Incident Reporting: What’s Your Threshold?

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Outline

• What happened during our incident
• How do we respond to emergencies
• To report or not to report?
• What we learned
McIntyre Medical Building Fire

July 13th, 2018
McIntyre Medical Building Fire

**July 13**
- 8:16 pm - McGill security notified
- 8:19 pm - Montreal Fire department arrives
- 9:07 pm - McGill emergency notification sent
- 9:24 pm - Fire contained
- 10:30 pm - Disaster restoration arrives

**July 14**
- 1:30 am - Fire watch
- 9:00 am - Emergency operations center (EOC) convened
What’s in the McIntyre

• Faculty of Medicine offices
• Classrooms
• Library
• Large animal care facility
• Hazardous Waste Management Center
• Food Services
• Laboratories
  • 51 CL2+
  • 35 CL2
  • 8 CL1
  • 25 Radiation
  • 83 Hazardous Chemicals
What’s nearby?
Incident Command System
<table>
<thead>
<tr>
<th>Date</th>
<th>Events</th>
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</thead>
<tbody>
<tr>
<td>July 14-26</td>
<td>• Building open to occupants with urgent business&lt;br&gt;• July 16 process formalized for access requests</td>
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<td>July 27</td>
<td>• Floors 7-13 re-opened</td>
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<td>August 8</td>
<td>• EOC deactivated and transition to Project management</td>
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<tr>
<td>September 4</td>
<td>• Additional floors re-opened</td>
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What we knew
What we knew
To report or not to report?
Reportable Incidents

• Exposure
• Inadvertant
  • Possession
  • Production
  • Release
• Missing or stolen agent
• Changes affecting containment
PHAC Incident Reporting Criteria

I. Incident
Query whether an exposure has likely occurred

Does the incident involve an RG2, RG3, or RG4 human pathogen or toxin?

- no
  - Exposure ruled out

- yes
  - Is there reason to believe the incident involved individual(s) having contact with, or close proximity to infectious material or toxins that may result in infection or intoxication (i.e., exposure via inhalation, ingestion, inoculation, or absorption)?
    - yes
    - Consider:
      - Has there been a release (e.g., splash, spill, spray, leak, discharge, emission) or inoculation (e.g., injection, bite, scratch)?
      - AND
      - Was there any absence or insufficiency in containment barriers, personal protective equipment, or other safeguards that resulted in or increased the risk of contact/exposure to the infectious material?
    - no
    - Exposure ruled out; no further action required
  
- no
  - Missed/unrecognized or unreported exposure

II. Disease
Query whether delayed recognition or an unknown exposure/incident could explain the illness

Prepare and Submit
- I. Exposure Notification Report
  - without delay
  - AND
- II. Exposure Follow-up Report
  - within 30 days OR
  - within 15 days if incident involves a S3BA
Who here would have reported this incident?
| Incident | Two BSOs with different opinions  
Transparency was best - report is a documentation of the event for future complaints |
|----------|----------------------------------------------------------------------------------|
| Reported | Reporting options were limited  
In a building housing 80+ labs, who do you identify as an exposed person |
| as a suspected exposure |                                                                                |
| Follow-up | Interviews with personnel  
Consultations with equipment specialists |
| reported | August 16th, 2018                                                               |
In the end we ruled out an exposure
What will we do differently next time?
Lessons learned

• EOC was unaware of the Regulatory Agency reporting requirements for hazardous materials - BSO & RSO approached EOC with the requirement on return from the week-end.
  • Add an item to the EOC communication checklist to notify BSO & RSO of any incidents in laboratory buildings

• Everyones threshold for reporting is different
Questions?