciser: Inform all staff about the hazards 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
[Redacted]	Sr. Biosafety Officer	[Redacted]	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 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
[Redacted]	[Redacted]	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 recommendations have

2017-08-30

(Employee)

[Redacted]

2017-08-30

[Redacted]

(Employee)

ATIA - 19(1)

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

SCHEDULE 1 / ANNEXE 1  
SECTION 15.8 / ARTICLE 15.8)

HAZARDOUS OCCURRENCE  
INVESTIGATION REPORT

RAPPORT D'ENQUÊTE DE  
SITUATION COMPORTANT DES RISQUES

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

Department File No. / N° de dossier du ministère
Regional Office / Bureau régional
Employer ID No. / Numéro d'identification de l'employeur

Employer Name and Mailing Address / Nom et adresse postale de l'employeur Health Canada / Santé Canada, PHAC-IDPC / ASPC-PCMI, NML, FPMD 1015 Arlington / 1015 Arlington 1015 ARLINGTON ST	Postal Code / Code postal R3E2P6
	Telephone Number / Numéro de téléphone [REDACTED]

Site of Hazardous Occurrence / Lieu de la situation hasardeuse COMMON AREA [REDACTED]	Date and Time of Hazardous Occurrence / Date et heure de la situation hasardeuse 2017-05-16 09:30 AM
--	---

	Weather / Conditions météorologiques
--	--------------------------------------

Witnesses / Témoins	Supervisor's Name / Nom du surveillant [REDACTED]
---------------------	--

Description of what happened / Description des circonstances  
During routine monthly fire extinguisher inspection, employee opened cabinet door while standing too close striking [REDACTED] with door in the mouth.  
Edge of door chipped one [REDACTED] front teeth

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

Injured Employee's Name (if applicable) / Nom de l'employé blessé (s'il y a lieu) [REDACTED]	Age / Âge [REDACTED]	Occupation / Profession [REDACTED]
		Years of experience in occupation / Nombre d'années d'expérience dans la profession [REDACTED]

Description of injury / Description de la blessure Mouth / Bouche	Sex / Sexe [REDACTED]	Direct cause of injury / Cause directe de la blessure Struck by / Heurté par
--	--------------------------	---

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?  
No / Non Specify / Préciser

Direct causes of Hazardous Occurrence / Causes directes de la situation hasardeuse  
Human error / erreur humaine

Furniture and fixtures / Ameublement et accessoires

ATIA - 19(1)

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

Name of person investigating / Nom de la personne menant l'enquête	[REDACTED]	Date / Date
Title / Titre	Telephone Number / Numéro de téléphone	2017-05-17

Safety & Health Committee's or Representative's Comments / Observations du comité d'hygiène et de sécurité ou du représentant.

Committee Member or Representative Name / Nom de membre du comité ou du représentant	[REDACTED]	Date / Date
Title / Titre	Telephone Number / 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.

ATIA-16(2)(c)

ATIA - 19(1)

SCHEDULE 1 / ANNEXE 1  
SECTION 15.8 / ARTICLE 15.8)

HAZARDOUS OCCURRENCE  
INVESTIGATION REPORT

RAPPORT D'ENQUÊTE DE  
SITUATION COMPORTANT DES RISQUES

Type of occurrence / Type de situation  
Spill (no injuries) / Renversement (aucun blessé)

Department File No. / N° de dossier du ministère
Regional Office / Bureau régional
Employee ID No. / Numéro d'identification de l'employeur

Employer Name and Mailing Address / Nom et adresse postale de l'employeur Health Canada / Santé Canada, PHAC-IDPC / ASPC-PCMI 1015 Arlington / 1015 Arlington same as above	Postal Code / Code postal R3E 3P6 Telephone Number / Numéro de téléphone [REDACTED]
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Site of Hazardous Occurrence / Lieu de la situation hasardeuse [REDACTED] elevator, 1st floor	Date and Time of Hazardous Occurrence / Date et heure de la situation hasardeuse 2017-07-06 06:35 AM Weather / Conditions météorologiques
--	---

Witnesses / Témoins	Supervisor's Name / Nom du surveillant [REDACTED]
---------------------	--

Description of what happened / Description des circonstances  
I was entering [REDACTED] elevator [REDACTED] with a cart full of metal bins containing waste (non infectious media material) that required autoclaving. When I pushed 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 fell into the elevator and one of the closed waste bins from [REDACTED] Department, toppled off the cart and spilled tubes and glassware all over the elevator floor. Some of the tubes broke and there was trace amounts of liquid from each of these tubes that spilled on the elevator floor. I blocked off the elevator so it could not be used and went to inform [REDACTED] about what just happened. [REDACTED] came back with me and we cleaned up the broken glass with a squeegee and

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

Injured Employee's Name (if applicable) / Nom de l'employé blessé (s'il y a lieu)	Age / Âge	Occupation / Profession
[REDACTED]	[REDACTED]	[REDACTED]
		Years of experience in occupation / Nombre d'années d'expérience dans la profession
		[REDACTED]

Description of injury / Description de la blessure No Injuries / Aucune Blessures	Sex / Sexe	Direct cause of injury / Cause directe de la blessure Other - Specify / Autres - Préciser
	[REDACTED]	[REDACTED]

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 Staff is trained in the collection and transport of metal bins (with lids) containing waste which are placed 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 situation hasardeuse  
Elevator Malfunction / Elevateur Défectueux

Other - Specify / Autres - Préciser  
= No injury.



