

August, 2015

SECURITY PLAN

1. PURPOSE: The Research and Development (R&D) Service Security Plan is designed to ensure that access to VAMHCS research laboratories is restricted to trained, authorized personnel and to visitors escorted by authorized personnel. The Security Plan establishes procedures for reporting incidents, alarm activations and security breaches. The Security Plan includes established standard operating procedures of the Laboratory of Molecular Neurovirology (LMN) (ABSL-3 laboratory) and VAMHCS policies, including applicable Engineering Service policies regarding radiation safety and security. The Security Plan establishes procedures which are compliant with 42 CFR Parts 72&73, 42 CFR Part 1003, 7 CFR Part 331 and 9 CFR Part 121.

2. POLICY: Administer a program that applies current knowledge and feasible practices to ensure the protection of all patients, visitors and staff from exposures to hazardous or potentially hazardous chemical, radiological and biological agents. Establish security procedures to prevent theft or misuse of hazardous agents, equipment, or research records used in VAMHCS research laboratories or offices. Routinely evaluate the effectiveness of security measures. Collect and report data on incidents of security breaches to identify areas for improvement. It is required that all VA research investigators and staff, regardless of appointment status (compensated, WOC, or fee basis), will comply with all provisions of this policy.

3. RESPONSIBILITIES: The VAMHCS Research and Development Service, the ACOS for R&D, and the VAMHCS R&D Committee are responsible for the implementation of this policy.

4. ACTION:

a. Physical Security: The VAMHCS 3rd floor Research laboratories and the Animal Research Facility (ARF) on the basement level are controlled by a state of the art Access Security System. The system is continuously active (24 hours per day, 7 days per week) and is backed up by emergency power. It is monitored during normal working hours by Research and Development Service staff as well as VA Police Service. During nights, weekends and holidays it is monitored by VA Police Service. The ABSL-3 Laboratory is located inside the ARF and is also secured by the Access Security System with additional security measures including a motion alarm inside the ABSL-3 for detecting intruders as well as security cameras that monitor both entrances to the area. The VAMHCS Police Service monitors the cameras.

b. Access Control:

- (1) All authorized staff have their VAMHCS ID badges programmed to allow and to track access to and from the laboratory areas.
- (2) All visitors including VAMHCS non-laboratory staff, must sign in on a sign in sheet kept in the Research and Development Service office, obtain and wear a visitor's badge, and be escorted into and through the laboratory areas. Visitors are expected to follow all VAMHCS safety and security policies at all times.
- (3) When research laboratory staff terminate their employment, they are required to return their VAMHCS ID badge to the Research and Development Service. The badge privileges are then deleted from the electronic access system.
- (4) If a badge is lost or stolen or if a former employee fails to return a badge, the badge privileges are deactivated in the electronic access system. The ACOS/R&D, or designee, is notified and an incident report is filed with the Police Service.
- (5) On a weekly basis, the Deputy ACOS/R&D or designee reviews and signs off on the visitor sign-in sheet.
- (6) Access privileges for all personnel are reviewed at least annually by the RDC.

c. Background and Security Clearances:

- (1) All staff, regardless of appointment status (compensated, WOC, or fee basis), are required to complete the appropriate forms to initiate a background check before access is granted to any of the secure areas.
- (2) ABSL-3 Staff undergo a security risk assessment by the Attorney General, which must be subsequently approved by the Administrator or the HHS Secretary (or Administrator of APHIS). After recommendations by the R&D Committee, final approval is granted by the VAMHCS Responsible Official (RO) for unescorted access to the ABSL-3. Details are in LMN SOP 1.2.

d. Inventory Control:**(1) The ABSL-3 Laboratory:**

- (a) All Select Agent materials are strictly controlled and kept in locked freezers inside the A-BSL3 lab. When the material is in use, it is in sight of an approved individual at all times.
- (b) Inventory of select agents in freezers is tracked using a password-protected software program. Monthly audits are conducted and unresolved discrepancies are reported to the Laboratory Director and RO.
- (c) Select Agent-infected animals are checked daily for general condition and to confirm that they are present in their cage.
- (d) All waste is disposed of according to LMN SOP 2.3 and 3.13 and tracked through logs and contractor manifests.
- (e) Any loss or release of select agent or missing select agent samples/infected animals is reported according to LMN SOP 11.1.
- (f) Details are available in the LMN Security Plan and LMN SOPs.

