



September 17, 2014

Sylvia Carignan  
General Assignment Reporter  
The Frederick News-Post  
351 Ballenger Center Drive  
Frederick, MD 21703

Re: FOI Case No. 42832

Dear Ms. Carignan:

This responds to your August 19, 2014, Freedom of Information Act (FOIA) request addressed to the Freedom of Information (FOIA) Office, National Institutes of Health (NIH), which was received in this office that day. Your request has been referred to my office because of our responsibilities under the FOIA. Department of Health and Human Services' (HHS) policy calls for the fullest possible disclosure provided by the FOIA, 5 U.S.C. §552, consistent with the protections contained therein. The implementing HHS Regulations establish the criteria pursuant to which the FOIA is administered, *see* 45 C.F.R. Part 5. Copies of the FOIA and the HHS FOIA Regulations are located at: <http://www.nih.gov/icd/od/foia/efoia.htm> and <http://www.nih.gov/icd/od/foia/cfr45.htm>.

You requested a copy of all laboratory mishap reports originating at the National Institute of Allergy and Infectious Diseases Integrated Research Facility from March 26, 2014 – present. We searched the files of the Division of Occupational Health and Safety within the Office of Research Services, Office of the Director, for records responsive to your request. That search produced the enclosed 23 pages of records. Certain information consisting of names and other identifying information has been redacted from the enclosed records pursuant to Exemption 6 of the FOIA, 5 U.S.C. §552(b)(6) and section 5.67 of the HHS FOIA Regulations, 45 C.F.R. Part 5. Exemption 6 exempts from disclosure records that if released would cause a clearly unwarranted invasion of personal privacy.

You have the right to appeal this determination to deny you access to information in the agency's possession. Should you wish to do so, your appeal must be sent within thirty (30) days of receipt of this letter to the Deputy Agency Chief FOIA Officer, Office of the Assistant Secretary for Public Affairs, United States Department of Health and Human Services, 5600 Fishers Lane – Room 19-01, Rockville, MD 20857, following the procedures outlined in Subpart C of the HHS FOIA Regulations. Clearly mark both the envelope and your letter "Freedom of Information Act Appeal."

In certain circumstances provisions of the FOIA and HHS FOIA Regulations allow us to recover part of the cost of responding to your request. Because the cost fell within the allowance for media requesters, there is no charge associated with our response

Sincerely,



Susan R. Cornell, J.D.  
Freedom of Information Officer, NIH  
Building 31, Room 5B35  
9000 Rockville Pike  
Bethesda, MD 20892

Enclosure: 23 pages



National Institutes of Health

# Occupational Injury/Illness Report

Safety use

Report Accession Number 87080

National Institutes of Health  
Occupational Medical Service

Name: (b) (6)

Sex: (b) (6)

Age: (b) (6)

Organization: NIAID

Worksite: Frederick

Personnel Status: Contractor

Building: 8200 Research Plaza

Room: (b) (6)

Occupation Title: Laboratory Associate

Work Phone: 301-631-(b) (6)

Years at NIH: (b) (6)

Years at Present Job: (b) (6)

Supervisor: (b) (6)

Supervisor Phone: 301-631-(b) (6)

Building: 8200 Research Plaza

Room: (b) (6)

Date of Report: 8/1/2014

Date of Injury: 8/1/2014

Time of Injury: 7:15 AM

Accident Location: Frederick

Accident Building: 8200 Research Plaza

Room: (b) (6)

Location Details: Lab

State: MD

Body part(s) affected: [Hand]

Severity of Injury: Mild

Type of Injury: Wound

Provider's Initials: (b) (6)

Subtype/Mech: Laceration

Forms Given: Blue Slip (2558) 2159

Hazard Involved: NHP body fluid or tissue

Diagnosis: lac L thumb

Source of Care: OMS

BSO Injury Alerts: [Sharp]

Employee Description: Removing block from block holder and lacerated thumb on blade