ATIA-16(2)(c)

ATIA - 20(1)(b)

ATIA - 19(1)

██████████ I was entering ██████████ elevator ██████████ with a cart full of metal bins containing waste (non infectious media material) that required autoclaving. When I pushed 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 fell into the elevator and one of the closed waste bins from ██████████ Department, toppled off the cart and spilled tubes and glassware all over the elevator floor. Some of the tubes broke and there was trace amounts of liquid from each of these tubes that spilled on the elevator floor. I blocked off the elevator so it could not be used and went to inform ██████████ about what just happened. ██████████ back with me and we cleaned up the broken glass with a squeegee and dust pan. I then sprayed the elevator floor with 70% Ethanol and wiped down the whole area. ██████████ also called ██████████ to have them mop the elevator floor once we were done our clean up. I was wearing the PPE required for doing waste pick-ups at the time.

Corrective action and date employer will implement / Mesures correctives qui seront appliquées par l'employeur et date d'entrée en vigueur  
 Facilities were advised of the problem and were going to make a service call 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 elevators 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
[REDACTED]	[REDACTED]	2017-07-06
Title / Titre	Telephone Number / Numéro de téléphone	
[REDACTED]	[REDACTED]	

Safety & Health Committee's or Representative's Comments / Observations du comité d'hygiène et de sécurité ou du représentant.  
 The elevators in our building are on a regular preventative maintenance and inspection schedule.

Committee Member or Representative Name / Nom de membre du comité ou du représentant	Signature / Signature	Date / Date
[REDACTED]	[REDACTED]	2017-07-07
Title / Titre	Telephone Number / Numéro de téléphone	
[REDACTED]	[REDACTED]	

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.

Name Position Signature

[REDACTED]

# 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 <b>Manitoba &amp; Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba</b>	* Branch Direction générale <b>PHAC-IDPC / ASPC-PCMI</b>	Directorate Direction	Division
Building Immeuble  Other / Autres Specify / Préciser : <b>JC Wilt Infectious Disease Research Center</b>	Postal Locator Localisateur postal	Postal code Code postal  <b>R3E3L5</b>	Telephone number Numéro de téléphone
Site of hazardous occurrence Lieu de la situation comportant des risques  <b>[REDACTED]</b>	Address Adresse  <b>745 Logan Avenue</b>		
* Date of hazardous occurrence YYYY-MM-DD Date de la situation comportant des risques AAAA-MM-JJ  <b>2017-06-20</b>	Time of hazardous occurrence Heure de la situation comportant des risques  HH:MM	Weather Conditions météorologiques	
Witnesses Témoins	* Supervisor's name Nom du surveillant  <b>Ruey C Su/HC-SC/GC/CA</b>		

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 [REDACTED] on June 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 Surface Decontamination did not have access [REDACTED] and therefore could not check the logbook status.

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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AAAA-MM-JJ		Male / Homme	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 / Événement 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? /

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 [redacted] 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 [redacted]. The 'decontamination documentation' should be posted at the BSC.]. Update logbook 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 Nom de la personne faisant l'enquête	Title Titre	Telephone Number Numéro de téléphone	Date YYYY-MM-DD Date AAAA-MM-JJ
Ruey C Su/HC-SC/GC/CA	Manager	204-789-6474	2017-07-12

## Incident Report Form

**Incident:** 17-03**Accountable Individuals:** Various; includes RBA, Biosafety Officer, Facility Project Leads and Lab Supervisors

Occurred on Friday June 23:

A verbal report from [REDACTED] provided to Facility Biosafety Officer on Monday June 26 - 2PM

RE: Near Miss incident involving contractor activities [REDACTED] sensitive scientific equipment and Risk Group 2 Biohazardous materials in the E. coli Lab.

[REDACTED] Constant drilling in walls/ceiling - contractors used tarps to cover sensitive scientific equipment [REDACTED] - removal of tarp resulted in dust floating around the unit -- vibration also affects equipment!

[REDACTED] tarps were placed over Risk Group 2 materials (contained material in Test tubes in racks) in the Containment Level 2 Laboratory (Microbiology Laboratory). Upon removal of tarp the test tube racks tipped and test tubes fell out of rack. There was no spill or leaking of biohazardous material from the test tubes -- tubes were plastic so did not break -- discussion between [REDACTED] ensued with indication that there was no training provided [REDACTED]

Sequence of events; as communicated by [REDACTED] entered when [REDACTED] work was coming to a close. When tarp was removed; test tubes fell out of racks and contractor immediately began to pick up the tubes to replace -- technician communicated the risk and requested that contractor wash hands. [REDACTED] washed hands and tarp was removed from the Lab [REDACTED]

**Investigation:**

On site project coordinators: Rocco Rosa (NML, IT) and Shawn Osmond (PWGSC)

Offsite project coordinators: HC Facilities with Shared Services Canada

Upgrades for WiFi at 110 Stone Rd. W.; work completed from June 21 to June 28, 2017.

