

Research & Development Service Emergency Preparedness Plan

Purpose:

This plan covers the following Research and Development (R&D) Service areas; Building 101 4th, 5th and 6th floors, Building 6 1st, 2nd and 3rd floors, Building 103 P5 level, 1st and 2nd floors, and Building 104 2nd floor, and is intended to provide guidance during an internal or external disaster or emergency. This plan is only a guide, and staff members are expected to use sound judgment to meet the needs of the exact situation.

Policy:

- A. All R&D Service personnel are responsible for reading, understanding and implementing the procedures outlined in this plan should the need arise.
- B. Each employee is expected to respond to an emergency situation by providing leadership necessary to protect life, property and carry out the responsibilities of the Service and the Medical Center.
- C. Any employee that discovers an emergency situation will take charge of the response until relieved by someone with higher institutional authority. The employee will focus on patient, visitor and employee safety, will report the incident to the proper authorities, and will use proper procedures as outlined in the Medical Center Emergency Preparedness Plan for guidance.

Leadership:

- A. R&D Service level order of succession is as follows:
 - 1) ACOS/R&D Service- Michael P. Davey, M.D., Ph.D.
 - 2) Deputy ACOS/R&D Service, R&D Service- H. G. Archie Bouwer, Ph.D.
 - 3) Administrative Officer/R&D Service- Sharon Jacky
 - 4) Veterinary Medical Officer, R&D Service- Ky Dehlinger, D.V.M.
 - 5) NCRAR Director, Patrick Feeney, Ph.D.
 - 6) Chair of R&D Committee- Merritt Raitt, M.D.
- B. The following R&D Service individuals will automatically return during an emergency on their own volition:
 - 1) Michael P. Davey, M.D., Ph.D.-ACOS/R&D Service.
 - 2) Archie Bouwer, Ph.D.-Deputy ACOS/R&D Service
 - 3) Sharon Jacky, AO/R&D Service
 - 4) Ky Dehlinger, D.V.M.-VMU 6th floor Bldg. 101, 1st floor Bldg. 103, 1st floor Bldg. 6
 - 5) Charles Meshul, Ph.D.-5th floor Bldg. 101
 - 6) Deborah Finn, Ph.D.-4th floor Bldg. 101

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- 7) Patrick Feeney, Ph.D., P5 level Bldg. 103
- 8) Michael Heinrich, M.D.-2nd Floor North end Bldg. 103
- 9) Michael Riscoe, Ph.D.-2nd Floor South end Bldg. 103
- 10) Jennifer Loftis, Ph.D.-1st Floor Bldg. 103
- 11) Steven Dobscha, M.D.-Bldg. 6

Communications:

- A. Employees are responsible for ensuring that R&D Service has current home or mobile telephone numbers for call back in the event of an emergency.
- B. During a fire situation the Fire Alarm Voice system will be used to notify staff via flashing lights and an audio announcement of the fire location. This system is operational in Bldgs. 6, 101, and 103/104. **To report a fire and all other physical emergencies dial *20.** Note: The entire building, not just the affected location, should evacuate upon hearing a fire announcement.
- C. The repeated ringing of 8 bells will be used to notify on-duty staff of an emergency situation other than fire. If an "8 bells" notification sounds and the nature of the emergency is not immediately clear, (e.g., an earthquake), personnel should shelter in place until further instructions are received. These instructions may arrive via the Public address system, a message sent to VA-networked computers, or via an email broadcast to principal investigators by the senior R&D Service official.
- D. After an 8-bells notification, the VAPORHCS Emergency Incident Commander will also establish a VA National Telecommunications System (VANTS) line at 1-800-767-1750, code 64800. The senior R&D Service official (only) must call this line to receive instructions and updates.
- E. Upon notification of a non-fire emergency situation, the senior R&D Service official will determine how many staff can be made available for the Labor Pool. This information, along with the name of a point-of-contact individual, will either be phoned in to ext. 55265, or sent by runner to Room 3D-111 if phones are not operational. Personnel should not be sent to Room 3D-111 (the meeting site for the Incident Command team) unless specifically requested, or unless phone lines are not operational.
- F. If R&D staff members are requested to report for Labor Pool duty, the primary location will be Bldg. 100, Room 3D-106 (ext. 55265). The alternate site will be the Imaging Staff Conference Room, Bldg. 101, Room 109 (ext. 55074).

