

UNIVERSITY OF MINNESOTA

IBC Office: (612)626-2161 or [ibc@umn.edu](mailto:ibc@umn.edu)

## INCIDENT REPORT FORM FOR POTENTIALLY HAZARDOUS BIOLOGICAL AGENTS

*Incident reports should be filled out and submitted as soon as possible. **Please take note of the accident response procedures listed at the bottom of this form for more information on where to seek medical treatment if applicable.***

*If the incident occurred while performing work described in an approved IBC application, please submit an Incident Report within [eProtocol](#). If you don't know, or if you have no access to eProtocol, please complete this form and email it to [ibc@umn.edu](mailto:ibc@umn.edu) (filled or print/scan). If you have any questions, please contact the IBC admin (612-626-2161 or [ibc@umn.edu](mailto:ibc@umn.edu)).*

*Ideally, this form should be submitted by the Principal Investigator (PI). If not possible, please submit the form with the PI's name, email address, and your contact information. It is possible the IBC admin will follow up with questions. The IBC admin will also forward the form to University Health and Safety for a follow up investigation.*

*In case of injury, please consult the U-wide admin policy: <https://policy.umn.edu/hr/workerscomp> for additional procedures.*

|  |  |     |  |
|--|--|-----|--|
| IBC Protocol #:                              |  | PI: |  |
| Describe the experimentation (if applicable) |  |     |  |

|                       |  |                |  |
|-----------------------|--|----------------|--|
| Incident Date:        |  | Incident Time: |  |
| Incident Location(s): |  |                |  |

How many individuals were involved? \_\_\_\_\_

### 1. Describe the Incident (who, what, when, where)

### 2. Nature of the incident

2.1 Did the incident involve recombinant or synthetic nucleic acid (r/sNA) molecules (r/sNA) including recombinant cells, agents, organisms?

☐ No

☐ **Yes, please describe:** \_\_\_\_\_

**If the incident involves:**

- **recombinant or synthetic nucleic acids**
- **recombinant agents used for gene transfer**
- **infectious agents created with recombinant gene transfer techniques**

...it must be reported to the IBC office (612-626-2161) or [ibc@umn.edu](mailto:ibc@umn.edu) as soon as possible (with as much information as possible) to assist the University of Minnesota meet its obligations described in the NIH Guidelines.

2.2 Did the incident involve human blood or other human body fluids?

☐ No

☐ **Yes, please describe:** \_\_\_\_\_

2.3 Did the incident involve an infectious agent?

☐ No

☐ **Yes, please describe:** \_\_\_\_\_ **Name of agent:** \_\_\_\_\_

2.4 Was there a splash to the eyes, nose or mouth?

☐ No

☐ **Yes, please describe:** \_\_\_\_\_

2.5 Did the incident involve a cut?

☐ No

☐ **Yes, please describe the part of the body affected:** \_\_\_\_\_

2.6 Did a needlestick occur?

☐ No

☐ **Yes, please describe:** \_\_\_\_\_

### 3. Treatment Information

3.1 If the incident involved exposure to the skin, indicate the disinfectant used (Check all that apply):

☐ Germicidal soap, describe: \_\_\_\_\_

☐ Soap and water

☐ Other disinfectant, describe: \_\_\_\_\_

3.2 Was professional medical treatment sought from any of the following (Check all that apply):

☐ HealthPartners Occupational and Environmental Medicine

☐ Employee Health Services, Clinic name: \_\_\_\_\_

☐ Emergency room

☐ Personal physician

☐ Other, please describe: \_\_\_\_\_

3.3 How long after the incident was professional medical treatment sought? \_\_\_\_\_

### 4. Environmental Release

4.1 Were biological materials spilled and/or splashed on environmental surfaces within the laboratory?

☐ No

☐ **Yes, describe the areas of contamination:** \_\_\_\_\_

4.2 Was untreated biological material released from the laboratory?

☐ No

☐ **Yes, describe the nature of the release:** \_\_\_\_\_

4.3 Describe the clean-up procedure used: \_\_\_\_\_

## 5. Assurance by Principal Investigator

Electronic submission of this form from the Principal Investigator's x500 email address confirms his/her assurance that all of the information included on this form is accurate to the extent of his/her knowledge.

### Contacts:

*If you have questions for the Institutional Biosafety Committee (IBC), please contact Gregory Park at 612-625-9153.*

*If you have questions for the Biosafety Officer (BSO), please contact Betty Kupskey at 612-626-5590.*

**In the event of an exposure, please seek care immediately at [HealthPartners Occupational and Environmental Medicine](#) or M Health Fairview- UMMC [East Bank](#) or [West Bank](#) Hospital (24 hours). You may also seek medical attention at the closest available medical facility or your own healthcare provider.**

*Procedures for treating bloodborne pathogen exposures are online at <https://bohd.umn.edu/responding-to-bloodborne-pathogen-exposure>*

*If you have questions about occupational health services or occupational health and safety concerns, please contact the Office of Occupational Health and Safety at (612) 626-5008 or [uohs@umn.edu](mailto:uohs@umn.edu).*

### *If Incident Results in a Hazard Exposure:*

*(i.e. face or eye splash, cut or puncture with sharps, contact with non-intact skin)*

- *Encourage needle sticks and cuts to bleed, gently wash with soap and water for 15 minutes; flush splashes to the nose, mouth, or skin with water; and flush eyes at the nearest eyewash station with clean water for 15 minutes.*
- *Seek immediate medical attention if overtly exposed to recombinant or synthetic nucleic acid molecules or Risk Group (RG) 2 (or higher) infectious agents.*
- *Follow-up to seeking medical treatment must be done by HealthPartners Occupational and Environmental Medicine.*

### *Other procedures:*

- *Report the incident to your supervisor as soon as possible.*
- *Employee First Report of Injury (<https://policy.umn.edu/hr/workerscomp>)*
- *Supervisor Incident Investigation Report (<http://policy.umn.edu/prod/groups/president/@pub/@forms/@hr/documents/form/supincidentinv.doc>)*

*Note: It is important to fill out all of the appropriate documents to be eligible to collect workers compensation should any complications from the hazardous exposure arise in the future.*