Activities: included installation of conduit around most rooms in the building; electrical work; and telephone connections; as led through an initiative by SSC and HC Facilities. Full extent of work in the containment Labs was learned on June 27; as per near miss described [REDACTED]

**Prior to the commencement of work at the Guelph Laboratory facility;** email communication between HC Facilities and NML, Guelph provided only vague information of the project activities (refer to emails dated June 2, 7 and 14). These include a request by NML, Guelph for clarification of the scope of the project.**Communication to onsite staff at the Guelph Lab:**

- 1) Facilities to RBA and NML, Guelph Biosafety Officer - peripheral information of activities and extent of the project was provided; as per email communication
- 2) RBA to occupants - nil

Details of the full scope and extent of the work that was to be completed within the Containment Level 2 Laboratories could only be relayed once adequate information is provided by HC-Facilities to the RBA.

**Summary:**

Final preparations for completion of onsite activities for the WiFi project were incomplete: i.e., determination of the scope/extent of activities to be completed in the building / determination for need and delivery of Lab Awareness Training to external contractors / communication to Lab staff.

**-S. Frost (Facility Biosafety Officer) discussion notes:**

Discussed with Mette Cornelisse (RBA) - 17-06-27: peripheral knowledge of the project as per email communication only.

Relayed information that Shawn Osmond had provided assurances via email that onsite supervision was available and adequate for the project; as per June 2 email.

-Discussed with Catherine Robertson (Biosafety Officer for NML; Divisional Director, Biorisk

&Occupational Safety Services) - 17-06-27 : Described incident. Obtained confirmation that the incident does not require to be reported to PHAC-Center for Biosecurity (as per Human 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: *Shelly Frost / M. Pomele* 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: *AF*

-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: 17/07/05 Initial: *AF* w/ Shawn Osmond

\*  
- 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. Pomele* 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

\* develop forms for use by facilities project managers/coordinators to ensure facility work is communicated to RBA + BSO - this will provide assurance that external contractors obtain appropriate awareness training prior to completion of the work in any CL2 area. Forms include: Incident Report Form - FRM-001 + 002 approved 17/07/28

ATIA-16(2)(c)

ATIA - 19(1)

## 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 / Improper rotor storage/installation leading to centrifuge damage.  
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 Direction générale	Directorate Direction	Division
Manitoba & Saskatchewan / Manitoba et Saskatchewan - Manitoba / Manitoba	PHAC-Other / ASPC-Autre		
Building Immeuble	Postal Locator Localisateur postal	Postal code Code postal	Telephone number Numéro de téléphone
	JC Witt 745 Logan Avenue Winnipeg, MB		
Site of hazardous occurrence Lieu de la situation comportant des risques	Address Adresse		
	JC Witt 745 Logan Avenue 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 comportant des risques	Weather Conditions météorologiques	
2017-07-05	11:00 AM HH:MM		
Witnesses Témoins	* Supervisor's name Nom du surveillant		

### 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

- \* 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: [REDACTED]

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
		[REDACTED]		

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 / Événement 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  
[REDACTED]

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? /  
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: 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 minimize 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

### 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
  - 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.

**Section 1.0: Administrative Information**

ADMINISTRATIVE INFORMATION	<b>[PHAC pending fields] Case ID:</b>	<b>License Number:</b>	<b>1.1 - Date Report Created:</b> 17-Aug-2015	<b>1.2 - Date Revised (if applicable):</b> 22-Oct-2015	
	<b>License Holder Name:</b>		<b>1.3 - If revised, indicate the reason for the update to an earlier report</b> Other, C6 interpretation		
	<b>1.4 Please indicate the laboratory containment level:</b> <input type="radio"/> CL2 <input checked="" type="radio"/> CL3 <input type="radio"/> CL4				
	<b>1.5 How would you describe the sector/primary area of focus for your institution/facility's activities?</b> (Check all that apply)				
	<input type="checkbox"/> Academic (University, Veterinary College, College, CEGEP, High School, etc.)		<input checked="" type="checkbox"/> Public Health - Government (F/P/T/Municipal)		
	<input type="checkbox"/> Private Industry/Business (Animal Health, Human Health, Biotechnology, Pharmaceutical, Food Industry, Pathogen or Toxin distributor)		<input type="checkbox"/> Environment - Government (F/P/T/Municipal)		
	<input type="checkbox"/> Hospital (Academic-affiliated, non-academic affiliated)		<input type="checkbox"/> Veterinary/Animal Health - Gov't (F/P/T/Municipal)		
	<input type="checkbox"/> Other Government (F/P/T/Municipal)				
	<b>Select the size of the facility/institution</b> (based on the approximate number of laboratory staff/students working in the facility): Large (greater than 150 staff)				
	<b>1.6 - Reporter's contact information</b> (provide contact details for the person making the report):				
Reporter's Name: (First, Last): Catherine Robertson [(original reporter); with Jeannette Macey interpretation & notes]					
Reporter's Email: catherine.robertson@phac-aspc.gc.ca					
Reporter's Telephone: 204-78-6079					
<b>1.7 - Reporter's role in the incident</b> Not involved/did not witness occurrence; informed following occurrence					
<b>1.8 - Investigational team members and roles</b> (provide first and last name and role on investigation team for each team member)  Jay Krishnan - BSO Laura Landry - BSO Sara Christianson - Program Staff Catherine Roberston - Head, Safety and Environmental Services Sherisse Lavineway - TSO					

