

BioSafety Injury/Hazardous Incident Report



**Biosafety
Injury/Hazardous
Incident Report**
**See final page For
Instructions**

<input type="checkbox"/> No Injury <input type="checkbox"/> Hazardous incident

<input type="checkbox"/> Injury requiring: <input type="checkbox"/> first aid <input type="checkbox"/> health care (medical aid) <input type="checkbox"/> lost time
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Complete this form if you have encountered a hazardous situation or suffered an injury associated with the handling of biohazardous materials. Return the completed form to the StFX Biosafety Officer (L. Graham, JBBH 419) within three days of the incident.

Individual involved	Last Name	First Name	Initial
<input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Employee...Position:		Years Experience in that position: _____	
Date of Incident:	Time of Incident:	Name(s) of First Aider(s):	
Describe the first aid given:		Time that first aid was initiated:	
Description of Incident State exactly the sequence of events which lead up to the incident, where the incident occurred, and what the individual involved was doing. Use a separate sheet if necessary.		Type of Incident (See Instructions for description) Exposure to Hazardous Material: <input type="checkbox"/> Infectious Materials Organism/toxin _____ Concentration/Volume: _____ <input type="checkbox"/> Chemical _____ <input type="checkbox"/> Struck or contact by <input type="checkbox"/> Struck against, contact with <input type="checkbox"/> Contact with electrical current <input type="checkbox"/> Fall <input type="checkbox"/> Over exertion/strain <input type="checkbox"/> Repetitive motion <input type="checkbox"/> Other	
Names and Addresses of witnesses or persons having knowledge of the incident.			

Contributing Factors. What conditions contributed to the incident (number all contributing causes in order of importance)

- | | | |
|--|---|--|
| <input type="checkbox"/> Operating without authority | <input type="checkbox"/> Failure to use personal protective devices | <input type="checkbox"/> Unsafe equipment |
| <input type="checkbox"/> Failure to lock out | <input type="checkbox"/> Not guarded or improperly guarded | <input type="checkbox"/> Insufficient care |
| <input type="checkbox"/> Insufficient training | <input type="checkbox"/> Improper position or posture | <input type="checkbox"/> Inadequate illumination |
| <input type="checkbox"/> Infraction of safe practice | <input type="checkbox"/> Outside hazardous condition | <input type="checkbox"/> Other (explain below) |

Explanation of Contributing Factor(s)

Details of Property Damage

Corrective Measures. Mark with an (x) those actions taken to prevent recurrence; mark with a (p) other corrective actions decided upon planned but not yet carried out. More than one item may apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Reinstruction of person | <input type="checkbox"/> Equipment repair or replacement | <input type="checkbox"/> Check with manufacturer |
| <input type="checkbox"/> Reassignment of person | <input type="checkbox"/> Correction of congested area | <input type="checkbox"/> Inform department supervisor |
| <input type="checkbox"/> Order job safety analysis done | <input type="checkbox"/> Installation of guard or safety device | <input type="checkbox"/> Discipline personnel involved |
| <input type="checkbox"/> Improved personal protective equipment | <input type="checkbox"/> Actions to improve work procedure | <input type="checkbox"/> Other (explain) |

Describe actions taken to prevent recurrence.

Describe injury part of body involved and specify left (L) or right (R) side.

- Chest Internal Back Hands Legs Feet Eyes
 Head Arms Other: _____

Attending Physician

To your knowledge has the individual involved had a previous similar disability?
 Yes No

Treatment of Injury: University Health Services Hospital Other None

Name of Person Reporting Incident	Signature of Person Reporting Incident	Signature of Department Head
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Copy 1: BioSafety Officer	Copy 2: Occupational Health & Safety	Copy 3: Dean of Science	Copy 4: Dept. Chair
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PURPOSE OF THE INCIDENT REPORT

1. Ensure compliance with Workers' Compensation Board Regulations which require a report of occupational injury or disease to be filed within 3 days of the occurrence. **Important:** if the filing of the report to the StFX Health and Safety Committee is unavoidably delayed, report the incident by calling Security (ext. 4444).
2. Ensure compliance with provincial regulations with respect to the keeping of records of injuries.
3. Ensure compliance with the Canadian Biosafety Standards and Guidelines.
4. Collect factual data relating to the occurrence of a work injury or biosafety incident.
5. Provide a form on which to record, investigate and take corrective action on an incident.
6. Ensure that corrective action is taken to eliminate recognized causative factors.
7. Collect factual data to develop statistical records.
8. Guide investigators in making an effective investigation.

TYPES OF RESULTS

- **Hazardous Situation:** an incident caused by an unsafe act, an unsafe condition or a combination of both which could have resulted in property damage, physical harm or biocontainment breach.
- **First Aid Injury:** an injury of such minor nature that treatment can be carried out by application of a band-aid or cold compress.
- **Health Care (Medical Aid) Injury:** an incident which requires treatment or a service rendered by medical professionals but does not result in time lost from the workplace.
- **Lost Time Injury:** an injury which results in time lost from work beyond the day of injury.

TYPES OF INCIDENT (DEFINITION OF CODES)

1. **Struck or Contact By:** an incident in which a person has been contacted either abruptly and forcefully by some object in motion, (e.g., bottle falls off shelf, person jabs needle into finger, person pushing cart runs into the injured person), or has been contacted non-forcefully by some substance or agent which has an injury-upon-contact characteristic (e.g., person is splashed by hot or corrosive solution).
2. **Struck Against or Contact With:** an incident in which a person contacts either abruptly and forcefully some object in his surroundings (e.g. person strikes leg against door frame, person bumps head against cupboard door), or comes into contact non-forcefully with some substance or agent capable of producing injury on the basis of mere non-forceful contact (e.g., person touches hot pipe, person places hand in scalding or corrosive liquid).
3. **Contact With Electrical Current:** an incident where an unprotected person or equipment contacts an energized electrical power source or conductor.
4. **Fall:** an incident which can be subdivided into two categories - a "foot level fall" or a "fall to below". A slip or a trip should also be recorded under this category. A "foot level fall" occurs when a person slips, trips, or falls on the same level on which he was standing or walking, e.g., person slips on foreign matter on floor. A "fall to below" occurs when a person falls to below the level on which he was standing or walking, e.g., person falls from ladder, window, chair, or on the stairs.
5. **Over-Exertion or Strain:** an incident in which a person puts excessive strain on some part of the body (e.g., person strains back or some other part of body lifting equipment).

6. **Exposure:** an incident in which a person is exposed to harmful conditions, i.e., (a) toxic gases, fumes or vapours, (b) infectious organisms or biological toxins, (c) extremes of heat or cold, (d) oxygen deficient atmosphere, (e) radioactive radiation, or (f) intense light brightness.
7. **Repetitive Motion:** incidents which result from work practices which involve repetitive movement of a joint wrist, elbow, etc) resulting in a soft tissue injury.