## Occupational Injury/Illness Report

Safety use  
Report Accession Number 87080

**Safety Notes:** I (b) (6) met with the employee to discuss the incident that occurred on August 1, 2014. (b) (6) was working in the BSL-2 Histology Lab (2A115) in the morning and accidentally lacerated (b) left thumb on the microtome blade. The microtome has a red indicator when the blade is in the equipment. (b) was not working with the usual "small" block, but was working with the "larger" blocks, which are more cumbersome to work with. The normal angle of the smaller blocks is 3-8 degrees and (b) had to adjust the holder to get the blade at an awkward angle of 10 degrees for the larger block. This angle allows for very little clearance and is not usually a routine procedure. (b) accidentally caught (b) finger in the blade while arranging the large block.

We discussed (b) procedures since the incident and (b) had made the correction of replacing the metal cover on the blade everytime it is being used. The metal blade cover is integrated into the microtome. The recent implementation appears to make a difference. (b) also does not have the blade in the microtome when (b) has to change the associated attachments. We discussed the option of cut resistant glove, but (b) said that they would definitely impede the work and would not be beneficial in this application. I confirmed that there is not a microtome in the BSL-4 containment laboratory.

**Occupational Injury/Illness Report**  
Safety use  
Report Accession Number 86746

Name: (b) (6)

Sex: (b) (6)

Age: (b) (6)

Organization: NIAID

Worksite: Frederick

Personnel Status: Contractor

Building: 8200 Research Plaza

Room: (b) (6)

Occupation Title: Researcher

Work Phone: 301-631-(b) (6)

Years at NIH: (b) (6)

Years at Present Job: (b) (6)

Supervisor: (b) (6)

Supervisor Phone: 301-631-(b) (6)

Building: 8200 Research Plaza

Room: (b) (6)

Date of Report: 4/18/2014

Date of Injury: 4/18/2014

Time of Injury: 2:30 PM

Accident Location: Frederick

Accident Building: 8200 Research Plaza

Room: (b) (6)

Location Details: Lab

State: MD

Body part(s) affected: [Whole Body]

Severity of Injury: Mild

Type of Injury: Other

Provider's Initials (b) (6)

Subtype/Mech:

Forms Given: Blue Slip (2558) 2159

Hazard Involved:

Diagnosis: Lightheadedness

Source of Care: OMS

BSO Injury Alerts: No for all alert types

Employee Description: After approx. 4 hours in suit, began to feel slightly lightheaded.

# Occupational Injury/Illness Report

Safety use  
Report Accession Number 86746

**Safety Notes:** I met with the employee on 4/24/2014. (b) had breakfast at 0700; entered containment with (b) (6) at approximately 0930 and exited the lab at 1330. (b) has not completed (b) mentorship and (b) was serving as (b) mentor. (b) spent time sitting at the BSC (approx 2.5 hrs) and time standing while watching procedures. (b) did not feel light headed until (b) started to leave containment. Based on my interview and (b) visit with OMS, it appears that (b) was dehydrated or low on energy due to lack of nourishment.

**Recommendations:** 4 hour limit on time spent in lab. Drink lots of fluids the night before or at breakfast. Try gatorade. Eat energy bars or something similar prior to going into the lab.

As far as the incident itself, both (b) (6) followed procedures.



# Occupational Injury/Illness Report

Safety use

Report Accession Number 86861

Name: (b) (6)

Sex: (b) (6)

Age: (b) (6)

Organization: NIAID  
Personnel Status: Contractor  
Occupation Title: Laboratory Associate  
Years at NIH: (b) (6)  
Years at Present Job: (b) (6)

Worksite: Frederick  
Building: (b) (6)  
Room: (b) (6)  
Work Phone: 301-451-5123

Supervisor: (b) (6)

Supervisor Phone: 301-631-(b) (6)

Building: 8200 Research Plaza

Room: (b) (6)

Date of Report: 5/27/2014

Date of Injury: 5/27/2014

Time of Injury: 9:30 AM

Accident Location: Frederick

Accident Building: 8200 Research Plaza

Room: 2B Containment Corridor

Location Details: Lab

State: MD

Body part(s) affected: [Lower Trunk]

Severity of Injury: Mild

Type of Injury: Musculoskeletal Trauma

Provider's Initials: (b) (6)

Subtype/Mech: Sprain/Strain

Forms Given: Blue Slip (2558) 2159

Hazard Involved:

Diagnosis: Mild MSK trauma to the left hip/trochanter region

Source of Care: OMS

BSO Injury Alerts: No for all alert types

Employee Description: Employee stated that (b) (6) slipped on a wet floor that was recently mopped; subsequently falling to (b) (6) left side injuring (b) (6) left trochanter/hip region.