**Section 2.0: Occurrence - Incident Description** (basic details on what, where, when, etc. the incident occurred)

OCCURRENCE - INCIDENT DESCRIPTION	<b>2.1 Indicate the type(s) of incident that occurred</b> (check all that apply for 2.1 (i) and/or 2.1 (ii) below) <i>i.e. if an inadvertent release AND exposure of an individual(s) occurred, check both incident types in (i) and (ii) below</i>	
	<p><b>(i) For incidents involving exposure of an individual to a human pathogen or toxin, select from the following AND indicate if any of (ii) incidents apply, then continue to 2.2 below:</b></p> <p><input checked="" type="checkbox"/> Exposure (may cause disease - see definition at top of page 1)</p> <p><input type="checkbox"/> Lab acquired infection - suspected</p> <p><input type="checkbox"/> Lab acquired infection - confirmed</p>	<p><b>(ii) Indicate other incident type below</b> (if (i) exposure/disease is NOT involved), select from the following then skip to 2.3):</p> <p><input type="checkbox"/> Inadvertent release of a human pathogen or toxin</p> <p><input type="checkbox"/> Inadvertent production of a human pathogen or toxin</p> <p><input type="checkbox"/> Missing human pathogen or toxin</p> <p><input type="checkbox"/> Other, specify: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></p>
<b>2.2 For exposure/LAI incidents, indicate the total number of affected individuals</b> (provide totals for both (i) and (ii, if applicable) below):		
(i) Total number of individuals exposed/infected <b>during the incident</b> (i.e. number of primary exposures/LAIs) <span style="border: 1px solid black; padding: 2px;">unknown</span>		
(ii) Indicate if any secondary transmission (person-to-person spread) has occurred and provide number of lab or community contacts:		
<input type="radio"/> Yes, indicate the number of secondary transmissions in and outside the lab →      Number of secondary cases in laboratory/staff contacts: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span> Number of secondary cases in family/community contacts: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span>		
<input checked="" type="radio"/> No, no secondary transmission occurred (no person-to-person spread)		
<input type="radio"/> Unknown		



### Incident Investigation and Reporting Form

<b>OCCURRENCE - INCIDENT DESCRIPTION (continued)</b>	2.3 (i) - Select the occurrence type that best characterizes the incident: Spill		
	2.3 (ii) - Select the <u>main activity</u> that best describes the work being undertaken during the incident: Unknown		
	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). 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.		
	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.		
	2.5 - Is the date and/or time the incident occurred known? <input type="radio"/> Yes → Go to 2.6 <input checked="" type="radio"/> No → Go to 2.8		
	2.6 - Date the incident occurred: HH:mm	2.7 - Time the incident occurred: HH:mm	2.8 - Date incident <u>first reported</u> to facility authority: 29-Jul-2015
<b>BIOLOGICAL AGENT</b>	2.9 - Is the biological agent involved in the incident known? <input checked="" type="radio"/> Yes → Go to 2.10 <input type="radio"/> No → Go to 2.12 (iii)		
	2.10 - Select the HPTA Schedule to which the biological agent belongs: Schedule 3 - Risk Group 3 Human Pathogens		2.11 (i) - Select the type of biological agent: Bacteria
	2.11 (ii) - If "Other" type of biological agent was selected, describe below:		
	2.12 (i) - Identify the specific biological agent (genus, species):		2.12 (ii) - Specify sub-type, strain, etc. if known:
	2.12 (iii) - If the specific biological agent (genus, species...) is not known, explain:		
<b>DECONTAMINATION</b>	2.13 - Was decontamination/disinfection performed, using processes and methods in accordance with applicable standards and guidelines? <input checked="" type="radio"/> Yes, provide further details in 2.14 below <input type="radio"/> No, decontamination/disinfection was not required → Go to 2.15 <input type="radio"/> 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 [redacted] coworker to also don [redacted] 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.		
<b>TRAVEL</b>	2.15 - Did/will any of the affected person(s) travel outside of the province/territory in the days/weeks following exposure or onset of illness? Unknown		
	2.16 - If any affected person(s) have travel outside of the province/territory in the days/weeks following exposure or onset of illness, indicate if travel did/will occur during the known incubation period (exposed persons) or infectious period (persons with suspected or confirmed LAI) Unknown		

