1070-13.

FORT DETRICK RECORD OF OCCUPATIONAL INJURY/ILLNESS/INCIDENT OF POTENTIAL HAZARD EXPOSURE

Section 1. To be completed by supervisor and delivered by patient to dispensary.

1. NAME - Last, first, Middle Initial *(Person Injured)* (b) (3) (B) [redacted]

2. Grade 03 4. Age (b) [redacted]

5. Occupation/Duty When Injured	6. Injury	7. Return to Duty	8. Location Where Injury Occurred
MICROBIOLOGIST	Hour 1630	Hour 0800	Bldg #: 1425
	Date 09/19/2013	Date 09/20/2013	Room #: (b) (3) (B) [redacted]

9. How Incident Occurred *(Tell exactly what employee was doing and wht caused the injury/incident.) (Continue on second page, if necessary.)*

Entered room where a potential release of Burkholderia mallei occured about 10 minutes prior. Stood in room for 10 minutes.

10. Unit or Organization	11. Name of Supervisor	12. Work Phone Number
USAMRIID	(b) (3) (B) [redacted]	

SECTION II. To be Completed by Medical Officer

1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure. (Continue on second page, if necessary.)

Date Treated

2. Disposition *(Check One)* ☐ Hospital ☐ Send Home/Quarters ☐ Return to Regular Duty ☐ Return to Light duty ☐ Other *(Specify)*

3. Estimated Absence in Days Beyond Day on Which Injury Occurrred	4. Name of Medical Officer	5. Telephone
0		

SECTION III. Supervisor's Accident Analysis

ENVIRONMENTAL	PERSONEL FACTORS
1. Unsafe Methods, Processes, Procedures	1. Physical Conditions - Vision, Age, Weight, Fatigue
2. Indequate Safeguards, Safety Equipment	2. Emotional - Anger, Fear, Resentment, Worry
3. Improper or Defective Equipment	3. Lack of Skill or Knowledge
4. Hazardous Location	4. Attitude - Indifferent, Belligerent
5. Poor Housekeeping	5. Unsafe Wearing Apparel/Manner of Dress

Using the Above Guidance, State Specific Causes (Continue on second page, if necessary.)

Please see attachment

Supv's Statement of Corrective Action Taken/Anticipated (Cont on second page, if necessary.)

Please see attachment

Supervisor's Signature (b) (3) (B) [redacted]

SECTION IV. Patient's Statement (Continue on second page, if necessary.)

SECTION V. Safety Office Conclusion/Comment and Disposition (Continue on second page, if necessary.)

See Safety closeout.

(b) (3) (B) [redacted]

Safety Representative Signature (b) (3) (B) [redacted]

(b) (3) (B)

State Specific Causes

Another researcher was boiling a culture of *B. mallei* in a plastic tube in a water bath at 100C. The tube had a snap cap and was covered in parafilm. (b) noted after about 10 min upon removing the cover from the water bath that the cover on the tube had opened, although it is not known when the tube opened. (b) did not have a respirator on at the time and may have been exposed to an aerosol of *B. mallei* if the boiling and exposure to steam in the water bath had not killed the organisms. After this occurred the individual allowed (b) (3) to enter the same room during which time discussions were held as to how to handle the episode. The specific cause was due to an unsafe procedure used for killing the bacteria in a water bath. The potential exposures to additional individuals were due to improper procedures for handling a potential exposure.

Statement of Corrective Action Taken/Anticipated

An extensive review of the event was undertaken dealing with modification of methods to heat kill cultures of *B. mallei*. Several alternative procedures were reviewed including: a) using alternative tubes with screw caps; b) carrying out the procedure in the biosafety cabinet; and c) carrying out the procedure in a heat block rather than a boiling water bath. These will be reviewed and procedures finalized before any further experiments are done. In addition, there was a review of the SOP for handling any potential exposures, emphasizing that the individual is to immediately leave the lab, close off access to the lab and then notify the safety office, supervisor, Occupational Health and Biosurety.