Safety Notes: (b) (6) was mopping floor in the animal areas of the BSL-4 (b) (6) was walking back over an area (b) (6) had just mopped and slipped falling on his (b) (6) (b) (6) was not aware of (b) (6) surroundings. In the future "WET FLOOR" markers will be used.

Retraining not necessary as (b) (6)

**Occupational Injury/Illness Report**  
Safety use  
Report Accession Number 86714

Name: (b) (6)

Sex: (b) (6)  
Age: (b) (6)

Organization: NIAID  
Personnel Status: Contractor  
Occupation Title: Laboratory Associate  
Years at NIH: (b) (6)  
Years at Present Job: (b) (6)

Worksite: Frederick  
Building: (b) (6) Room: (b) (6)  
Work Phone: 301-451-(b) (6)

Supervisor: (b) (6)  
Building: 8200 Research Plaza

Supervisor Phone: 301-631-(b) (6)  
Room: (b) (6)

Date of Report: 4/14/2014  
Date of Injury: 4/14/2014

Time of Injury: 11:00 AM

Accident Location: Frederick  
Accident Building: 8200 Research Plaza  
Location Details: Lab

Room: 2B125  
State: MD

Body part(s) affected: [Head][Eyes]

Severity of Injury: Mild

Type of Injury: Inhalation exposure

Provider's Initials: (b) (6)

Subtype/Mech: Chemical

Forms Given: CA-1 Blue Slip (2558) 2159

Hazard Involved:

Diagnosis: Mild inhalation chemical exposure of micro-chem

Source of Care: OMS

BSO Injury Alerts: No for all alert types

Employee Description: Employee stated via the break in the seal of (b) (6) right hand gloving (BSL-4 suit), (b) (6) was exposed to the micro-chem solution in which (b) (6) stated that (b) (6) inhaled aerosolized vapors.



**Safety Notes: Incident Description**

On Monday, April 14th, at 11:09 a.m., I received a call from IRF Security informing me that the emergency APR door override button (referred to as the EPO button) for chemical shower 2B104D had been pushed. I immediately contacted the High Containment Supervisor, (b) (6) and met him in the buffer corridor. (b) (6) called the North Suit Room phone and spoke with (b) (6). (b) (6) stated that (b) (6) had entered the chemical shower and when (b) (6) turned to shut the APR door, (b) (6) outer suit glove completely tore off from (b) (6) BSL-4 suit. (b) (6) proceeded to take a chemical shower but began noticing the smell of the Micro-Chem and it began to worry (b) (6). According to (b) (6) (b) (6) pushed the red EPO button to get out of the shower, but it didn't work.

Once (b) (6) took his personal body shower, (b) (6) met (b) (6) and me in the Buffer Corridor, and we interviewed (b) (6) again. (b) (6) confirmed that (b) (6) outer glove tore completely from the cuff of the suit and that (b) (6) hadn't noticed any tear in the glove while (b) (6) was in the lab. (b) (6) had been working with Cowpox infected mice – (b) (6) is vaccinated with the Vaccinia vaccine. (b) (6) left the outer suit glove in the chemical shower and disposed of the inner nitrile gloves in the MPW in the suit room. (b) (6) stated that (b) (6) pushed the EPO button two times. The first time, (b) (6) pressed the button and waited approximately 1 minute before pulling it back out. (b) (6) pushed it a 2nd time and then pulled it back out after about 15 seconds. (I had (b) (6) run a report from the security computer system later that morning. The Continuum Alarms Report showed the EPO button was active for 14 seconds (1st push) and 4 seconds (2nd push).