**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  
 If more than three affected persons, please request **Additional Affected Persons Form** from [exposure-exposition@phac-aspc.gc.ca](mailto: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 2	Affected Person 3
<b>AFFECTED PERSONS: EXPOSURE, POST-EXPOSURE INTERVENTIONS, OUTCOME</b>	<b>3.1 (i)</b> - Indicate exposure or illness/disease status at the time of this report Exposure	<b>3.1 (ii)</b> - Indicate exposure or illness/disease status at the time of this report	<b>3.1 (iii)</b> - Indicate exposure or illness/disease status at the time of this report
	<b>3.2 (i)</b> - Primary route of exposure Inhalation	<b>3.2 (ii)</b> - Primary route of exposure	<b>3.2 (iii)</b> - Primary route of exposure
	<b>3.3 (i)</b> - If Unknown/Other route of exposure, explain :	<b>3.3 (ii)</b> - If Unknown/Other route of exposure, explain :	<b>3.3 (iii)</b> - If Unknown/Other route of exposure, explain :
	<b>3.4 (i)</b> - Indicate onset of symptomatic illness/presentation No	<b>3.4 (ii)</b> - Indicate onset of symptomatic illness/presentation	<b>3.4 (iii)</b> - Indicate onset of symptomatic illness/presentation
	<b>3.5 (i)</b> - Onset Date: <input type="checkbox"/> Check if unknown	<b>3.5 (ii)</b> - Onset Date: <input type="checkbox"/> Check if unknown	<b>3.5 (iii)</b> - Onset Date: <input type="checkbox"/> Check if unknown
	<b>3.6 (i)</b> - 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) <input type="checkbox"/> first-aid administered immediately after the exposure <input type="checkbox"/> occupational health consultation within 0-7 days of the exposure <input type="checkbox"/> medical consultation within 0-7 days of the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) within 0-7 days of the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Other, describe below:	<b>3.6 (ii)</b> - 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) <input type="checkbox"/> first-aid administered immediately after the exposure <input type="checkbox"/> occupational health consultation within 0-7 days of the exposure <input type="checkbox"/> medical consultation within 0-7 days of the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) within 0-7 days of the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> Other, describe below:	<b>3.6 (iii)</b> - 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) <input type="checkbox"/> first-aid administered immediately after the exposure <input type="checkbox"/> occupational health consultation within 0-7 days of the exposure <input type="checkbox"/> medical consultation within 0-7 days of the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) within 0-7 days of the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) within 0-7 days of the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> Other, describe below:
	As exposure could have occurred up to 1 year prior to this incident being discovered, no immediate/early interventions were possible.		
	<b>3.7 (i)</b> - Indicate all of the later post-exposure interventions i.e. those administered more than 7 days after the exposure incident? (Check all that apply) <input type="checkbox"/> occupational health consultation > 7 days after the exposure <input type="checkbox"/> medical consultation > 7 days after the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) > 7 days after the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) > 7 days after the exposure <input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Other, describe below:	<b>3.7 (ii)</b> - Indicate all of the later post-exposure interventions i.e. those administered more than 7 days after the exposure incident? (Check all that apply) <input type="checkbox"/> occupational health consultation > 7 days after the exposure <input type="checkbox"/> medical consultation > 7 days after the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) > 7 days after the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) > 7 days after the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> Other, describe below.	<b>3.7 (iii)</b> - Indicate all of the later post-exposure interventions i.e. those administered more than 7 days after the exposure incident? (Check all that apply) <input type="checkbox"/> occupational health consultation > 7 days after the exposure <input type="checkbox"/> medical consultation > 7 days after the exposure <input type="checkbox"/> post-exposure prophylaxis (PEP) > 7 days after the exposure <input type="checkbox"/> drug treatment (antibiotic, antiviral, antifungal, etc.) > 7 days after the exposure <input type="checkbox"/> Not applicable <input type="checkbox"/> Other, describe below.
	Regular medical monitoring of all staff working in this lab has continued. No seroconversion has been reported. see 4.3 below		
	<b>3.8 (i)</b> - Illness Outcome	<b>3.8 (ii)</b> - Illness Outcome	<b>3.8 (iii)</b> - Illness Outcome
<b>3.9 (i)</b> - If recovered, indicate the recovery time	<b>3.9 (ii)</b> - If recovered, indicate the recovery time	<b>3.9 (iii)</b> - If recovered, indicate the recovery time	

**Incident Investigation and Reporting Form**

**Section 4.0: Affected Person(s)** - Laboratory experience and role each person exposed/infected;  
 If more than three affected persons, please request **Additional Affected Persons Form** from [exposure-exposition@phac-aspc.gc.ca](mailto:exposure-exposition@phac-aspc.gc.ca)

