

# Reporting a biohazard exposure or incident

*NOTE: These instructions are for reporting a biohazard exposure or an incident involving a biological agent.*

*For all other types of injuries (slips, falls, etc.), please refer to your immediate supervisor and the office of Risk and Internal Controls Services at: <http://www.dartmouth.edu/~rmi/>*

Biosafety Program webpage: <http://www.dartmouth.edu/~ehs/biological/>

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# ENVIRONMENTAL HEALTH & SAFETY

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**BIOSAFETY PROGRAM**

Report an incident, accident, exposure or near-miss involving a biological substance:

**REPORT**

Login to BioRAFT:

**BioRAFT Login**

**BIOSAFETY INFO**

- Reporting an Incident/Injury Involving a Biohazard
- Animal Biosafety
- Biosafety Tip of the Month
- Working with Recombinant/Synthetic Nucleic Acids
- Working with Viral Vectors
- Working with Transgenic Organisms
- Personal Protective Equipment (PPE)
- Policies and SOPs
- Risk Assessment

**DARTMOUTH COLLEGE**  
Environmental Health & Safety

Search this Site

Environmental Health & Safety

37 Dewey Field Road  
Suite 6216  
Hanover, NH 03755-3529  
Phone: (603) 646-1762  
Fax: (603) 646-2622  
Email: ehs@dartmouth.edu

Dartmouth Compliance

From the Biosafety Program home page click "REPORT".

- Working with Transgenic Organisms
- Personal Protective Equipment (PPE)
- Policies and SOPs
- Risk Assessment
- Shipping Biological Materials
- IBC, IBC-CGT
- Institutional Biosafety Committee (IBC)
- IBC for Clinical Gene Transfer (IBC-CGT)
- Principal Investigator Responsibilities
- BioRAFT Basics for IBC Submission
- TRAINING
- BioRAFT (login)
- Required Biosafety Training
- RELATED DARTMOUTH SITES
- Dartmouth Green Labs
- Center for Comparative Medicine (CCMR)
- Committee for the Protection of Human Subjects (CPHS)
- Office of Sustainability
- Occupational Medicine
- EXTERNAL BIOSAFETY

- Recombinant or synthetic DNA or RNA
- Viral vectors
- Cells/tissues that have been transfected or transduced to express DNA or RNA molecules
- Infectious or pathogenic agents (bacteria, viruses, fungi, prions, etc.)
- Transgenic animals
- Transgenic microorganisms
- Transgenic invertebrates
- Transgenic plants

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### Dartmouth Compliance Matrix

Complex organizations such as Dartmouth comply with a multitude of policies, laws, and regulations. Risk and Internal Controls has developed a compliance matrix to guide the Dartmouth community in identifying key compliance areas, the Dartmouth staff responsible for various aspects of compliance oversight, and where to go to learn more about each compliance area.

[Open the Matrix](#)


**HOW TO RESPOND:**

**STEP 1: Begin first aid immediately**




- Wash contaminated skin thoroughly for 10 minutes (set at timer!) with an iodine solution (or antibacterial soap) and copious amounts of water
- Irrigate contaminated eyes and mucous membranes for 15 minutes

**STEP 2: Notify your PI/supervisor if available, otherwise, go to step 3**




**STEP 3: Seek medical attention** (no matter how seemingly insignificant the injury may seem)



- Report to Occupational Medicine at DHMC between 7:30am-4:30pm (603) 653-3850; *DHMC, Faulkner Building, Level 4 (near parking garage entrance)*
- After hours, report to DHMC Emergency Room

**STEP 4: File a Biohazard Incident Report with the Biosafety Officer and submit an Accident Report to Risk Management**



Biohazard Incident Report Form

Risk Management Injury/Accident Form

This page has links to two (2) reports which both need to be completed within 24 hours and returned to two (2) different contacts.

- Working with Transgenic Organisms
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Biohazard Incident Report Form

Risk Management Injury/Accident Form

The “Biohazard Incident Report Form” is to be returned to Biological Safety Officer. The “Risk Management Injury/Accident Form” should be send to David Foster or Kim McBride. Detailed instructions are on the forms.

NOTE: the “Risk Management Injury/Accident Form” button here takes you to the Risk and Internal Control Services page (see slide 7).

## BIOHAZARD INCIDENT REPORT FORM

**Instructions:** This form should be completed by lab principal investigators (PIs), supervisors, or the person involved in the incident. Please provide information in the grey boxes and select the appropriate checkboxes. Please email the completed form to the Biosafety Officer at [petrella@dartmouth.edu](mailto:petrella@dartmouth.edu) within 24hrs of the incident.

**Please note** – if this involved an injury, an Injury Report Form also needs to be submitted to Dartmouth Risk Management (<http://www.dartmouth.edu/~rmi/rmsclaims/>).