**Incident Investigation Notes**

- (b) (6) followed proper emergency response protocol except for pulling the red EPO button back out too soon. This resulted in the APR door bladder not fully deflating to allow the door to open.
- Upon recommendation from the HCS (b) (6) filled out the Incident Log in the Buffer Corridor.
- (b) (6) reported to the OMS Clinic where (b) (6) reported irritation to respiratory system/throat.
- (b) (6) entered the shower later that day to test the EPO button, and it "worked fine". I instructed (b) (6) that (b) (6) is to push the EPO button and not pull it out until after exiting the shower and that it can take 20 seconds or so for the APR door bladder to fully deflate and the Mag lock to disengage.
- The suit glove was retrieved from the chemical shower and showed a clear tear around the circumference of the glove without an obvious penetration or defect. I followed up with USAMRIID to see if they had experienced this type of glove incident. Their safety office reported that this is not something they have experienced or seen with the use of their Cannons gloves. They reported experiences with pin holes and small tears with gloves in general.
- There are no other occurrences of glove tears of this magnitude with any of the gloves used at the IRF. This glove (Cannons) has been used at the IRF for approximately 2 years.
- The HCS reviewed the suit log book in the North Suit Room. The glove change dates on (b) (6) suit were 4/15, 4/8, 3/31. The gloves were due to be changed out the day after the glove tear incident.
- The HCS has recommended to (b) (6) that (b) (6) tape his outer suit gloves close to the edge of the cuff to prevent abrasions.

## BSL-4 Laboratory Incident Report

Section I - To Be Completed By Laboratory Personnel		
1. (b) (6)	2. Person Reporting Incident: (b) (6)	
3. Date of Incident: 4-24-14	4. Time of Incident: 8:15	5. Room(s) Number Incident Occurred: Suite Room (b) (6)
6. Agent Involved in Incident: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, which agent(s)?	7. Animals Involved in Incident: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, what type of animals?	
8. Summary of Incident:  <p>CHANGING GLOVES OF SUIT 414-3 - UPON INSPECTION OF SUIT - NOTICED A LARGE 1 1/2 - 2 INCH TEAR ON THE SEAM OF THE HOOD. I USSED DUCT TAPE TO COVER THE TEAR &amp; REINSPECTED SUIT &amp; FOUND ANOTHER <sup>BUT</sup> SMALL TEAR ON THE SUIT ITSELF BELOW THE HOOD. I TAPED THIS SMALL TEAR &amp; REINSPECTED SUIT W/ AIR, SOAPY H<sub>2</sub>O &amp; DID NOT NOTICE AIR LEAKAGE FROM BOTH TAPED TEARS OR ANY OTHER PART OF SUIT 414-3.</p>		
9. Person Initially Contacted: (b) (6)	10. Date and Time of Initial Contact 11:00 AM 4-24-14	
11. Actions Taken after Initial Contact:  <p>- Reported incident to (b) (6) in an effort to remove suit from further use.</p>		
(b) (6)		
		4-24-14 Page 1 of 2

# BSL-4 Laboratory Incident Report

Section II - To Be Completed By DOHS

12. Date and Time Incident was Reported to DOHS or Responsible Official (if BSAT)  
*4/24/14*

13. Type of Incident: *Suit Tare*  
Theft  Loss  Release  LAI  Unintended Animal Infection   
BSAT: Yes  **No**

14. Did Incident Result in Potential Exposure? Yes  No   
If No, how was this determination made?  
*The holes in the suit were found outside of the lab in the suit room. No agents were present.*

If yes, what type of medical surveillance has been initiated?