Evacuation:

- A. Evacuation may be necessary if a fire, earthquake or hazardous material spill occurs. In this case the building will be evacuated, area isolated, and proper authorities notified.
 - 1) Building 101 occupants evacuate to the south end of the building (gazebo)
 - 2) Building 6 occupants evacuate to the south end of the building (parking lot)
 - 3) Building 103 occupants evacuate to the west side of the building
 - 4) Building 104 occupants evacuate to the west side of the building

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- B. If evacuation is required, personnel will use stairwells. The elevators will not be used until they are declared safe by Facilities Incident Commander.
- C. The R&D Service may have employees, visitors and patients who require assistance in evacuating the area. Each supervisor is responsible for ensuring that all individuals who need assistance in evacuating the area receive that assistance by pairing with able-bodied individuals.

R&D Service Area-Specific Considerations:

- A. In the event of a fire/earthquake or any physical emergency, personnel working in the Biohazard Containment Facility for BSL3 Pathogens should immediately evacuate and re-enter only when directed by the BSL3 Facility Director or Biological Safety Officer. If the electrical supply to the BSL3 facility is lost at any time resulting in a shutdown of the ventilation/air filtration system, then personnel should immediately evacuate the room. No personnel should re-enter the room until power to the system is restored. Personnel should follow standard operating procedures when reentering the BSL3 facility. Notify Melanie Harriff, BSL3 Facility Director (x53430), or Jane Yates, Biological Safety Officer (x52800), in the event of a physical emergency.
- B. In the event of a fire/earthquake or any physical emergency, personnel working in the Veterinary Medical Unit (VMU) should immediately evacuate the area and only re-enter when directed by the Veterinary Medical Officer or VMU Supervisor. After re-entry, the Veterinary Medical Unit Emergency Response Plan should be consulted to determine which emergency measures, if any, should be employed. Notify Ky Dehlinger, Veterinary Medical Officer (x55032), or DeLynn Rohrbacher, VMU Supervisor (x57963), in the event of a physical emergency.

Public Affairs:

All inquiries from the media should be forwarded to the Public Affairs Officer (PAO). All contacts with the news media will be made through the PAO or designee. The PAO will coordinate all Medical Center press releases and will clear them through the Director or Incident Commander prior to release. No names of casualties will be released.

Critical Incident Stress Debriefing:

Consult the Medical Center emergency preparedness plan for instructions in the event that R&D staff members wish to discuss any aspect of an emergency or observe a situation that makes them uncomfortable and feel the need for counseling or support.

Loss of Personnel:

In the event there is any anticipated long-term reduction of staff levels due to a biomedical event or other disaster, the leadership team of the R&D Service, in conjunction with lab principal investigators, will develop a solution that is tailored to individual needs. An example may be to reassign existing staff to fill needs that allows for continuation of time-sensitive or critical projects.

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Specific Potential Emergency Situations

Bomb Threat (call *20)

- A. All bomb threats are to be taken seriously. If you receive a bomb threat, stay calm. Ask, where is the bomb? What does it look like? When will it go off? Police & Security Service should be notified immediately after receiving the threat at x51911. They will assist you with completion of a Bomb Threat Questionnaire.
- B. If the Medical Center receives a credible, but general threat (i.e., the location has not been identified), staff may be asked to look for things that don't belong in their area.
- C. If you see a suspicious item (backpack, box, briefcase) in an area where it does not belong, **it should not be touched**. Notify Police at x51911.
- D. If your area has been identified specifically in a bomb threat, evacuate the area. Look for anything out of the ordinary as you leave, but do not touch it. Once in a safe area, remain there and make yourself available to help with the identification of any unknown items discovered by police.

Earthquake

- A. Planning ahead can prevent some of the most common earthquake-related injuries:
 - 1) Check work areas for heavy items that could fall and injure personnel. Relocate or secure them.
 - 2) Secure bookshelves, heavy equipment, and flammable and other storage cabinets to a wall or sturdy furniture. Put in a work order to have these items secured if assistance is required.
 - 3) Identify "safe areas" for personnel to ride out an earthquake. These areas can be under desks or sturdy furniture, in a doorway, or another area that provides protection from falling debris.
 - 4) Secure data. Keep electronic data on servers that provide automatic daily back-up. Keep important papers in a secure file cabinet, away from possible contact with spilled chemicals or damage from overhead sprinklers.
- B. During/after an earthquake:
 - 1) Protect personnel by instructing them to get into the pre-arranged "safe area."
 - 2) Personnel should not run outside during shaking, as injuries may result from falling debris.
 - 3) When shaking stops, rescue personnel if able. Be aware of hazards such as hanging electrical wires, items that could fall, or debris on floor.
 - 4) In Buildings 103 and 104, emergency gas shut off valves should be activated by pushing the red button marked "Gas Shut-off", located in each laboratory space.

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- 5) Use caution when evacuating outside. Look up to avoid falling debris.
- 6) Move to a clear area far away from buildings and do not re-enter buildings unless told it is safe to do so.
- 7) Attempt to account for all staff. Report anyone needing rescue to emergency responders (police, fire, or incident command team wearing fluorescent vests).

