

Select Agent Program 2016

• The **ODHL Biosecurity Plan** is designed to safeguard the select agent or toxin against unauthorized access, theft, loss or release.



#### 1. Definitions

General Definitions: See section 73.1 of the 42 CFR Select
 Agent Rule - Appendix A



## 2. Key Roles and Responsibilities

- RO Responsible Official
  - Ensures compliance with select agent regulations
  - Investigates security breaches
  - Perform annual review of plans
  - Ensures performance of an annual compliance inspection
  - Report the identification and final disposition of any select agent or toxin recovered from samples or proficiency testing
- Steve York- RO, Supervisor, Quality Assurance and Compliance/Laboratory Safety Officer



## 2. Key Roles and Responsibilities

- ARO Alternate Responsible Official
  - Tammy Bannerman, Laboratory Director
  - Kevin Sohner, Special Microbiology Supervisor
    - Takes over when RO is absent



## 2. Key Roles and Responsibilities

- PI Principal Investigator Larry King, General Microbiology
   Supervisor
  - Provide scientific and technical direction to the ODHL Select Agent Program
  - Adopt the ODHL Biosecurity Plan procedures
  - Assure timely completion and submission of select agent ID and transfer forms
  - Maintain an up-to-date select agent registration
- Laboratory personnel
  - Maintain security of select agents while in their possession
  - Report all incidents and breaches in security or biosafety to the PI and/or the RO/ARO

## 3. Restricting Access to Select Agents & Toxins/Security

- Authorized Individuals
  - Only individuals authorized by the RO have access to the exclusion areas
  - Security Risk Assessment or SRA
    - Individuals must be cleared by the U.S. Department of Justice
    - Maintain a valid SRA to remain on ODHL SA Registration 3 year renewal cycle
    - Background checks



- Site-Specific Risk Assessment
  - Agent-Specific Risk Assessment: A description of the ODHL select agent related assets is found in Appendix B. ODHL is not a Tier 1 lab.
    - The overall agent-specific risk for ODHL is considered to be Moderate



- Site-Specific Risk Assessment
  - Threat Assessment: Considers the risks posed by insider individuals, outsider individuals, individuals that may desire to do harm, natural and man-made disasters
    - Probability of occurrence: Man Low, Nature Low, Incident Low
    - Consequence of occurrence: Man Low, Nature Moderate, Incident Moderate
  - Vulnerability Assessment: This considers security weaknesses and deficiencies of the facility
    - The overall vulnerability of the ODHL is considered to be Moderate



- Mitigation (Protection Strategy)
  - Exclusion/Secure Areas
    - BSL3 rooms 104, 105, 105A, 105B, 105C
  - Access to these areas are limited to staff listed on the ODHL Select Agent Registration
    - All other individuals are not permitted access/entry to these areas unless escorted and monitored by an authorized staff member
  - Tailgating is prohibited into any exclusion area
  - Doors are fitted with locksets
  - Key use is controlled



- Physical Security
  - Entry into the ODH Laboratory is strictly controlled
  - Gated entry after hours with controlled by Proximity Card
  - Entrances are locked at all times or monitored by personnel
  - All entrances and corridors are monitored by video-surveillance equipment
  - Entry into BSL III is controlled by key pad security system administered by RO and ARO/LSO
- Operational Security
  - Intrusion Detection, Access Control, Closed Circuit TV and Emergency Power Systems at ODHL- Appendix C



- Key control
  - Keys are not required to access the facility.
  - Emergency key access is limited to Security Risk Assessment approved individuals
  - Only the RO/ARO are able to sign out keys to authorized SRAapproved staff if access is needed to Exclusion/Secure areas
  - Issued keys are responsibility of staff receiving key
  - Key to be returned daily to issuer (RO or ARO)



- Inventory Control
  - An inventory is performed quarterly by QA/QC
  - The formal inventory is a computerized file with restricted access
  - Any security breach to the inventory will be reported to the Select Agent Program
- Information and Electronic Systems Security
  - Information Security includes procedures and protocols for information systems control such as electronic storage and hardcopy records.
  - See Appendix E for the Information System Security Features



#### 5. Access control

- BSL3 Laboratory Entry
  - Rooms 103 & 104 Requires agency issued ID/Proximity Badge
  - Room 105 Requires personal Security Code
  - Rooms 105 A, B, C Requires agency issued ID/Proximity Badge
- Electronic Records
  - ID/Proximity Badge system Records date and time that badge activates entry system
  - Security Code system Records date and time security code entered into key pad
  - Systems are independent



#### 5. Access control

- Activity Log Book
  - Legible Writing (Print Required)
  - Accurate extremely important to accurately log in and out (BSL3)
  - BSL3 (Rooms 104, 105, 105 A, B, C) record date, time in & time out, name, check whether working with infectious agents (requires full PPE) or not working with infectious agents (does not require full PPE; appropriate for cleaning, service or routine maintenance)
  - Entry records are stored for a minimum of 3 years in the office of the PI.