15. Actions Taken By DOHS/RO  
*none, action taken by staff were ~~see~~ enough. Holes were repaired/patched and the suit integrity tested. The employee performed actions properly and found hole before an exposure could take place.*

*(b) (6)* Printed Name of DOHS/RO      *(b) (6)* Signature of DOHS/RO      *24 April 2014* Date

16. CDC Form 3 Initiated: Yes  No  Date: \_\_\_\_\_ CDC #: \_\_\_\_\_

17. Additional Information:

## BSL-4 Laboratory Incident Report

Section I - To Be Completed By Laboratory Personnel		
1. Name of Person(s) Involved in Incident: (b) (6)		2. Person Reporting Incident: Britini ORK
3. Date of Incident: 4/23/14	4. Time of Incident: 1230	5. Room(s) Number Incident Occurred: South Suit Room / Shower
6. Agent Involved in Incident: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, which agent(s)?		7. Animals Involved in Incident: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, what type of animals?
8. Summary of Incident: While showering out of the BSL-4 Suite A chemical shower, I noticed a hole in <del>my</del> the right inner thigh of my suit.		
9. Person Initially Contacted (b) (6)		10. Date and Time of Initial Contact 4/23/14 1235
11. Actions Taken after Initial Contact: I patched the hole & performed an integrity test. The suit passed.		

### BSL-4 Laboratory Incident Report

Section II - To Be Completed By DOHS			
12. Date and Time Incident was Reported to DOHS or Responsible Official (if BSAT)			
24 April 2014, @ 1245			
13. Type of Incident: Suit tare			
Theft <input type="checkbox"/>	Loss <input type="checkbox"/>	Release <input type="checkbox"/>	LAI <input type="checkbox"/>
			Unintended Animal Infection <input type="checkbox"/>
BSAT: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
14. Did Incident Result in Potential Exposure? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If No, how was this determination made?			
- only organizing lab. no contact w/ agent occurred.			
- employee was wearing BSL-4 positive pressure suit and was connected to air.			
If yes, what type of medical surveillance has been initiated?			
15. Actions Taken By DOHS/RO			
[redacted]. All actions taken by employee were correct. Discussed incident with employee to ensure what actions were taken. Patching was done properly as was the integrity testing.			
[redacted] (b) (6)		[redacted] (b) (6)	
Printed Name of DOHS/RO		Signature of DOHS/RO	Date
24 Apr 2014			
16. CDC Form 3 Initiated:			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: _____	CDC #: _____
17. Additional information:			

## BSL-4 Laboratory Incident Report

Section I - To Be Completed By Laboratory Personnel		
<b>1. Name of Person(s) Involved In Incident:</b> (b) (6)	<b>2. Person Reporting Incident:</b> Same	
<b>3. Date of Incident:</b> 6/25 & 6/26/14	<b>4. Time of Incident:</b> 10:45am	<b>5. Room(s) Number Incident Occurred:</b> South room D shower
<b>6. Agent Involved In Incident:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, which agent(s)? MERS	<b>7. Animals Involved In Incident:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, what type of animals?	
<b>8. Summary of Incident:</b> <p style="font-family: cursive;">Noticed a suit tear after patching it yesterday at the back of the head where the visor meets the white fabric, above the left shoulder. Smaller leak after patching it today than yesterday after the shower.</p>		
<b>9. Person Initially Contacted</b> (b) (6)	<b>10. Date and Time of Initial Contact</b> 10:45am 6/26/14	
<b>11. Actions Taken after Initial Contact:</b> (b) (6) disinfected area of suit and contacted (b) (6) (b) (6) for help with the patching. After the patching was completed, an integrity was performed on the suit and it passed.		

# BSL-4 Laboratory Incident Report

Section II - To Be Completed By DOHS

12. Date and Time Incident was Reported to DOHS or Responsible Official (If BSAT)

26 June 2014 @ 1045 am

13. Type of Incident:

Theft  Loss  Release  LAI  Unintended Animal Infection

BSAT: Yes

No

14. Did Incident Result in Potential Exposure?

Yes  No

If No, how was this determination made?

The suite maintained positive pressure. So no agent was able to enter the suit.

If yes, what type of medical surveillance has been initiated?

15. Actions Taken By DOHS/RO

Conversations w/ (b) (6) to make sure she was comfortable patching the suits. Mia was also re-train on the patching procedures. (b) (6) was contacted to review the suit log.

