

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

SECTION I. To be completed by supervisor and delivered by patient to dispensary.

| | | | |
|--|---|---|---|
| 1. NAME - Last, First, Middle Initial <i>(Person Injured)</i> IVINS, BRUCE E | 2. Grade DB-3 | 3. SSN [REDACTED] | 4. Age 61 |
| 5. Occupation/Duty When Injured Clean Biosafety cabinet | 6. Injury Hour Date 1455 17 Mar 08 | 7. Return to Duty Hour Date Leave not taken | 8. Location Where Injury Occurred Bldg. # 1425 Room # 504 |
| 9. How Incident Occurred <i>(Tell exactly what employee was doing and what caused the injury/incident.)</i> I was cleaning the bio safety cabinet and a few drops of white sterile virus got on my pants | | | |
| 10. Unit or Organization USA MRI ID Sect. Division | 11. Name of Supervisor [REDACTED] | 12. Work Phone Number [REDACTED] | |

SECTION II. To be Completed by Medical Officer

| | | |
|---|---|--|
| 1. Nature and Extent of Injury/Occupational Illness/Incident of Exposure [REDACTED] ← FILED OUT BY ACCIDENT | | Date Treated: |
| 2. Disposition <i>(Check One)</i> | <input type="checkbox"/> Hospital | <input type="checkbox"/> Send Home/Quarters |
| <input type="checkbox"/> Return to Light | <input type="checkbox"/> Other <i>(Specify)</i> | <input checked="" type="checkbox"/> Return to Regular Duty |
| 3. Estimated Absence in Days Beyond Day on Which Injury Occurred [REDACTED] | 4. Name of Medical Officer | 5. Telephone |

SECTION III. Supervisor's Accident Analysis

See attached

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

Using the Above Guidance State Specific Causes:
[REDACTED] ←

Supervisor's Statement of Corrective Action Taken/Anticipated:
[Signature]

Supervisor's Signature: *[Signature]*

SECTION IV. Patient's Statement

SECTION V. Safety Office Conclusion/Comment and Disposition

Signature:

Continued on back of form YES NO

Assessment of spill incident of the *B. anthracis* vaccine strain (Sterne)

[REDACTED] and [REDACTED]

At approximately 1615 on 17 March 2008, Dr. Bruce Ivins reported a small spill of a bacterial cell preparation of the Sterne veterinary vaccine strain (anthrax). He stated that he was preparing Sterne spores in the BSL-2 suite B5 (room 504) when a centrifuge bottle containing the material tipped over inside the Biological Safety cabinet and approximately 5 ml of solution spilled out of the cabinet and fell onto Dr. Ivins's trousers. This happened at approximately 1455. He was wearing a laboratory coat; however, while seated at the cabinet the coat did not cover the portion of his trousers that came into contact with the solution. Dr. Ivins stated he cleaned the surface of the cabinet and the floor where the contamination occurred. He then walked home, removed his trousers and washed them with 3 cups of bleach on the hot water cycle. No additional clothing was in the washing machine. He subsequently dried the pants on the "hot" dryer cycle. Dr. Ivins then returned to USAMRIID where he notified the suite supervisor [REDACTED], the Division Chief [REDACTED] and his immediate supervisor [REDACTED]. This anthrax vaccine strain (Sterne) is not a select agent (there are no select agents in suite B5). It is a live vaccine strain used for vaccination of livestock around the world.

[REDACTED] and [REDACTED] were not available in the Safety office at approximately 1645 on 17 March 2008. Therefore, [REDACTED] and [REDACTED] reported the incident to USAMRIID Deputy Commander [REDACTED].

Supervisor accident analysis

It is likely that the centrifuge bottle was located too close to the BSC opening.

Although the sample was a vaccine strain of *B. anthracis*, it is our opinion that Dr. Ivins should have reported this spill, although minor, immediately to the suite supervisor and his supervisor.

Follow up

Bacteriology Division follow-ups to this event to date:

1. As per a request by the Safety Office, surveillance of the area was conducted; a few colonies were found in Bt5 but no organisms resembling *B. anthracis* Sterne have been observed outside of suite B5. It should be noted that since there are no select agents used in this suite, there is no need and we do not routinely survey this area. If these isolates are indeed Sterne (as opposed to environmental isolates resembling *B. anthracis*), they may have been present for some time. We will perform any additional surveillance requested by the USAMRIID Safety Office.
2. Spill response refresher training will be conducted with the division as a whole.