### REPORT INFO

Report Date:  
 Name:  
 Phone:

### INCIDENT INFO

Date of Incident:  
 Location (building, room):  
 Name and role (undergrad, grad, postdoc, tech, manager, etc.) of person involved in incident:

### INCIDENT DETAILS

- Type of incident (select all that apply):
  - Needlestick
  - Puncture wound
  - Skin laceration or other sharps injury
  - Scratch
  - Animal bite
  - Animal scratch
  - Splash to mucous membrane:  Eyes  Nose  Mouth
  - Inhalation of aerosol
  - Spill
  - Environmental release (anything outside of the lab, vivarium, or plant facility) of an animal/animal product, plant product, microorganism, or human material
- Did the incident involve (select all that apply):
  - Human materials (cells, tissues, cultured media, blood, etc.)
  - Recombinant or synthetic DNA or RNA
  - Viral vectors
  - Infectious or pathogenic agents (bacteria, viruses, fungi, prions, etc.)
  - Transgenic animals
  - Transgenic microorganisms
  - Transgenic invertebrates
  - Transgenic plants
  - Working in a biosafety cabinet
  - Working alone:  during work hours  after hours  weekend

3. If this involved an injury, what personal protective equipment (PPE) was worn at the time of the incident? (select all that apply)

- |   |  |   |                                    |
|---|--|---|------------------------------------|
| <input type="checkbox"/> Bouffant cap   | <input type="checkbox"/> Disposable gown | <input type="checkbox"/> Disposable sleeves | <input type="checkbox"/> Face mask |
| <input type="checkbox"/> Face shield    | <input type="checkbox"/> Goggles         | <input type="checkbox"/> Lab coat           | <input type="checkbox"/> N95       |
| <input type="checkbox"/> Nitrile gloves | <input type="checkbox"/> Safety glasses  | <input type="checkbox"/> Shoe covers        |                                    |
| <input type="checkbox"/> None           |  |   |                                    |
| <input type="checkbox"/> Other          |  |   |                                    |

4. Please briefly describe nature of the incident (how did it happen, did it involve an injury, what first aid measures were taken, was medical attention sought, how did the accident, spill, or release occur, etc.)

Signature: \_\_\_\_\_

### For Biosafety Program Use Only:

Receipt date:

Reviewed by:

Signature: \_\_\_\_\_

Reportable to the IBC:  Yes  No

Reportable to NIH/OBA or other:  Yes  No

The “Biohazard Incident Report Form” is a two page form that is returned to the Biological Safety Officer. Always, use the form available on the Biosafety Program website, which will be the most current version of the form.

## Risk and Internal Controls Services

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### Risk and Internal Controls Services

53 South Main Street, Suite 212  
Hanover, New Hampshire 03755  
Hinman: HB 6012  
Phone: 603-646-2441  
Fax: 603-646-9199  
Email: Risk.Management@dartmouth.edu

Home > Claims & Incident Reporting >

## Reporting Employee Injuries

All injuries, no matter how minor, should be documented using the [WC Injury Report](#). Completing this report protects the rights of the employee (to ensure prompt receipt of benefits) and Dartmouth (to avoid assessments). Although the reporting of the injury is important, the first priority is to make sure the injured employee receives appropriate medical care. The following process should be followed to report work-related injuries:

- Employee should report the injury to their supervisor prior to the end of the shift in which they were injured;
- Injured employee and supervisor complete their portions of the [WC Injury Report](#);
- Answer all questions as fully as possible, especially the ones dealing with medical treatment and time loss;
- **Within 24-hours the report is faxed to RICS (646-9199) and/or emailed to [david.f.foster@dartmouth.edu](mailto:david.f.foster@dartmouth.edu);**
- Do not delay submitting the report due to missing information;
- **Late reports may result in Dartmouth being assessed a fine up to \$2,500 by the State of New Hampshire;**

WC Form

Where to submit.

To download the Risk and Internal Controls Services form click on the link "WC Injury Report" this report, MUST be submitted within 24 hours to either Dave Foster or Kim McBride. This form is for Worker's Compensation.

EMPLOYEE INJURY REPORT									
This report is to be filed with Risk and Internal Controls Services within 24 hours of an accident. <i>It must be completed as fully as possible and filed timely otherwise benefits may be delayed</i>									
EMPLOYEE INFORMATION									
Name: First, MI, Last					Date of Birth:				
Home Mailing Address:									
Home Physical Address:									
Home Phone #:			Work #		Cell #				
Gender:		Date of Hire:			Full or part-time				
Department:				Occupation:					
Hours/day:		Days/week:			Wages		per hr. wk. mo.?		
Supervisor:				Supervisor's work #:					
ACCIDENT INFORMATION									
Date:			Time:		AM or PM				
Location:									
Fully describe how accident happened:									
Weather at time of accident (check if a factor):			Ice/snow		Rain		Wind		
Person Notified:				Date Notified:					
Witnesses: name and phone:									
Part(s) of body injured:									
Type of injury (sprain, fracture, cut, etc.)									
Doctor:				Date of visit					
Hospital:				Date of visit					
Dick's House: include date				Check if no treatment needed:					
SUPERVISOR ACCIDENT INVESTIGATION (must be completed by supervisor)									
Person Notified:				Date Notified:					
Has injured returned to work:				Date returned:					
Same or different job:				Full or light duty:					
If not back, last day worked:				Estimated disability					
Please indicate if any of the following were factors in causing this accident:									
Failure to follow instructions:			Inadequate training			Ice/snow/rain:			
Wrong or defective equipment/tool:			Defect in floor/ground:						
Should have requested assistance:			Size/shape/weight of material handled:						
Improper lifting:		Other (explain):							
What has been or should be done to prevent this from happening again:									
Responsible party for preventive action:									
Employee's signature:				Date					
Supervisor's signature:				Date					

This is what the WC Injury Report form looks like. Always use the one from the Risk and Internal Control Services page as it will be the most current version.