Fire (call *20 and pull the alarm)

The person in charge of each work area is responsible for ensuring that all employees know the fire plan and evacuation routes for their work areas, and where primary and secondary exits are. If a fire is discovered the employee will follow the R.A.C.E. procedure:

R - RESCUE: Verbally notify others in the area immediately by loudly calling out fire! Rescue anyone in the room or area involved, and close the door. **Do not reopen door!**

A - ALARM: Activate the alarm by pulling the nearest fire alarm pull box. Next, call extension *20 and report the fire location, (building, floor/wing, and room number if possible). If there is an alarm for your area that your staff did not initiate, search your entire floor to locate the fire emergency. Caution: When searching rooms, feel each door first and be alert to signs of smoke before opening. If the door or door knob feels warmer than usual, or if there is smoke coming from under the door, leave it closed.

C - CONFINE: Close all doors and windows in your area while searching rooms.

E - EXTINGUISH: Do not attempt to fight a large fire, and do not enter a room to fight a fire. You could rapidly become overcome by smoke, and your exit from the room could be blocked. If the fire is in an open area (e.g., a hallway), you may carefully enter the area to see if the fire is small and easily extinguished. Use the proper type of extinguisher.

* All RED extinguishers can be used on any type of fire that may occur in the Medical Center.
Once the fire is out, leave the area and do not re-enter.

E – (alternatively) EVACUATE: Whenever there is a fire alarm for any building, all the occupants of that building are to evacuate to the outside. All personnel from the building are to be accounted for at the designated meeting point.

- 1) Building 101 occupants evacuate to the south end of the building (gazebo)
- 2) Building 6 occupants evacuate to the south end of the building (parking lot)
- 3) Building 103 occupants evacuate to the west side of the building
- 4) Building 104 occupants evacuate to the west side of the building

Treat all fire drills as if they were real emergencies!

Hazardous Materials (call *20)

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A. Make a quick initial assessment of the release and determine whether a significant hazard exists based on observation of the following:

- 1) injured or ailing personnel
- 2) symptoms or signs of severe irritation reported by personnel in the area(s)
- 3) evidence of a large-volume spill
- 4) known hazards (e.g., flammables, carcinogens) involved in the spill
- 5) presence of very strong odors beyond the immediate area.

B. If a significant hazard exists: **R.I.N.S.E**

- **R** Rescue personnel only if safe to do so.
- **I** Incident Command functions should be provided such as offering first-aid emergency shower or eyewash and performing the following critical functions:
- **N** Notify – call the Energy Center at *20 and provide details of the nature of the spill (what, how much, where, injuries). The Industrial Hygienist (IH) will be contacted (54765) to make a risk determination.
- **S** Suppress or confine the spill as much as practical, and if safe to do so (consult SDS to determine this).
- **E** Evacuate the area and close doors. Notify other employees to leave the area.

C. The Medical Center Industrial Hygienist (IH) must be notified (call *20) of all spills, regardless of size, and will assure that the spill is cleaned up and the area is safe to re-occupy. A spill may be cleaned up by site personnel only if it is a small-scale spill of low toxicity, and only if they have been trained in spill clean-up by the IH and have the appropriate spill clean-up materials readily available.

D. If a suspected hazardous substance spill occurs and **you do not know what the substance is:**

- 1) Do not touch or disturb the substance. Put down any object suspected to be the cause of the exposure.
- 2) Evacuate **unexposed** people from the area. If exposed, keep contaminated area to a minimum. Wash with water the portion of the body affected by the spill, carefully removing articles of contaminated clothing if necessary. Unless immediate medical attention is required, do not leave the area until instructed to do so.
- 3) Notify the IH/Energy Center at *20 and provide information about location, quantity, and type of substance (liquid, powder).

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- 4) Do not let anyone into the area as you wait for the Industrial Hygienist to respond.

Active Threat

A. Definitions

- 1) **Active Shooter:** An Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms. Active Shooter incidents can also occur without warning in open spaces, such as campus areas.
- 2) **Active Threat:** VA extends the definition of Active Shooter to include the possible use of other weapons, including knives, explosives or blunt objects. *The term used throughout this policy will be Active Threat.*
- 3) **Evacuate, Evade, Engage:** When confronted by an Active Threat incident, persons must choose a response appropriate to the incident and with concern for their safety and that of others. The incident may be very fluid and may require moving from one response to another as the situation unfolds.
 - **Evacuate:** As defined by this policy, evacuate means to rapidly and safely leave an area directly impacted by an Active Threat incident. Unlike a traditional fire response, evacuation from the area of an Active Threat may not always be the best option available. Evacuation is best suited in a setting where there is clear access to an escape route or for people in the immediate area of an attack that is underway.
 - **Evade:** In this context, “evade” equates to “shelter in place.” Pre-identified shelter-in-place locations are used to provide protection by use of walls, lockable doors and furniture/movable fixtures. Where there is no pre-identified shelter-in-place location, or when the shelter in place location is not immediately available, staff will improvise to the extent possible.
 - **Engage:** Staff should only take physical action against a suspect as an absolute last resort when their life is in immediate danger. The VA understands that in some circumstances, attempts by an employee to evacuate or evade may not be successful or safe, and, if confronted by an attacker, the employee may have to take action to protect their life.