#### 5. Access control

- BSL3 Suite
  - Rooms (104, 105, 105A, 105B, 105C) Activity Log (Appendix G)

|   |            |         | TIME OUT | RO Authorized Personnel | NAME Non-authorized Personnel (visitors / housekeeping / maintenance / service) [Informational Handout for Visitors, Maintenance, Service and Housekeeping Personnel on file] | CHOOSE ONLY ONE EXPLANATION                      |                                                                                                                     |
|---|------------|---------|----------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
|   | ENTRY DATE | TIME IN |          |                         |                                                                                                                                                                               | Work with infectious<br>agent or material<br>(V) | Not working with<br>infectious agent or<br>material /<br>Housekeeping /<br>Maintenance /<br>Service / Repair<br>(V) |
| 1 | Date       | Time In | Time Out |                         |                                                                                                                                                                               |                                                  |                                                                                                                     |



### 6. Provisions for Routine Cleaning, Maintenance and Repairs

- Visitors to the ODHL
  - Prior to visitor arrival, host employees are to notify front office staff of scheduled visitors
  - Enter through the main entrance: Building 4, Stackhouse Laboratory
  - Visitor Log Sign in prior to entry
  - Personal visitors must also adhere to the sign in/sign out protocol
  - Show Picture ID
  - Sign Ohio Department of Health Visitor Confidentiality and Non-Disclosure Agreement
  - Display ODHL-supplied Temporary ID Badges (name, agency/company)
    - Exception State Agency personnel may display state issued ID badge
  - Escort to and from laboratory or office area by host staff
  - Host staff to monitor visitor activity
  - Visitor Log Sign Out on leaving



#### 6. Visitors

- Visitors to exclusion/secure areas
  - Visitors or other unauthorized individuals, including unauthorized ODH employees, requiring access to an exclusion / secure area within the ODHL must be informed of safety/hygiene by signing a copy of a document entitled <u>Informational Handout for Visitors</u>, <u>Maintenance</u>, <u>Service and Housekeeping Personnel</u> and <u>Ohio Department of Health Visitor Confidentiality and Non-Disclosure Agreement</u> (Appendix H)
    - The blank forms are kept in a binder on a shelf in Room 103
    - Applies to visitors entering Rooms 104, 105, 105A, 105B, 105C



#### 6. Visitors

- Visitors to exclusion/secure areas
  - SRA-Approved Staff check the Informational Handout Binder
    - Required to sign on an annual basis
    - If the guest is in the binder and 1 year has not passed they can enter with an escort
    - If the guest is not in binder or 1 year has passed they must compete a new Informational Handout before entering the secure area with an escort
    - File signed copy in Binder
  - Activities of visitors and other un-authorized individuals are to be monitored by an SRA approved ODHL staff member at all times



## 7. Reporting/Removing Unauthorized or Suspicious Persons

- Unauthorized Person
  - Any individual who is not SRA-approved
- Suspicious Person
  - Any individual not associated with the entity that has no valid reason to be in the areas where select agent or toxins are possessed, used or transferred
  - Attempts by "unauthorized" ODHL individuals to intentionally access registered areas containing a select agent or toxin
  - Individuals representing themselves as government personnel attempting to gain access to the facility or obtain sensitive information that cannot or will not present appropriate identification
  - Use of fraudulent documents or identification to request access



## 7. Reporting/Removing Unauthorized or Suspicious Persons

- Suspicious activities
  - Indirect threats against the entity received by email, letter, telephone or website postings
  - Attempts to coerce entity personnel into a criminal act
  - Intimidation of entity personnel based on their scientific work
  - Requests for access to laboratories for no apparent legitimate purpose, or for purposes that don't seem legitimate
  - Unauthorized attempts to probe or gain access to proprietary information systems particularly access control systems

Immediately report any of the above to RO/ARO



## 8. Loss or Compromise of Keys, Passwords, Combinations

- Security Breach
  - Report to RO/ARO and refer to procedure entitled 'Reporting and Investigating a Security Breach' (Appendix I)
  - Access to select agents controlled by electronic means is changed immediately, locks are replaced immediately and a select agent inventory is conducted
  - Personnel Access changes take place when an individual is re-assigned or requires access to different select agents
  - Temporary badges to secure areas are available and need to be signed in and out each day of use from the RO or ARO