AFFECTED PERSONS - LABORATORY EXPERIENCE AND ROLE	Affected Person 1	Affected Person 2	Affected Person 3
	4.1 (i) - What is the affected person's highest completed level of education? Unknown	4.1 (ii) - What is the affected person's highest completed level of education?	4.1 (iii) - What is the affected person's highest completed level of education?
	Indicate this person's laboratory experience in years <input type="text"/>	Indicate this person's laboratory experience in years <input type="text"/>	Indicate this person's laboratory experience in years <input type="text"/>
	4.2 (i) - What is the affected person's laboratory qualifications or regular role in the laboratory/facility? Unknown	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's laboratory qualifications or regular role in the laboratory/facility?
4.3 (i) - If "Other" or no laboratory qualifications explain below: Potentially exposed persons would be any staff who entered this room - including TB program staff, SES, Facilities staff and contractors. TST testing to be carried out on all.	4.3 (ii) - If "Other" or no laboratory qualifications explain below:	4.3 (iii) - If "Other" or no laboratory qualifications explain below:	

**Section 5.0: Risk Rating and Risk Potential (this section and beyond pertains to the overall incident)**

RISK RATING AND RISK ASSESSMENT	5.1 - Indicate, on a scale of 1-5 (1 being lowest and 5 being highest), the actual or potential severity of the occurrence. (note this scale applies broadly, considering the risk/impact to the individual, other staff AND public health; see examples below for each level from 1 to 5 to select the most appropriate level of severity for the incident using this scale)  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)	2
	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	1
	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)	2
	5.4 - Was the actual severity less than the potential severity (i.e. was there a potential for the Incident to have been more severe)?  <input type="radio"/> Yes → Go to 5.5 <input type="radio"/> No → Go to Section 6.0 <input checked="" type="radio"/> Don'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 5.5i, 5.5ii and 5.5iii below)	
5.5.i Engineering Controls: <input type="checkbox"/> Automation or computerization - use of devices or systems removed people from error prone or high risk activities <input type="checkbox"/> 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 <input type="checkbox"/> 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: <input type="checkbox"/> Standardization/simplification of tools and/or processes - use of standardized equipment, measures, terminology etc. reduced errors and/or extent, severity or duration of the hazard/exposure <input type="checkbox"/> Standards/SOPs, policies, rules, electronic procedures, drop-down menus - availability and required/reinforced use of guidance such as Biosafety Manuals, Pathogen Safety Sheets, Laboratory notebooks etc. reduced error/hazard <input type="checkbox"/> Reminders, checklists, double checks - pop up reminders, verification sign-offs, checklist actions, etc. reduced errors or extent of exposure/contact with the hazard		
5.5.iii - Individual Controls (Human Action/Individual last line of defence): <input type="checkbox"/> 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 <input type="checkbox"/> Personal Protective Equipment - use of individual physical barriers (lab coat, gloves, eye protection, face shield, etc..) prevented or reduced contact/exposure to the hazard		

Incident Investigation and Reporting Form

<p><b>Section 6.0: Investigation Status and Root Cause Analysis</b>  <b>Investigation Status (Questions 6.1-6.3) -</b> Indicate the current status of the investigation</p>	
<p>INVESTIGATION STATUS</p>	<p>6.1 - What is the current status of the investigation?  <input type="radio"/> Not yet started → Go to 6.3    <input checked="" type="radio"/> In progress → Go to 6.2    <input type="radio"/> Completed → Go to 6.2</p>
	<p>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</p>
	<p>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.</p>
<p><b>Root Cause Analysis (Questions 6.4- 6.10) -</b> Identify root causes of all causal factors for the incident in the sections/sub-sections below</p>	
<p>PROTOCOLS, PROCEDURES &amp; SOPs</p>	<p>6.4.i - Were there <u>standards, policies, procedures or other expected practice documents that guided the work/activities</u> related to the incident (these may include SOPs, requirements, written guides, instructions, rules and checklists)?  <input type="radio"/> Yes → Go to 6.4.ii    <input type="radio"/> No → Go to 6.5.i    <input type="radio"/> N/A → Go to 6.5.i</p>
	<p>6.4.ii - If yes, check all that apply</p> <div style="border: 1px solid black; padding: 5px;"> <p>The standards, policies, procedures or other expected practice documents that guided work:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> were known but not followed</li> <li><input type="checkbox"/> were not followed because they were not known by the user</li> <li><input type="checkbox"/> were not followed correctly (followed as written, but may have been confusing, not detailed enough or unclear, etc.)</li> <li><input checked="" type="checkbox"/> were followed but were not correct for the task (contained wrong information or inadequate to address the situation)</li> <li><input type="checkbox"/> were not in place but should have been in place (the nature of the hazard warrants written direction)</li> </ul> </div>
	<p>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.</p>
<p>MANAGEMENT &amp; OVERSIGHT</p>	<p>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)?  <input checked="" type="radio"/> Yes → Go to 6.5.ii    <input type="radio"/> No → Go to 6.6.i    <input type="radio"/> N/A → Go to 6.6.i</p>
	<p>6.5.ii - If yes, check all that apply:</p> <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> No supervision of work related to the incident as/when there should have been</li> <li><input checked="" type="checkbox"/> Improvement needed re: supervision of work related to the incident</li> <li><input type="checkbox"/> No auditing, evaluation, or enforcement re: <u>USE</u> of standards, policies or procedures or other documents</li> <li><input type="checkbox"/> Improvement needed on auditing, evaluation, or enforcement re: <u>USE</u> of standards, policies, procedures etc.</li> <li><input type="checkbox"/> Training lacks auditing, evaluation, or enforcement</li> <li><input type="checkbox"/> Training needs improvement re: auditing, evaluation, or enforcement</li> <li><input type="checkbox"/> Preparation needs improvement (e.g., walk-through, job planning, pre-work briefing) for activities related to the incident</li> <li><input checked="" type="checkbox"/> Human factors need improvement (e.g., recognition of fatigue, impairment, work load, state of mind, team selection)</li> <li><input type="checkbox"/> Risk assessment prior to work <u>was not done</u></li> <li><input type="checkbox"/> Risk assessment conducted prior to the work <u>needs improvement</u></li> <li><input type="checkbox"/> Worker selection <u>needs improvement</u></li> </ul> </div>
	<p>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.</p>