B. Lockdown procedures

- 1) Secure Immediate Area (if you are unable to exit the building):
 - Lock and barricade doors
 - Turn off lights
 - Close blinds
 - Block windows
 - Turn off radios and computer monitors
 - Keep occupants calm, quiet, and out of sight
 - Keep yourself out of sight and take adequate cover/protection i.e. concrete walls, thick desks, filing cabinets (cover may protect you from bullets)
 - Silence cell phones
- 2) Contact Authorities (as you are able to): Portland VA Police (x51911) and 911

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What to Report:

- Your specific location-building name and office/room number
- Number of people at your specific location
- Injuries-number injured, types of injuries
- Assailant(s)-location, number of suspects, race/gender, clothing description, physical features, type of weapons (long gun or hand gun)

3) Un-Securing an Area:

- Consider risk before un-securing rooms
- Remember, the shooter will not stop until they are engaged by an outside force
- Attempts to rescue people should only be attempted if it can be accomplished without further endangering the persons inside a secured area
- Consider the safety of the masses vs. the safety of a few
- If doubt exists for the safety of the individuals inside the room, the area should remain secured

Medical Emergency (call *22)

Immediately dial *22. This will connect you with the code team operator.

The operator will ask for your name and location. If you are in Bldg. 101, 103, or 104, the operator will send assistance according to the type of medical emergency. Let the operator know you work in a secure area and that someone from your group or an adjacent office or lab will be waiting at a specific entry door to let them in.

If you are in Bldg. 6 when the code team operator asks for your location, the operator will then ask if 911 has been called. If 911 has not been called, the operator will connect you with 911. It is recommended that you have someone else in your area call 911 while you call *22. The hospital code team does not respond to outlying buildings such as Bldg. 6. Someone from your team or an adjacent office will need to meet the emergency team or ambulance at the secure door and let them in.

Radioactive Spill (call *20)

- A. Emergency instructions for radioactive material spills are posted on the wall in rooms where radioactive materials are used.
- B. Every effort should be made to minimize the spread of contamination.
- C. Personnel contaminated by radioactive material should carefully remove contaminated clothing, ensuring that the contaminated area is kept to a minimum. Wash with water the portion of the body affected by the spill and survey the affected area until background radiation level is reached.
- D. Notify the Radiation Safety Officer immediately at *20 and provide location, quantity, and isotope of radioactive material.

Utility Failure (call *20)

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- A. If R&D Service suffers a critical utility failure, the Energy Center should be notified at *20.
- B. If R&D Service suffers a minor utility failure, the Work Order Desk should be notified at x56332.
- C. Electrical Failure

All VAPORHCS buildings have back-up power, provided by generator, available at each and every power socket. Red power sockets are designed to switch to generator power after 15 seconds of main electrical failure. All other power sockets are designed to switch to generator power after 60 seconds of main electrical failure.

- D. Natural Gas Disruption

- 1) Natural Gas is used in the following locations in the R&D Service.

- a. Wet laboratories Building 101 - 4th, 5th, 6th floors
 - b. Wet laboratories Building 103 - 1st and 2nd floors
 - c. Wet laboratories Building 104 - 2nd floor

- 2) If this service fails, personnel should inform the Energy Center at *20.

- 3) In Buildings 103 and 104, emergency gas shut off valves should be activated by pushing the red button marked "Gas Shut-off", located in each laboratory space.

- E. Sewer Failure: If notified of a sewer failure, personnel will refrain from discharging effluent into the system, except when required for public health reasons.

- F. Water failure:

- 1) Action to preserve potable water is a joint responsibility of Facilities Management Service (FMS) and R&D service employees. Every effort to conserve water supplies should be made.

- 2) On-site emergency water supplies for the Medical Center will provide approximately 3 days of water; however, patient care areas are considered top priority, and Research areas may not receive water from this emergency supply. Non-critical tasks should be suspended until normal water supply resumes. Distilled water from taps located within laboratories may be used for critical tasks. Distilled water holding tanks are located in Buildings 101 and 103.