(b) (6)

(b) (6)

26 June 2014

Date

Printed Name of DOHS/RO

Signature of DOHS/RO

16. CDC Form 3 Initiated:

Yes

No

Date: \_\_\_\_\_

CDC #: \_\_\_\_\_

17. Additional Information:

## BSL-4 Laboratory Incident Report

Section I - To Be Completed By Laboratory Personnel		
1. Name of Person(s) Involved in Incident: (b) (6)		2. Person Reporting Incident: Same
3. Date of Incident: 7/25/2014	4. Time of Incident: 3:00PM	5. Room(s) Number Incident Occurred: Clin Core (b) (6)
6. Agent Involved in Incident: Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, which agent(s)? CPXV		7. Animals Involved in Incident: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, what type of animals?
8. Summary of Incident:  A 6-well plate containing approximately 500ul/well of CPXV slipped from my hands while rocking the plate in front of the incubator.		
9. Person Initially Contacted: (b) (6)	10. Date and Time of Initial Contact 7/25/2014 3:30PM	
11. Actions Taken after Initial Contact:  The area was covered with paper towels. 5% Microchem was used to decantaminate area from the outside-in. The plate was sprayed with 5% microchem and bagged. The entire area was left alone for 10 minutes. Other employees were notified. (b) (6) The area was cleaned up by putting it in a red autoclave bag. The bag was autoclaved out, after the HCS was notified HCS said he'd notify the RO.		



# BSL-4 Laboratory Incident Report

Section II - To Be Completed By DOHS

12. Date and Time Incident was Reported to DOHS or Responsible Official (If BSAT)

25 July 2014 @ 3:20pm

13. Type of Incident:

Theft  Loss  Release  LAI  Unintended Animal Infection

BSAT: Yes

No

14. Did Incident Result in Potential Exposure?

Yes  No

If No, how was this determination made?

Personnel were wearing proper PPE which included a positive pressure air supplied suit. At the time of the spill there were no holes in the suit or gloves.

If yes, what type of medical surveillance has been initiated?

15. Actions Taken By DOHS/RO

Review the incident with the employee to see if there was a cause. Nothing out of the ordinary was reported.

Suggested taking care when working w/ plates in BSL-4 as the PPE is more cumbersome.

(b) (6)

Printed Name of DOHS/RO

(b) (6)

Signature of DOHS/RO

25 July 2014  
Date

16. CDC Form 3 Initiated:

Yes  No  Date: \_\_\_\_\_

CDC #: \_\_\_\_\_

17. Additional Information:

## BSL-4 Laboratory Incident Report

Section I - To Be Completed By Laboratory Personnel		
1. Name of Person(s) Involved In Incident: (b) (6)		2. Person Reporting Incident: (b) (6)
3. Date of Incident: 8/13/14	4. Time of Incident: ~1600	5. Room(s) Number Incident Occurred: (b) (6) / Clin Core Suite R <sub>0</sub>
6. Agent Involved in Incident: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, which agent(s)? MERS		7. Animals Involved in Incident: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, what type of animals?
8. Summary of Incident: I come out of the chemical shower & removed my left hand from my suit and noticed my thumb was wet. I removed my outer inner glove & filled it with water in the sink of the restroom in the suit room and no leak could be found. I then called to report the breach in my glove to (b) (6). I could not locate the hole in the outer glove. I had been in the lab working with plasma & BAT samples from a MERS study.		
9. Person Initially Contacted: (b) (6)	10. Date and Time of Initial Contact 8/13/14 ~1600	
11. Actions Taken after Initial Contact: (b) (6) asked that I dunk the outer glove in the chem shower dunk tank & see if I could find the hole. With Microchem in the gloves, I located a pin hole in the lower knuckle grip pad of the thumb.		