(2) Radioactive material inventory is conducted in accordance with VAMHCS Policy Memorandum 512-001/OPS-116

e. Access for Maintenance:

(1) Engineering and Environmental Management Services staff who routinely require access to the Research BSL-2 3rd floor laboratories are issued privileges that allow access.

(2) Housekeeping staff do not enter the ABSL-3 area. ABSL-3 staff perform routine cleaning and maintenance as described in LMN SOPs (2.12, 3.11, 3.14, and 3.16).

(3) When major maintenance or repairs are necessary in the ABSL-3, outside contractors must register in the visitors sign in sheet in the Research and Development Service office (3D150) and obtain a visitors badge. Before entering the ABSL-3 area, they also sign into the ABSL-3 visitors log and wear the proper personnel protection equipment (PPE). They are then accompanied by an authorized ABSL-3 individual at all times while in the facility (LMN SOPs 2.1 and 2.14).

(4) All other visitors to the ABSL-3 area must follow the procedures in e.(3) above.

(5) VA Police and VA Engineering Staff are trained in proper procedures for entering the ABSL-3 if an emergency should occur.

f. Cyber Security:

(1) Access to the VAMHCS computer network is granted to staff who are paid VA employees as well as WOC staff who require it.

(2) Access to the Computerized Patient Record System (CPRS) is only granted to compensated, WOC, or fee basis staff working on approved R&D projects.

(3) Access to the ABSL-3 network requires a VA-assigned user name and password which must be changed every 3 months. Access to the sample-tracking database requires different access codes. In addition, VAMHCS Policy Memorandum 512-05/HR-016

("Personnel Suitability and Security Program") is followed as applicable.

g. Education & Training:

(1) Environmental Management Services staff, Engineering Service staff, or other VAMHCS staff who enter the research laboratory area for routine maintenance and work orders receive the VAMHCS annual security and safety trainings as well as instructions from laboratory staff.

(2) All laboratory staff receive orientation to the security measures in the research laboratory areas, required annual VAMHCS trainings, and job-specific training.

(3) ABSL-3 staff are trained according to LMN SOP 1.2, including:

- (a) New staff: orientation on Bovine spongiform encephalopathy, and security measures and more advanced one-on-one technical and safety training.
- (b) All staff: regular ABSL-3 specific trainings and reviews,
- (c) Required annual VAMHCS security and safety trainings.
- (d) Safety and security training for laboratory staff includes instruction on response to alarms, intruders, suspicious packages, theft or loss of access key cards; theft, loss or release of select agents (ABSL-3); acquisition, use, transfer and destruction of hazardous agents; and other related topics.

h. Evaluation:

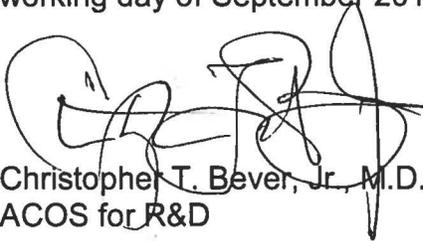
- (1) The Research and Development Service conducts an annual Vulnerability Assessment which includes involvement of the VAMHCS Safety Office, the VAMHCS Police Service, the R&D Service, and the VAMHCS Executive Office.
- (2) The VAMHCS Safety Office conducts disaster and fire drills throughout the year. Results of these drills are reported to the Subcommittee on Research Safety.
- (3) Corrective action plans are developed and evaluated for any deficiencies discovered through these processes.

REFERENCES: VAMHCS Policy Memorandum 512-001/OPS-116 Radiation Safety Policy VAMHCS Policy Memorandum 512-05/HR-016 Personnel Suitability and Security Program

5. RESPONSIBLE OFFICE: The VAMHCS Research and Development Service (151) is responsible for the contents of this standard operating procedure.

6. RESCISSION: none

7. RECERTIFICATION: This document is scheduled for recertification on/before the last working day of September 2017.



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