Incident Investigation and Reporting Form

TRAINING	<p>6.6.i - Was there a <b>training</b> issue related to the incident?</p> <p><input type="radio"/> Yes → Go to 6.6.ii    <input checked="" type="radio"/> No → Go to 6.7.i    <input type="radio"/> N/A → Go to 6.7.j</p>
	<p>6.6.ii - If yes, check all that apply:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> There was <b>no training for the task</b> related to the incident</p> <p><input type="checkbox"/> Training was <b>inappropriate or insufficient</b> to support adequate understanding</p> <p><input type="checkbox"/> Appropriate and sufficient training was <b>available, but not completed</b></p> <p><input type="checkbox"/> Staff was <b>not qualified or proficient in performing the task</b> related to the incident</p> </div>
	<p>6.6.iii. - If a <b>Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent</b> was involved in the incident, provide more detail or explanation below:</p>
COMMUNICATION	<p>6.7.i - Were there <b>communication</b> factors directly related to the occurrence?</p> <p><input checked="" type="radio"/> Yes → Go to 6.7.ii    <input type="radio"/> No → Go to 6.8.i    <input type="radio"/> N/A → Go to 6.8.j</p>
	<p>6.7.ii - If yes, check all that apply:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> There is <b>no method or system</b> for communication</p> <p><input type="checkbox"/> No communication occurred but should have</p> <p><input checked="" type="checkbox"/> Communication occurred but was unclear, ambiguous, misunderstood, incorrect or not detailed enough</p> </div>
	<p>6.7.iii. If a <b>Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent</b> was involved in the incident, provide more detail or explanation below:</p> <p>a. Inadequate horizontal communication between peers:</p> <p>i. TB staff was unaware or not acknowledging the seriousness of the extent to which stocking activities were falling behind.</p> <p>ii. SES staff was not communicating with the OHN regarding a potential exposure incident.</p> <p>iii. Biosafety officer are not communicating with the OHN regarding staff that are taking the CL3 entry quiz.</p> <p>b. Inadequate vertical communication between staff and supervisor: Staff was making decisions regarding prioritization of work w</p>
EQUIPMENT	<p>6.8.i - Were there <b>equipment</b> factors that may directly relate to the occurrence?</p> <p><input checked="" type="radio"/> Yes → Go to 6.8.ii    <input type="radio"/> No → Go to 6.9.i    <input type="radio"/> N/A → Go to 6.9.j</p>
	<p>6.8.ii - If yes, check all that apply:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> The equipment <b>design needs improvement</b> (e.g. design does not meet specifications, specifications inadequate, etc.)</p> <p><input type="checkbox"/> Equipment was <b>not properly maintained</b> (e.g. equipment not maintained to manufacturer or facility standards, etc.)</p> <p><input type="checkbox"/> Equipment <b>maintenance needs improvement</b> (e.g. maintenance meets specifications but equipment still failed)</p> <p><input type="checkbox"/> Equipment used was <b>not fit for purpose</b> (e.g. equipment is being used beyond intended/recommended use)</p> <p><input type="checkbox"/> Quality control was <b>not done</b> (e.g. calibration, validation or testing was not done as/when it should have been)</p> <p><input type="checkbox"/> Quality control <b>needs improvement</b> (e.g. calibration, validation, testing done to accepted standards but still failed)</p> </div>
	<p>6.8.iii. - If a <b>Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent</b> was Involved in the incident, provide more detail or explanation below:</p> <p>The equipment factor here was that incubator was in wrong place. Incubator should be in a room where respiratory protection is worn</p>
HUMAN INTERACTION	<p>6.9.i - Was there <b>human interaction or human factors</b> related to work demands or the work environment that directly related to the incident?</p> <p><input checked="" type="radio"/> Yes → Go to 6.9.ii    <input type="radio"/> No → Go to 6.10.i    <input type="radio"/> N/A → Go to 6.10.j</p>
	<p>6.9.ii - If yes, check all that apply</p> <p>Improvement needed with respect to:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input checked="" type="checkbox"/> The labelling, placement, operation, displays or other functions of tools/equipment in the work environment</p> <p><input checked="" type="checkbox"/> Environmental factors within in the work area (e.g., temperature, obstructions, clutter, distractions/noise, surfaces, lighting, etc.)</p> <p><input type="checkbox"/> Workload constraints, pressures or other demands (constraints/demands interfered with staff capability in managing tasks)</p> </div>
	<p>6.9.iii. - If a <b>Risk Group 3, Risk Group 4 or Security Sensitive Biological Agent</b> was involved in the incident, provide more detail or explanation below:</p> <p>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.</p>