# BSL-4 Laboratory Incident Report

Section II: To Be Completed By DOHS

12. Date and Time Incident was Reported to DOHS or Responsible Official (if BSAT)  
13 Aug 2014 @ 4:15 pm

13. Type of Incident:  
Theft  Loss  Release  LAI  Unintended Animal Infection   
BSAT: Yes  No

14. Did Incident Result in Potential Exposure? Yes  No   
If No, how was this determination made?  
- the hole was isolated to the suit glove. The 2 pairs of inner gloves were intact. Nothing reached the skin.  
If yes, what type of medical surveillance has been initiated?  
N/A

15. Actions Taken By DOHS/RO  
Confirmed with employee what (b)(6) had done in lab and if (b)(6) could remember any time where (b)(6) glove was caught. (b)(6) could not remember anything out of the ordinary.  
Asked employee to take care when hooking and unhooking from Air hoses, and other hands on activity that could result in glove tear.

(b)(6) \_\_\_\_\_ (b)(6) \_\_\_\_\_ 13 Aug 2014  
Printed Name of DOHS/RO Signature of DOHS/RO Date

16. CDC Form 3 Initiated:  
Yes  No  Date: \_\_\_\_\_ CDC #: \_\_\_\_\_

17. Additional Information:

## BSL-4 Laboratory Incident Report

Section I - To Be Completed By Laboratory Personnel		
1. Name of Person(s) Involved In Incident: (b) (6)		2. Person Reporting Incident: (b) (6)
3. Date of Incident: 8/15/14	4. Time of Incident: 1130-1230?	5. Room(s) Number Incident Occurred: Suite D (b) (6)
6. Agent Involved In Incident: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, which agent(s)? MERS-Jordan		7. Animals Involved In Incident: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, what type of animals?
8. Summary of Incident: Doing a MERS plaque assay, during the overlay one of the plates dropped outside of the hood (post infection/pre overlay). I covered with paper towel and microchem'd the area. I let it sit for 10 min and discarded contents in biohazardous trash can.		
9. Person Initially Contacted (b) (6)		10. Date and Time of Initial Contact 8/15/14 1330 (after exiting suite)
11. Actions Taken after Initial Contact: (b) (6) asked that I report to DOTS to make them aware.		

# BSL-4 Laboratory Incident Report

Section II - To Be Completed By DOHS

12. Date and Time Incident was Reported to DOHS or Responsible Official (If BSAT) (b) (6)  
8/15/14 1:40 PM - Reported to ASSO (b) (6)

13. Type of Incident:  
Theft  Loss  Release  LAI  Unintended Animal Infection   
BSAT: Yes  No

14. Did Incident Result in Potential Exposure? Yes  No   
If No, how was this determination made?  
◦ Employee was using BSL-4 practices & procedures in BSL-4 suit lab.  
◦ Employee was wearing BSL-4 fully-encapsulating suit and was connected to air during the incident and spill cleanup.  
◦ Employee explained steps taken to cleanup spill. Procedures described are identical to Spill Cleanup SOP.  
If yes, what type of medical surveillance has been initiated?  
N/A

15. Actions Taken By DOHS/RO — No slip or trip involved. Number of hours in lab before incident: 2 1/2  
— Review the incident w/ the employee and asked if (b) (6) was carrying too many plates or was rushed. Stated No. Felt the orientation of lab (i.e. the way the incubator door opened) and location of the BT lines makes it awkward to transport mtel from cabinet to incubator. Discussed temporarily disconnecting from air when transporting.  
(b) (6) (b) (6) 8/15/14  
Date