## 9. Loss, Theft or Release of Select Agents or Toxins

- The loss or theft of a select agent or toxin may be observed directly or discovered through review of inventory control records
  - Immediately report to the RO/ARO
- Refer to Appendix I 'Reporting and Investigating a Security Breach'
- CDC Form 3 will need to be completed (Appendix K)



# 10. Compliance with Security Procedures by SRA-approved Staff

- All staff authorized to work with Select Agents must meet or exceed the minimum education and experience requirements
  - Refer to Appendix F
- Training is conducted that addresses the needs of the individual for the work they will perform.
  - Refer to Appendix O for a complete description of the ODHL Select
     Agent Program Curriculum



## 11. Means of Securing Select Agents and Toxins

- Select Agent Activity Log
  - Records are kept anytime a select agent is accessed
  - Recorded on 'Select Agent Activity Log' Appendix D
  - Daily/weekly approval needed from RO/ARO or PI



# 12. Provisions and Policies for Shipping, Receiving and Storage of Select Agents and Toxins

- Packaging of a Select Agent or toxin is performed only by an SRAapproved staff member that is certified to package and ship
  - Please refer to the shipping PowerPoint for details on shipping instructions
- CDC Form 2 is used for transferring select agents Appendix J
- Unexpected receipt of a Select Agent
  - SRA staff takes possession of the package, initiates COC, secures the package in evidence locker
  - Notifies the RO/ARO and PI



## 13. Destruction of Select Agents

- All submitted specimen materials, select agent isolates, and waste are destroyed per the 'Select Agent Destruction Protocol' (Appendix L)
- Upon identification of a select agent or toxin, the RO/ARO submits a completed APHIS/CDC Form 4 'Report of the Identification of A Select Agent or Toxin in a Clinical or Diagnostic Laboratory' (Appendix N) to the CDC SAP for documentation of the disposition of the select agent or toxin.
- All Tier 1 agents must be destroyed



## 14. Inspection of Packages

- All packages, containers, carts, and bags that appear to be of suspicious nature that are brought in to or removed from a secure area are must be inspected by a SRA staff member
- Refer to Appendix M on guidelines on recognizing suspicious packages

## 15. Intra-Entity Transfers

 Occurs when a select agent or toxin is transferred from one SRAapproved individual to another within the same entity under the same registration.

# 16. Reporting Requirements Following the Identification of a Select Agent or Toxin

- A immediate notification to the CDC SAP is required upon the identification
  of a select agent from a submitted isolate, recovered from a clinical or
  environmental sample, or proficiency testing.
- Report using APHIS/CDC Form 4, 'Report of the Identification of a Select Agent or Toxin in a Clinical or Diagnostic Laboratory'. (Appendix N)
- The identification of the following must be <u>immediately reported</u> by telephone, fax or email: *Bacillus anthracis*, Botulinum neurotoxins, Botulinum neurotoxin producing species of *Clostridium*, *Burkholderia mallei*, *Burkholderia pseudomallei*, *Francisella tularensis*, Ebola viruses, Marbug virus, Variola major virus, Variola minor, or *Yersinia pestis*



# 16. Reporting Requirements Following the Identification of a Select Agent or Toxin

- The final disposition of the agent or toxin must be reported by submission of APHIS/CDC Form 4 within seven (7) calendar days after identification.
- A copy of the completed APHIS/CDC Form 4 must be maintained for 3 years.
- The identification and final disposition of select agents received as part of a proficiency testing challenge must be reported by submission of APHIS/CDC Form 4 within 90 days of receipt.
- Temporary exemption
  - If necessary the RO/ARO must contact the CDC SAP to request an exemption from the
     7 day destruction requirement
  - Exemption can be requested for up to 30 days



#### 18. Drills and Exercises

- Drills and exercises are conducted on an annual basis to satisfy the requirements of the Biosafety, Security and Incident Response Plans.
- Each SRA-approved individual must undergo annual "refresher" training.
- Should an individual not complete annual training, the RO will removed the individual from the SA registration and access to SA areas will be revoked.



#### 19. Records

- All records are maintained with secure and controlled access
- Complete obliteration, destruction or alteration of any record related to any use of select agents is not permitted and is considered a breach of protocol that will result in notification and investigation by the RO/ARO.
- The proper method to make changes to hard-copy records is to make a single line through the incorrect existing record, handwrite the correction adjacent to the lined-out record, initial and date.



Please take the quiz online: Passing grade is 80%

# Questions?

Please send an email to:

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Tammy Bannerman, ARO

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