### Incident Investigation and Reporting Form

<b>OTHER FACTORS</b>	<b>6.10.i - Were there any <u>other factors</u> related to the incident?</b> <input checked="" type="radio"/> Yes → Go to 6.10.ii <input type="radio"/> No → Go to Section 7.0 <input type="radio"/> N/A → Go to Section 7.0									
	<b>6.10.ii - If <u>other factors</u> were involved, provide more detail or explanation below.</b> 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, cradle to grave, and a missing plate would now be identified much more quickly.									
<b>Section 7.0: Outcome</b>										
<b>CORRECTIVE ACTION</b>	<b>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. <i>If more room is needed, use Additional Notes section at the end of the form.</i></b>									
	<b>Corrective Action Planned or Taken</b>	<b>Implementation Date</b>								
	1. Move CO2 incubator into a room requiring respiratory protection, required connecting a CO2 gas line into the room.	Work order placed								
	2. Improve inventory control procedures such that missing plates do not go unnoticed - Completed before incident was discovered.	18/oct/2015								
	3. Weekly visual inspection of areas in the lab that are not cleaned by cleaning staff have been implemented - COMPLETE	10/oct/2015								
4. Improvement in communication between TB staff, Facilities and SES	New procedures for communication being written									
<b>MANAGEMENT</b>	<b>7.2 - Has management been informed of this incident?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No or unknown, explain below Provide more detail or explanation below.									
	<b>7.3 - Have there been similar <u>previous</u> occurrences at your location in the past?</b> <input type="radio"/> Yes → Go to 7.4 <input checked="" type="radio"/> No → Go to 7.7									
<b>PREVIOUS OCCURRENCES</b>	<b>7.4 - Were corrective actions specified to address one or more <u>previous</u> occurrence(s)?</b> <input type="radio"/> Yes → Go to 7.5 <input checked="" type="radio"/> No → Go to 7.6									
	<b>7.5 - Were corrective actions taken to address one or more <u>previous</u> occurrences?</b> <input type="radio"/> Yes → Go to 7.6 <input checked="" type="radio"/> No → Go to 7.6									
	<b>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.</b>									
	<b>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:</b>									
<b>IMPROVEMENTS</b>	<table border="1" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Procedures, Protocols and SOPs</td> <td><input type="checkbox"/> Management system and/or oversight</td> </tr> <tr> <td><input type="checkbox"/> Standards and Policies</td> <td><input checked="" type="checkbox"/> Equipment factors</td> </tr> <tr> <td><input type="checkbox"/> Training</td> <td><input checked="" type="checkbox"/> Human interaction or human factors</td> </tr> <tr> <td><input checked="" type="checkbox"/> Communication</td> <td><input type="checkbox"/> Other</td> </tr> </table>		<input checked="" type="checkbox"/> Procedures, Protocols and SOPs	<input type="checkbox"/> Management system and/or oversight	<input type="checkbox"/> Standards and Policies	<input checked="" type="checkbox"/> Equipment factors	<input type="checkbox"/> Training	<input checked="" type="checkbox"/> Human interaction or human factors	<input checked="" type="checkbox"/> Communication	<input type="checkbox"/> Other
	<input checked="" type="checkbox"/> Procedures, Protocols and SOPs	<input type="checkbox"/> Management system and/or oversight								
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<input type="checkbox"/> Training	<input checked="" type="checkbox"/> Human interaction or human factors									
<input checked="" type="checkbox"/> Communication	<input type="checkbox"/> Other									
<b>7.8 - Provide more detail/explanation based on your responses selected in 7.7 above</b>										





### 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. coli* sample" 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.

**ADDITIONAL NOTES**

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 ensure 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  
**Cc:** Cindi Corbett/HC-SC/GC/CA            **Date:** 2015-09-09 01:20 PM  
**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 (CSCAH) 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 CSCAH 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:** CSCAH 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 requiring 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.

**INTERNAL USE - PHAC NOTES, FOLLOW UP/CLARIFICATIONS**

RECEIVED BY PHAC (NAME: FIRST, LAST)    Jennifer Bernt (exposure-exposition@phac-aspc.gc.ca)

Date received    9-Sep-15    Date reviewed    10-Sep-15    Date Last Follow Up    22-Oct-15