Printed Name of DOHS/RO \_\_\_\_\_

16. CDC Form 3 Initiated: Yes  No  Date: \_\_\_\_\_ CDC #: \_\_\_\_\_

17. Additional information:

## BSL-4 Laboratory Incident Report

Section 1: To Be Completed By Laboratory Personnel		
1. Name of Person(s) Involved in Incident: (b) (6)		2. Person Reporting Incident: (b) (6)
3. Date of Incident: 19 Aug 2014	4. Time of Incident: 12:20 PM	5. Room(s) Number Incident Occurred: (b) (6) BSL-2
6. Agent Involved in Incident: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, which agent(s)? SHFV		7. Animals Involved in Incident: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, what type of animals?
8. Summary of Incident:  While filtering a virus prep, I needed to change the filter unit. While trying to pull off hose from filter unit, the force applied by pulling caused the virus prep suspension to spill. The spill went on the inside of the hood, as well as on my labcoat.		
9. Person Initially Contacted (b) (6)		10. Date and Time of Initial Contact 19 Aug 2014 12:20 PM
11. Actions Taken after Initial Contact:  (b) (6) instructed me to stay in the hood. (b) (6) sprayed down my labcoat, pants, shoes, sleeves with 570 Micro-chem. I came out of the hood, removed my gloves and labcoat and disposed of them in the biohazard waste bin. (b) (6) continued the hood clean up while I washed my hands thoroughly. I then went to notify (b) (6)		

# BSL-4 Laboratory Incident Report

Section II: To Be Completed By DOHS

12. Date and Time Incident was Reported to DOHS or Responsible Official (if BSAT)

19 Aug 2014 @ 12:30

13. Type of Incident:

Theft

Loss

Release

LAI

Unintended Animal Infection

BSAT: Yes

No

14. Did Incident Result In Potential Exposure?

Yes

No

If No, how was this determination made?

- employee was wearing appropriate PPE for BSL-2 work and took correct actions to disinfect himself after the agent was spilled. Plus SHFU is not a agent that infects humans.

If yes, what type of medical surveillance has been initiated?

15. Actions Taken By DOHS/RO

- Reviewed incident with employee and asked location of suspension at the time of filter change. Suggested to employee that the suspension be moved to the far end of biosafety cabinet while filter is being change. Also cautioned employee to be aware of BSC set up.

(b) (6)

(b) (6)

Printed Name of DOHS/RO

Signature of DOHS/RO

26 19 Aug 2014  
Date

16. CDC Form 3 Initiated:

Yes

No

Date: \_\_\_\_\_

CDC #: \_\_\_\_\_

17. Additional information:

# BSL-4 Laboratory Incident Report

Section I - To Be Completed By Laboratory Personnel		
1. Name of Person(s) Involved in Incident: (b) (6)		2. Person Reporting Incident: 11
3. Date of Incident: 8-22-14	4. Time of Incident: ~ 8:30 Am	5. Room(s) Number Incident Occurred: (b) (6)
6. Agent Involved in Incident: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, which agent(s)?		7. Animals Involved in Incident: Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> <del>WF</del> If Yes, what type of animals? NHP - casing
8. Summary of Incident:  While changing water bottles, (L) hand <del>pen</del> index finger (side) very small puncture in glove - hardly all the way through glove - covered w/ tape, exited lab after completing test. Reported to (b) (6)		
9. Person Initially Contacted (b) (6)		10. Date and Time of Initial Contact 8-22-14 ~ 9:00am
11. Actions Taken after Initial Contact: <ul style="list-style-type: none"> <li>- Removed Glove - Left in chem Shower</li> <li>- Changed Gloves</li> <li>- Incident Log</li> </ul>		



# BSL-4 Laboratory Incident Report

Section II - To Be Completed By DOHS

12. Date and Time Incident was Reported to DOHS or Responsible Official (if BSAT)  
22 Aug 2014 @ 9:15

13. Type of Incident: glove Tare  
Theft  Loss  Release  LAI  Unintended Animal Infection   
BSAT: Yes  No

14. Did Incident Result In Potential Exposure? Yes  No   
If No, how was this determination made?  
- Animals were not infected w/ agent  
- employee was wearing proper BSL-4 PPE and connected to an hose  
If yes, what type of medical surveillance has been initiated?

15. Actions Taken By DOHS/RO  
- Review incident w/ employee to see what she could have done to prevent the glove tare. She will be more careful to not catch her gloves in connections by the cages or watering bottles.  
- All actions on behalf of employee were correct.

(b) (6) (b) (6) 22 Aug 2014  
Printed Name of DOHS/RO Signature of DOHS/RO Date

16. CDC Form 3 Initiated:  
Yes  No  Date: \_\_\_\_\_ CDC #: \_\_\_\_\_

17. Additional information: