

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health

Animal Resources Team
Handbook



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- NIH Emergency Preparedness Handbook
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GENERAL ORGANIZATION

THE ANIMAL RESOURCES TEAM HANDBOOK

Purpose

The NIH is comprised of multiple Institutes and Centers, each unique with regard to their research activities, location, facility construction and capabilities, animal species, and personnel expertise. The Animal Resources Team (ART) Handbook is a NIH-wide template to provide individual Institutes and Centers (IC) with the information, tools, and resources to develop meaningful, site-specific emergency response plans for laboratory animal facilities.

IC Responsibilities

Each IC should conduct an individual situation probability/response assessment for its animal facilities. The ART Handbook is designed to provide guidelines and identify resources for certain situations. Each IC should be able to:

1. Understand the importance for a multi-disciplinary team approach to develop an IC emergency plan.
2. Identify likely key representatives/offices needed to develop the emergency plan:
 - IC Facility
 - Security
 - Occupational Health & Safety
 - Legal
 - Emergency response
 - Public Relations
 - Data Processing
 - Maintenance & Engineering
 - Finance
 - Information
 - Office of Animal Care & Use: (<http://oacu.od.nih.gov/disaster/index.htm>)

Key points to consider when designing an IC emergency plan:

1. The ART Handbook is designed as a reference guide for individuals responding to emergencies affecting animal facilities.
2. The ART Handbook is facility non-specific, and is intended to serve as a template around which specific IC/animal facility emergency plans can be structured.
3. Although, it is impossible to thoroughly address every conceivable emergency situation, IC emergency plans should address the topics presented in the ART Handbook. Identification of the situation and courses of action are critical and essential.
4. Additional IC-specific instructions should be added to ensure coverage of those issues unique to the IC. Specific instructions can be written into the pages of the ART Handbook, or additional sections addressing specific instructions can be added.

5. Any response should first address personnel injury and safety; animal care should always be considered secondary.
6. Adequate preparation and appropriate training is the cornerstone to successful mitigation of potential disasters. Therefore, the ART Handbook should not be used as a substitute for training, experience, or good judgment.

ANIMAL RESOURCES TEAM RESPONSIBILITIES

Animal Resource Team (ART) members coordinate operations with the on-scene Officer-in-Charge (OIC) prior to initiating activities for the purposes of prioritizing resources, including human health and animal recovery. Local jurisdiction Fire/Police will likely be the OIC at off campus facilities.

Responsibilities of the ART include, but are not limited to, the following actions:

- Develop pre-emergency and relocation plans/procedures for appropriate employees and animals.
- Identify required resources for relocation efforts with the ERT Leader
- Coordinate relocation and support efforts as necessary to provide a safe environment for animals.
- Identify modes of transportation and animal care personnel issues.
- Coordinate relocation efforts as necessary to provide a safe environment for animals
- Inform the Public Information Office and the ERT Leader of any animal retrieval activities.
- Attend briefings by the ERT Leader
- Coordinate animal recovery efforts with the Emergency Response Team (ERT)
- Rescue, reclaim, or recover animals
- Triage, treatment and/or euthanasia of animals as required and determined appropriate in accordance with established policy

THE NIH CONTINUITY OF OPERATIONS PLAN

Background

The NIH Continuity of Operations (COOP) plan is a trans-NIH disaster response plan designed to mitigate a catastrophic event or disaster affecting the NIH community at either the Bethesda campus or the Poolesville facility, and facilitate a return to active research as soon as practicable. The NIH Animal Resources Team (ART) is one of several teams within the COOP program, and is prepared to respond, in whole or in part, to any disaster affecting research animals, regardless of whether resources or circumstances permit an effective or adequate response by the affected IC.

A precipitating or initial large-scale disaster is often characterized as the primary event. Affected ICs will more likely be characterized as the secondary event, which may or may not be the result of the primary event. For planning purposes, as well as for effective management and efficient response activities, disasters and resultant secondary events are subdivided into 4 incident categories.

Level I - Level I incidents are expected to be routinely handled by on-site emergency service and support groups with limited resources which are readily available on site; and where essential services are not compromised.






Level II - With Level II incidents, it is understood that the IC's affected can successfully respond to the crisis affecting the animal holding facility using inherent IC resources. NIH fire and rescue or police departments may respond, but do not normally require expertise or assistance apart from what the IC can provide. The animal facilities are viable and animal health is either unaffected, or the animals can be readily relocated away from the hazard or threat.

Level III - It is expected that Level III events would likely compromise animal health status. Local containment may be questionable, and there may be utility disruption with/without satisfactory backup. Police may be unable to provide adequate security. Several floors of one or more buildings may be involved, or major portions of the building(s) might be uninhabitable. IC resources are limited or nearly exhausted. One or more members of the ART are required to provide expertise and facilitate actions.

Level IV - Significant disruption and damage characterizes Level IV emergencies. Animals have been injured or inadvertently released. There may be a suspicion of a biohazard release, chemical contamination, or radiation hazard that cannot be readily contained or controlled without additional assistance. Animal holding facilities are limited or no longer suitable. The ART is needed to provide expertise and coordinate resource allocation.

The corresponding classification of Incident Levels (I, II, III or IV) described above places an increasing demand on animal care personnel and resources. The COOP Disaster Recovery Coordinator, in coordination with the Animal Resources Coordinator, will continually assess the events and decide when to call upon other members of their teams for assistance. When called, individuals of the ART will assemble at determined locations to organize a balanced response. This will include requests for additional personnel support and acquisition of IC resources.

The threat levels are as follows:

-  Low Condition (Green). There is a low risk of terrorist attacks.
-  Guarded Condition (Blue). There is a general risk of terrorist attacks.
-  Elevated Condition (Yellow). There is a significant risk of terrorist attacks. The public should be alert to suspicious activity.
-  High Condition (Orange). There is a high risk of terrorist attacks. Officials will take additional precautions at public events and restrict access to some specific sites within a city or area.
-  Severe Condition (Red). There is a severe risk of terrorist attacks and is the highest level. Officials may close public and government buildings, activate special teams and limit transportation systems. People should avoid public gathering places and stay tuned to the media.

THE NIH COOP INCIDENT COMMAND SYSTEM

Structure

The Incident Command System (ICS) is a nationally recognized, standardized management system used by emergency response agencies to manage all types of emergency situations. These situations may range from small emergencies to large- scale disasters. Fire departments, law enforcement agencies and emergency management (EM) officials utilize the ICS to accomplish the tasks of planning, organizing, directing, coordinating, delegating, communicating and evaluating incidents in a systematic and logical approach.

The Department of Health and Human Services along with local/federal emergency response groups that have pre-established mutual aid agreements with the NIH and all use the ICS. Therefore, the NIH has adopted this system to manage the COOP.

Two important reasons for use of the ICS by NIH are:

1. The ICS provides a seamless integration of direction and control responsibilities between the NIH and other response groups involved in the control and recovery of the incident.
2. The ICS provides a proven management system to effectively and efficiently handle the NIH control and recovery operations.

Incident Command System - NIH COOP

The ICS incorporates the management principles of “Unity” and “Chain of Command” to provide a standardized hierarchy for the management of an incident. Unity of command means that every individual has a designated supervisor. Chain of command means that there is an orderly line of authority within the structure of the system with subordinate levels connected to higher levels. This chain of command starts with the person who has the ultimate authority to properly deal with the event, herein referred to as the Disaster Recovery Coordinator (DRC).

Establishment and Transfer of Command

The ICS is to be implemented immediately upon notification of an event threatening NIH’s continuity of operations. Upon implementation of the NIH COOP, the DRC assumes the role of Command/Emergency Response Team Leader. In the absence of the DRC, the role of Command/ERT Leader shall be filled in order by the:

1. Deputy Disaster Recovery Coordinator
2. First arriving (ERT) Leader to the ERT Operations Site
3. Senior Management Coordinator

An immediate establishment of the ICS is necessary to quickly assess the situation, provide direction and control to NIH personnel, ensure the safety of employees, and provide liaison with NIH emergency response groups. The Command position is maintained throughout the incident, although the person designated as Command may change. This change in personnel is termed **Transfer of Command**.

Designated ERT Operations Site

The NIH ERT will establish operations at a pre-established location for the direction and control of NIH personnel, resources and recovery activities. The person in the Command role, and other team leaders if the ICS is expanded, are located in this area. In most cases NIH emergency service groups will be involved. These groups will have, in most cases, already established an on-site Command Post (CP) for direction and control of their personnel, resources, and the direction of mutual aid resources.

ERT activities with the CP include:

1. Liaison with emergency response groups throughout the incident
2. Provide technical assistance concerning the facility and NIH operations within that facility to emergency personnel
3. Obtain information from emergency response groups concerning incident stabilization efforts in order to brief NIH executive level staff, and to determine time estimates for Continuity of Operations Planning (NIH COOP).

READINESS

Sufficient preparation is critical to successful mitigation of emergencies. Each individual responsible for animal care should review and be familiar with workplace evacuation routes, equipment, and supplies before an actual emergency occurs.

A personnel training program using the Emergency Plan is critical to the outcome of specific situations. Subtle changes in routine operations may necessitate changes in the plan and require additional training of personnel.

ACTIONS Checklist

- ☐ Read and understand the ART Emergency Handbook.
- ☐ Be familiar with your building's floor plans and evacuation routes and the NIH Emergency Preparedness Handbook.
- ☐ Participate in practice scenarios - fire drills, power failure, animal escape, human-animal bite, chemical spill, eye splash, etc.
- ☐ Prepare yourself and your family so they know and understand what to do, where to go, and how to cope if you are unable to return home immediately.
- ☐ Read and familiarize yourself with the applicable IC SOPs, NIH Waste Disposal Guide, emergency phone numbers, and applicable emergency procedures.
- ☐ Know the location of the following:
 - Emergency information (guides, manuals, SOPs, telephone numbers)
 - Telephones
 - Stairwells (avoid elevators)
 - Fire alarms and extinguishers
 - First Aid and Bite Kits
 - Eyewash stations
- ☐ Keep the following items on hand and in a location known to all employees:
 - Flashlights and fresh batteries
 - Portable radio and fresh batteries
 - Personal emergency telephone numbers, e.g. children's schools, next-of-kin, significant other, doctor, etc.
- ☐ Keep the following items on hand and in a location known to appropriate supervisory staff: Personal information that may be required by emergency response personnel, e.g. drug allergies, present medications, etc.

DISASTER RECOVERY ACRONYMS

ARC	Animal Recovery Coordinator
ART	Animal Resources Team
COG	Continuity of Government
COOP	Continuity of Operations
CONOPS	Concept of Operations
CP	Command Post
DEPC	Division of Emergency Preparedness & Coordination, ORS
DRC	Disaster Recovery Coordinator
ECC	Emergency Communications Center (DEPC, Fire, Police and Animal Operations)
EM	Emergency Management
EOC	Emergency Operations Center
EPC	Emergency Planning Coordinator
ERT	Emergency Response Team
Fire Chief	Officer-in-Charge of the Fire Department
FT	Financial Team
FTC	Floor Team Coordinator
HST	Health and Safety Team
ICS	Incident Command System
I and R	Information and Reference
JIC	Joint Information Center
LT	Logistics Team
NIH	National Institutes of Health
OEC	Occupant Emergency Coordinator
OIC	Officer-In-Charge

PIO	Public Information Officer
PIT	Public Information Team
RT	Relocation Team
SMC	Senior Management Coordinator
SMG	Senior Management Group

EMERGENCY RESPONSE QUICK GUIDE

INCIDENT	WHO TO CONTACT	INITIAL RESPONSE
Monkey Escape	Page Project Manager & Project Officer	Notify personnel in area; secure room or corridor; secure elevators.
Rodent Loose	Page Project Manager & Project Officer	Notify personnel in area, secure room or corridor
Fire & Strange Odors	Dial 911	Notify personnel in area; activate the nearest fire alarm box; turn off any gas being used, close doors, evacuate the building
Chemical Exposure/ Spill	Dial 911 & 301-496-2346	<u>Exposure:</u> Flush exposure with copious amount of water; If face or eyes are affected, irrigate with eyewash continuously for 5 minutes; remove contaminated clothing and flush skin with large amounts of water for 5 minutes. <u>Spill:</u> Notify personnel in room of spill; cover spill with absorbent towels; do not track the spill through the facility; remove contaminated clothing and wash all
Radioactive Exposure/ Spill	Dial 911 & 301-496-5774	<u>Exposure:</u> Wash affected skin with soap and water, remove contaminated clothing and gloves; put on clean gloves after contaminated clothing is removed; monitor body with radiation monitors. <u>Spill:</u> Notify personnel in room of the spill; do not track spill through the facility; cover spill with absorbent towels using gloves; clean spill area with radiwash working from outside toward the center, monitor contamination area with survey meter or wipe test;
Biohazard Exposure/Spill	Dial 911 & 301-496-2346	<u>Exposure:</u> Eyes splattered with blood or body fluid, flush with water using eyewash stations for 5 minutes. Mouth splashed with blood or body fluid, rinse with water for 5 minutes. Needle stick milk wound to induce bleeding, wash with soap & water 5 minutes. Remove contaminated clothing, wash skin and replace with clean clothing. <u>Spill:</u> Notify personnel in room of the spill; do not track spill through the facility; flush spilled material with a 1:10 dilution of bleach or betadine solution; wipe all equipment and surfaces potentially contaminated.
Medical Emergency	Dial 911 & 301-496-4411 & notify Project Manager & Officer	Monitor the victim for vital signs, then call for help; wear protective gloves to avoid contact with blood or body fluids.

<p>"Potential Exposure to Herpesvirus simiae"</p> <p>Monkey Bite/Scratch/ Mucous Membrane Exposures</p>	<p>Dial 301-496-4411& notify Project Manager & Officer</p>	<p><u>BITE/SCRATCH/LACERATION FROM CONTAMINATED SHARP OR EQUIPMENT:</u> Wound cleansing must occur in less than 5 minutes; sponge scrub wound with povidone-iodine or chlorhexidine for 25 minutes; after 15 minutes scrub rinse wound thoroughly with water; Report to OMS.</p> <p><u>SPLASH OF POTENTIALLY CONTAMINATED FLUID TO EYES. MOUTH OR NOSE:</u> Flush site with water or saline for 15 minutes, report to OMS.</p> <p><u>When an exposure occurs outside of normal OMS working hours (7:30 a.m.-7:30 p.m. Monday-Friday):</u> Call the NIH page Operator at 496-1211; give your name, location and phone number, ask to be immediately contacted by the OMS physician on-call.</p>
<p>Water Leak/Flood</p>	<p>Dial 301-435-8000 Notify Project Manager & Officer</p>	<p>Contain the leak, if possible; evacuate the area via stairwells; do not use elevators</p>
<p>Power Failure</p>	<p>Dial 301-435-8000 Notify Project Manager & Officer</p>	<p>Inform maintenance that research animals lives are at risk; turn off light switches, ventilated racks & other electrical equipment, close sash on all hoods;</p>
<p>Elevator Failure</p>	<p>Dial 301-496-2105, Notify Project Manager & Officer</p>	<p>Use the emergency phone in the elevator to call the elevator dispatcher, explain situation; wait for qualified assistance</p>
<p>ETO Alarm</p>	<p>Dial 911 & 301-496-2346, Notify Project Manager & Officer</p>	<p>Notify all personnel within the area; close doors; evaluate the area;(follow specific safety guidelines for ETO located in drop down box, B1D44 or in the Surgical Administrative Office</p>
<p>HVAC Failure (no air, heating, cooling, steam, hot water, low/high humidity)</p>	<p>Dial 301-435-8000 Notify Project Manager & Officer</p>	<p>Inform maintenance that research animal lives are at risk; continually monitor room temperature and humidity; use chiller coils or space heaters, if necessary for immune compromised rodents, rabbits, marmosets. aquatics</p>
<p>Sewer Stoppage (drains, toilets, sinks inoperative)</p>	<p>Dial 301-435-8000 Notify Project Manager & Officer</p>	<p>Do not flush toilets; stop use of water</p>

<i>Water supply is rendered Non-Potable</i>	<i>Dial 301-435-8000 Notify Project Manager & Officer</i>	<i>Use of alternate water supply and containers if water outage exceeds 4 hours</i>
<i>Telecommunication Service Failure</i>	<i>Dial 301-402-9935 and Notify Project Manager & Officer</i>	<i>Use of 2 way radios to maintain internal communication</i>
<i>Security Breach</i>	<i>Dial 911 or 301-496-5685 & Notify Project Manager & Officer</i>	<i>Await further instructions by the NIH police</i>
<i>Cage wash machinery inoperable</i>	<i>Dial 301-402-4500 and Notify Project Manager & Officer</i>	<i>ORF maintenance or preventive maintenance contractor will response; manual washing or disposal methods may be required beyond 4 hours</i>
<i>Cardkey system failure</i>	<i>Dial 301-496-2105 and Notify Project Manager & Officer</i>	<i>Post signs on cardkeys to alert people of the problem with an emergency CAF contact for entrance</i>
<i>Sprinkle System set off inadvertently</i>	<i>Dial 911 and notify Project Manager & Officer</i>	<i>Notify personnel within the area; access the welfare of the animals; close doors and evacuate the area.</i>
<i>Inclement Weather</i>	<i>Notify Project Officer</i>	<i>Notify emergency personnel; review abbreviated cage changing schedule and feed requirements</i>

Emergency Response Quick Guide

PERSONNEL DIRECTORY

EMERGENCY TELEPHONE NUMBERS

ON-CAMPUS POLICE - FIRE - RESCUE - HAZMAT911

TTY Telephone Line..... DIAL 301-496-0063

Emergency Communications Center (24 Hour)..... 301-496-5685

OFF-CAMPUS POLICE - FIRE - RESCUE - HAZMAT 9-911

Emergency Maintenance Services (24 hr)Dial 301-435-8000

Building 10 Critical Medical Services.....111

Division of Police (Non-Emergency)Dial 301-496-2387

Division of Fire and Rescue Services (Non-Emergency)Dial 301-496-2372

Division of the Fire MarshallDial 301-496-0487

Division of Emergency Preparedness and CoordinationDial 301-496-1985

Division of Occupational Health and SafetyDial 301-496-2960

Division of Physical Security ManagementDial 301-496-9109

Occupational Medical ServiceDial 301-496-4411

Employee Transportation Services Dial 301-402-RIDE

Emergency Radio Stations:

NIH 1660 AM

WMAL 630 AM

WTOP 1500 AM, 107.7 FM

WASH 97.1 FM

WBIG 100.3 FM

ORS Information Line 301-594-6677

SITUATIONS/EMERGENCIES

ANIMAL BITES AND SCRATCHES

ACTIONS Checklist

If bite, scratch, or splash is related to a Non-Macaque species (dog, cat, etc):

- ☐ Administer first aid as necessary. If the injury results in excessive bleeding, call ON CAMPUS 911 or OFF-CAMPUS 9-911.
- ☐ CLEANSE and IRRIGATE by gently scrubbing the wound with soap and running water. Use whatever supplies (disinfectants and bandages) necessary from the First Aid kits in the facilities.
- ☐ If other personnel are available, have someone call OMS (301-496-4411) and tell them about the accident and that the victim is on the way.
- ☐ If the accident occurs during the normal workday, immediately report to OMS, Building 10 (open from 7:30-4:00). If the accident occurs on a weekend, holiday, or after duty hours, immediately report to Suburban Hospital.
- ☐ Notify supervisor and take whatever measures necessary to identify and isolate the animal for evaluation and observation.
- ☐ Ensure the animal involved is identified and returned to its cage.
- ☐ Ensure proper follow up and/or monitoring by supervisor and other personnel as necessary.

If bite, scratch, or splash is related to an Old World Monkey:

- ☐ **REMAIN CALM!!** Follow the procedures in the Bite Kits located in each housing area if you have a:
 - > bite or scratch that causes bleeding
 - > cage scratch that causes bleeding
 - > puncture with a needle that has previously been in a non-human primate
 - > splashing of feces, urine, saliva, or blood into your eye, mouth, or cut in your skin
- ☐ **IF SCRATCHED OR BITTEN:**
 - > OPEN sealed Bite Kit containing scrub brush and culturette tube.
 - > SCRUB the wound with the bristle side of the betadine (or similar disinfectant soap) scrub brush for at least 10 minutes. Rinse with tap water, irrigation solution, or sterile saline to remove detergent.
 - > SWAB the wound deeply using viral culture swabs. Replace the swab in plastic tube and squeeze the bottom to break the bulb.
- ☐ **IF IN EYES OR MOUTH:** Rinse your eyes or mouth at the eye wash station for 15 minutes. DO NOT SWAB EYES.
- ☐ Contact supervisor immediately.

- ☐ If the accident occurs during regular working hours and you, or your supervisor, are unsure what to do, contact OMS at 301-496-4411. Follow instructions in the Bite/Scratch Kit.
- ☐ If the accident occurs on a weekend, holiday, or after duty hours, contact the NIH page operator at 301-496-1211 and tell them you are reporting a monkey bite/scratch and that they need to page the OMS physician on call - immediately.
- ☐ If you experience any difficulty contacting the page operator and/or the OMS physician on call, report to Suburban Hospital. Take the Bite/Scratch Kit with you.
- ☐ Call ON CAMPUS 911 or OFF-CAMPUS 9-911 if transportation to Suburban Hospital is needed.
- ☐ Ensure proper follow up and/or monitoring by supervisor and other personnel as necessary.

Readiness - Animal Bites and Scratches

1. Definition: Wounds that break the skin and that are inflicted on the victim by any species of animal as the result of being bitten or scratched by the animal. Wounds that break the skin as a result of being scratched/punctured by objects that have been in contact with certain species (Old World macaques), or that have been contaminated by a known or suspected pathogen, should also be considered as medical emergencies.
2. Each facility should have an internal SOP addressing proper action to be taken following an animal related injury.
3. A Quick Guide for immediate action following injury related to an Old World macaque should be posted in all nonhuman primate facilities.
4. Conduct frequent training to ensure all personnel know the location of the Bite/Scratch Kits and know what to do following an animal-related injury.
5. Inventory Bite/Scratch Kits on a monthly basis and ensure the kits do not contain expired items.

ANIMAL EVACUATION PROCEDURES

(Local Disasters, Tornadoes, Hurricanes, and Earthquakes)

Local Disaster

ACTION Checklist

- ☐ Follow same guidelines as for local evacuation, fire evacuation, bomb evacuation and chemical /biohazard spills.
- ☐ If necessary, and if safe to exit the facility, evacuate animals (**AFTER** OIC approves building re-entry).
- ☐ Communicate with other facility managers and/or the NIH Animal Resources Coordinator for alternate animal housing and supplies if needed.
- ☐ Consult with facility veterinarian or appropriate ART personnel to determine disposition of animals that are injured and/or seem to be in pain.
- ☐ Prepare for 1-2 days of temporary housing in adjoining facilities. Buildings 14E, 28, or 14G contain space appropriate for housing of critically ill animals.

Tornadoes, Hurricanes

ACTION Checklist

Large Scale or Multiple Facility Evacuation

- ☐ Remain inside or move to first floor or basement location.
- ☐ DO NOT use elevators, use stairs only
- ☐ Expect shattered glass/debris and electrical outages.
- ☐ Inventory personnel for potential missing or injured staff.
- ☐ Perform first aid as necessary and as the situation allows.
- ☐ Inventory animal population and account for any potentially escaped animals.
- ☐ Alert NIH Security (301-496-5685) if there are escaped animals.
- ☐ Institute prioritization system for existing animal population.
- ☐ Institute supply/crash-cart stocking.
- ☐ Contact ORF to locate generator outside temporary holding area.
- ☐ Protect cages from potentially shattering glass.
- ☐ Take dry/wet vacuum to temporary location.

- ☐ Consult with facility veterinarian or appropriate ART personnel to determine disposition of animals that are injured and/or seem to be in pain.
- ☐ Communicate with other facility managers and/or the NIH Animal Resources Coordinator for alternate animal housing and supplies if needed.

Earthquakes

ACTION Checklist

NOTE: Earthquakes often strike with no warning. Search for humans and rendering appropriate first aid and advanced medical attention must take priority.

- ☐ Follow facility evacuation plans.
- ☐ If fire, chemical or radiation spill is happening in aftermath, immediately evacuate facility.
- ☐ Communicate with NIH disaster coordinator or on site OEC to request immediate medical need to injured staff.
- ☐ Consult with facility veterinarian or appropriate ART personnel to determine disposition of animals that are injured and/or demonstrate signs of pain.
- ☐ Communicate with other facility managers and/or the NIH Animal Resources Coordinator for alternate animal housing and supplies if needed.

Readiness - Animal Evacuation Procedures

1. Follow facility evacuation guidelines. Attempt immediate medical care and relief for animals if possible, but do not delay evacuation or human safety
2. For ICU and Clinical areas: Keep daily entry at bottom of treatment list which indicates total census and total daily supplies of drugs and drug administration items. Keep crash cart stocked with 24-hour supply including euthanasia solution and necessary analgesics in locked drawer of crash cart.
3. Know and train in nearest evacuation exits from facility.
4. Implement animal salvage priority scale by color or symbol on cage card.
5. Stock one mobile cage with several days supply of food, changes of bedding, heating pads, clippers and reserve human supplies.
6. All caging should have wheels and doorways should be wide enough in exit pattern for widest portable cage.
7. Facilities: At least one agreement should be in place for contractual services in off-campus domains should the disaster be general. If possible, coordinate with appropriate administrative personnel to prepare a requisition for private sector animal hospital care.
8. Generator demands at maximum capacity for ICU equipment should be determined to ensure alternate housing sites are capable of supporting animal patient requirements. Inform ORF of generator requirements and animal location.
9. Evacuation should include a communications/personnel checklist with key phone numbers and personal contacts.
10. Wet-dry vac should accompany evacuation team supplies.

BIOHAZARD EXPOSURE

ACTION Checklist: First Aid

- ☐ Provide immediate first aid.
- ☐ **EYES** splattered with blood or body fluid: **FLUSH** with water at least 15 minutes (use EYEWASH station).
- ☐ **MOUTH** splashed with blood or body fluid: **RINSE** with plain water for at least 15 minutes.
- ☐ **SKIN** compromised by needle stick, cut, scrape, etc.: **MILK WOUND** to induce bleeding, and then wash with soap and water for 15 minutes. See note below.
- ☐ **SKIN** contact with biohazard: **REMOVE CONTAMINATED CLOTHING**, wash skin, and replace with clean clothing.
- ☐ **IMMEDIATELY CALL NIH FIRE DEPARTMENT: ON CAMPUS 911, OFF CAMPUS 9-911.** If spill is large (use judgment) call OFF CAMPUS NIH Safety Operations (301-496-2372) if the spill is small (use judgment) 9-911 for the NIH Fire Department. The Fire Department staff is equipped to assess circumstances and obtain other appropriate resources as necessary.

NOTE: For wounds occurring between 7:30 a.m. and 4:00 p.m. Monday through Friday, report to Occupational Medical Services, Building 10, Room 6C306. For injuries occurring on weekends, holidays, or 4:00 p.m. to 7:30 a.m. Monday through Friday, the individual or supervisor should call the NIH Pager Operator (301-496-1211) and ask to be contacted by the OMS duty physician. If contact is not made, report to Suburban Hospital Emergency Room.

ACTION Checklist: Cleanup Small Spill (<200 ml)

- ☐ **PROTECT BODY:** Put on protective clothing (gloves, safety goggles or glasses, and lab coat).
- ☐ **FIRST AID** if needed.
- ☐ **FLUSH** spilled material with a 1:10 dilution of bleach or Wescodyne (betadine).
- ☐ **WIPE** down all equipment and surfaces potentially contaminated.
- ☐ **DISPOSE** of contaminated material as biohazardous waste.
- ☐ **WASH** hands with soap and warm water.
- ☐ **CONTACT:** Your area Health and Safety Specialist @ 301-496-2346.

ACTION Checklist: Cleanup Large Spill (> 200 ml)

- ☐ **CONTACT:** Your area Health and Safety Specialist @ 301-496-2346.

- ☐ **CHECK** for exposure.
- ☐ **FIRST AID** if needed.
- ☐ **LEAVE** room.
- ☐ **CLOSE** door.
- ☐ **POST** person by door to prevent re-entry.
- ☐ If the spill is locally contained, call NIH Safety @ 301-496-2346. If the spill is large (use judgment) call the NIH Fire Department (on campus) @ 911, or off campus at 9-911.

Readiness - Biohazard Exposure

1. Advise personnel in the room/area of the spill to evacuate immediately.
2. Close windows and doors to the room/area of the spill and evacuate.
3. If warranted, i.e. large spill not able to be contained by facility personnel, call ON CAMPUS 911, OFF CAMPUS 9-911; report spill to NIH Fire Department.
4. Remove clothing and wash all parts of the body, which may have come in contact with the biological agent using copious amounts of water.
5. All personnel who may have been contaminated by the biological agent should report to and remain in one safe location until the arrival of the Fire Department. This will decrease the chance of contaminating other personnel and other areas.
6. Do not re-enter the room/area until the appropriate safety officials have determined that the area is safe to re-enter.

BOMB THREATS

ACTION Checklist: For Telephone Call

- ☐ Immediately notify NIH Police @ 911, OFF CAMPUS 9-911.
- ☐ Complete the Bomb Threat Checklist
- ☐ If do not have caller ID on phone receiving the call, dial *69 to determine origin of the call.
- ☐ Notify immediate supervisor.
- ☐ Remain at your location until Security Officer arrives.

ACTION Checklist: For Suspect Package

If you have a suspicious looking letter or package:

- ☐ Do not try to open it.
- ☐ Isolate it and evacuate everyone in the vicinity to a safe distance.
- ☐ Notify local police and await their arrival.

BOMB THREAT CHECKLIST

QUESTIONS TO ASK:

- ☐ When is the bomb going to explode?
- ☐ Where is the bomb?
- ☐ What does it look like?
- ☐ What kind of bomb is it?
- ☐ What will cause it to explode?
- ☐ Did you place the bomb?
- ☐ Why?
- ☐ Where are you calling from?
- ☐ What is your address?
- ☐ What is your name?

EXACT WORDING OF THE THREAT:

CALLER'S VOICE: (Circle all applicable)

calm	angry	excited	slow	raspy
loud	crying	normal	nasal	deep
stutter	ragged	lisp	accent	familiar
deep breathing	cracking voice	soft	rapid	
laughter	distinct	clearing throat	slurred	

- ☐ If voice is familiar, who did it sound like?
- ☐ Were there any background noises? (i.e., street noises, music, static, voices, etc.)

THREAT LANGUAGE: (Circle all applicable)

Well spoken (educated) Irrational Incoherent Taped Foul

REMARKS: (for example, perceived sex, race, ethnicity, etc.)

PERSON RECEIVING CALL:

NUMBER AT WHICH CALL IS RECEIVED:

DATE:

TIME:

CALLBACK NUMBER DISPLAYED ON PHONE OR CALLER ID:

REPORT CALL IMMEDIATELY - ON CAMPUS 911 (NIH POLICE)
OFF CAMPUS 9-911 (LOCAL POLICE)

Readiness - Bomb Threat

General Procedures for Telephonic Threat

1. Engage caller in conversation. Obtain as much information as possible from the caller - type of device, what it looks like, where it's located, what time it will go off, etc. If possible, have someone listen in on the call.
2. Be calm and, if possible, take notes of the conversation. Jot down EXACT WORDS as soon as possible. Use **Bomb Threat Checklist**, or any paper available.
3. Persons receiving such calls should:
 - Listen - be calm - be courteous
 - Do not interrupt the caller
 - Keep the caller on the line as long as possible
 - Ask caller to repeat the message
 - Pay attention for any strange or peculiar background noises
 - Characterize voice: gender, young/mature, accent, speech pattern
 - Repeat words/phrases
 - If time permits, ask "Who is this calling, please?" or "What is your name?"
4. Try to determine...
 - The exact location of the bomb
 - The source of the threat
 - Time of the explosion
 - Background noises on the phone
 - Qualities of the caller's voice
 - Sex and approximate age
5. If the threat is left on voice mail, do not delete it.
6. Check "CALLER ID" or dial *69 to determine where call originated.
7. Call the NIH Police by dialing ON CAMPUS 911, OFF CAMPUS 9-911.
8. Notify supervisor.
9. Do not discuss the situation with news media or other outsiders. Inquiries should be courteously and tactfully directed to the IC Public Information Office.

Recognition of Suspicious Package

EXAMINE MAIL GENTLY - Touching Triggers Tragedy!

- ☐ **Place of Origin.** Note the delivery postmark.
- ☐ **Sender's Writing.** Treat with caution if unusual type of writing not normally received on the address.
- ☐ **Balance.** Has loose contents, or is heavier on one side than the other.
- ☐ **Weight.** Excessively heavy for its volume.
- ☐ **Feel.** Springiness at the top, bottom, or sides, but it does not bend or flex.
- ☐ **Protruding Wires.**
- ☐ **Holes.** In the envelope or wrapping.
- ☐ **Grease Marks.**
- ☐ **Smell.** A smell suggestive of almonds or marzipan, or any other strange smell.
- ☐ **Unrequested Delivery.**
- ☐ **Suspicious Packaging.**
- ☐ **Letter Stiffness.** Presence of stiff cardboard, metal, or plastic.
- ☐ **Inner Sealed Enclosures.**

General Procedures for Suspected Explosive Devise

1. Never touch a suspected bomb/explosive devise.
2. Turn off all radios and transceiver equipment near the suspected area.
3. Call the NIH Police by dialing ON CAMPUS 911, OFF CAMPUS 9-911.
4. If evacuation is necessary, leave in ordinary manner.
5. Cooperate with emergency personnel during evacuation and to resolve the incident.

CHEMICAL HAZARDS

Chemical Exposure

ACTION Checklist

- ☐ FLUSH exposed tissue with copious amounts of water.
- ☐ If face and/or eyes are affected, immediately irrigate with EYEWASH continuously for 5 minutes.
- ☐ REMOVE clothing and flush skin with large amounts of water for 5 minutes.
- ☐ Get MEDICAL ATTENTION for all injurious exposures.
- ☐ CALL NIH Fire Department – ON CAMPUS 911, OFF CAMPUS 9-911.
- ☐ CONTACT your area Health and Safety Specialist @ 301-496-2346.

Chemical Spills

ACTION Checklist: Cleanup Small Spill (< 200 ml)

- ☐ CALL Fire Department - On Campus 911.
- ☐ CHECK for exposure.
- ☐ FIRST AID if needed.
- ☐ DO NOT TRACK spill through facility.
- ☐ TURN OFF GAS burners.
- ☐ PROTECT BODY: Put on protective clothing (gloves, safety goggles or glasses, and lab coat).
- ☐ COVER small spills with absorbent towels.
- ☐ CLEAN spill area working from outside toward the center until there is no more removable contamination.
- ☐ CONTACT your area Health & Safety Specialist @ 301-496-2346.
- ☐ SUBMIT REPORT.

ACTION Checklist: Cleanup Large Spill (>200 ml)

- ☐ CALL Fire Department - on Campus 911.
- ☐ CHECK for exposure.

- ☐ FIRST AID if needed.
- ☐ DO NOT TRACK spill through facility.
- ☐ TURN OFF GAS burners.
- ☐ LEAVE room. Do not attempt to clean up the spill.
- ☐ CLOSE door.
- ☐ POST person by door to prevent re-entry.
- ☐ CONTACT your area Health & Safety Specialist @ 301-496-2346.
- ☐ SUBMIT REPORT.

Readiness - Chemical Hazards

1. Notify personnel in the room/area of the spill to evacuate immediately.
2. Close windows and doors to the room/area of the spill and evacuate.
3. Call ON CAMPUS 911, OFF CAMPUS 9-911; report spill to NIH Fire Department.
4. Remove clothing and wash all parts of the body which may have come in contact with the chemical using copious amounts of water.
5. All personnel who may have been contaminated by the chemical should report to and remain in one safe location until the arrival of the Fire Department. This will decrease the chance of contaminating other personnel and other areas.
6. Do not re-enter the room/area until the appropriate safety officials have determined that the area is safe to re-enter.

CODE RED ALERT

ACTION Checklist

- ☐ 1. Identify minimum number of key personnel (Red Alert Critical designation), with appropriate skills to maintain animal well-being and facility operation. Include back-up responders for each team member in case initial member is unable to report.
- ☐ 2. Establish teams to be called in and report to the facility to maintain continuity of operation for each 24 hour period up to 72 hours to include:
 - All animals have adequate amounts of feed, water and absorbent bedding to maintain for 24 hours.
 - Animals requiring more frequent than daily treatment have been reassessed and maximum effective interval between treatments established.
 - All facility controls for HVAC, electric, water are operating and capable to sustain operation for at least 24 hours.
- ☐ 3. Have key staff on standby, preferably on-site unless instructed to evacuate to prevent loss of life or injury.
- ☐ 4. Review animal care and facility operation responsibilities with team member's prior to alert being raised to red.

When Red Alert is Declared during Normal Working Hours:

- ☐ 5. Inventory animal population and account for any special needs (treatment, surgery in progress, etc.)
- ☐ 6. Suspend all animal procedures, surgeries or other activities and evacuate non-essential staff to other areas of building or as directed by Emergency Response Team.
- ☐ 7. Determine transportation and temporary housing arrangements for animal care teams reporting on next 2 successive days.
- ☐ 8. **Contact the Animal Resources Coordinator in the COOP command center at 301-402-4474 or 301-402-5322. If there is no answer, contact the NIH Emergency Communication Center at 301-496-5685** and provide the following information:
 - Facility is secured and animals sustained for next 24 hours.
 - RAC designated teams are identified and prepared to report every 24 hours for next 2 successive days
- ☐ 9. If the red alert status will prevent personnel from reporting to the facility the following morning, arrange accommodations for animal care and/or management staff to spend the night in the facility, or near the facility. Ensure personnel are supplied with adequate amounts of food and water for the anticipated duration. Notify the building security staff how many and who from the animal care staff will be remaining in the facility over night.
- ☐ 10. Ensure adequate emergency supplies are on hand to deal with potential adverse conditions created by the situation. Supplies should include (but are not limited to): flashlights for each individual, walkie-talkies, extra batteries for battery-powered items, points of contact list (facility personnel and investigators), cellular phone, etc.
- ☐ 11. Check inventory of emergency water and food supplies for animals and assess how long the supplies will maintain the present animal occupancy of the facility. **A supply to**

sustain up to 72 hours should be on hand.

When Red Alert is Declared on Non-Working Day:

- ☐ 5. If staff is on site, contact Animal Program Director or designee. If staff is not on site, Animal Program Director is contacted by Animal Resources Coordinator.
- ☐ 6. Inventory animal population and account for any special needs (treatment, surgery in progress, etc.)
- ☐ 7. Suspend all animal procedures, surgeries or other activities and evacuate non-essential staff to other areas of building or as directed by Emergency Response Team.
- ☐ 8. Determine transportation requirements for animal care teams reporting on next 2 successive days.
- ☐ 9. **Contact the Animal Resources Coordinator at 6-1985 and provide the following information:**
 - Facility is secured and animals sustained for next 24 hours.
 - RAC designated teams are identified and prepared to report every 24 hours for next 2 successive days.
- ☐ 10. If the red alert status will prevent personnel from reporting to the facility the following morning, arrange accommodations for animal care and/or management staff to spend the night in the facility, or near the facility. Ensure personnel are supplied with adequate food for the anticipated duration. Notify the building security staff how many and who from the animal care staff will be remaining in the facility over night.
- ☐ 11. Ensure adequate emergency supplies are on hand to deal with potential adverse conditions created by the situation. Supplies should include (but are not limited to): flashlights for each individual, walkie-talkies, extra batteries for battery-powered items, points of contact list (facility personnel and investigators), cellular phone, etc.
- ☐ 12. Check inventory of emergency water and food supplies for animals and assess how long the supplies will maintain the present animal occupancy of the facility.

Readiness – Code Red Alert

1. Prepare for possible utility and communication failures.
2. Identify “Red Alert Critical” (RAC) personnel, both contractor and government, for the facility, and review on a regular basis what responsibilities are associated with this designation. Managers should designate a minimum number of essential personnel to remain in the facility as necessary. Staying on-site may be the safest method to ensure essential personnel are on site to provide required animal care.
3. Among RAC personnel, arrange to have necessary personnel sleep in the facility if emergency conditions may keep them from returning to the work site the next day. Instruct contract project managers to implement plans for similar arrangements for their RAC personnel.
4. Prepare government administrative officers to make financial and contractual provisions for RAC personnel to sleep in or near the facility.
5. Distribute home and work phone numbers for key car pool teams.
6. Maintain adequate food supplies (frozen and/or canned) for staff in the facility at all times, e.g., at least enough food items for three individuals to eat two days of food in the facility. There are designated cafeterias in the Clinical Center during Code Red Conditions. ART members will have access to other food services options. Use the ART phone list to contact assistance for food service when necessary.
7. Maintain at least one type of alternative communication capability, such as walkie-talkies and/or cellular phones.
8. Make wallet cards with ART team numbers and key facility contacts for each RAC team member. APD’s are encouraged to work with the APD’s of shared facilities in order to maximize use of key personnel.
9. Establish SOP’s for relieving personnel every 24 hours if conditions persist.
10. Identify sleep areas and food preparation for overnight or prolonged stay. These can be conference rooms, offices and the ICU in building 28.
11. Establish key foot patterns to follow between clean and dirty areas. IC veterinarians should make key patterns available to any responding ART.
12. Adequate emergency water and animal feed should be readily available to sustain the animal population for 72 hours.

DISGRUNTLED EMPLOYEE

ACTION Checklist

- ☐ Avoid immediate danger.
- ☐ If possible, calmly alert other employees in the area.
- ☐ Notify immediate supervisor.
- ☐ If necessary, notify NIH Police: ON CAMPUS 911, OFF CAMPUS 9-911.

Readiness - Disgruntled Employees

1. Be sympathetic and make an effort to understand their concerns. Remain calm and do not become confrontational.
2. If unable to interact in positive manner, attempt to establish the magnitude of the problem and manage the complaint in a progressive fashion through referral of the employee to one of the following individuals:
 - Professional Staff, Employee Assistance Program counselor
 - Animal Program Director
 - Chair, IACUC
 - Office of Animal Care and Use (ph 301-496-5424)
 - Deputy Director of Intramural Research
3. If necessary, notify local police and await their arrival.

FIRE

ACTION Checklist

- ☐ Notify Fire Department immediately.
 - Pull/Activate the nearest fire alarm.
 - If a telephone is closer than alarm, call Fire Department (911 on campus, 9-911 off campus) then pull fire alarm to evacuate others.
- ☐ Evacuate.
 - Notify personnel in the room/area of the fire to evacuate immediately.
 - Complete safety actions as time permits.
 - Turn off any gas being used.
 - Return flammables to safety cabinet.
 - Close all doors.
 - Depart building. Walk to the nearest stairwell/exit and evacuate the building. DO NOT USE ELEVATORS.
- ☐ Fire Officer-In-Charge/OEC/FTC departs last:
 - Check to ensure that all personnel have evacuated & all doors are closed.
 - Use stairs & follow designated fire exit route.
 - DO NOT USE ELEVATORS.
- ☐ Report to Fire OIC/OEC at designated outside assembly area.
- ☐ Evacuate animals ASAP after Fire OIC approves building re-entry.

Safety Rules-of-Thumb

- "Get Low and Go" - to avoid contaminated smoke-filled air
- "Stop, Drop, and Roll" - if your clothing catches fire

Readiness - Fire

General Precautions

Smoke, heat, and toxic gases from a fire rather than the flames, are the most common cause of fire related deaths and injuries. Be aware that these deadly fire elements rise and collect at ceiling levels, pushing cooler, cleaner air toward the floor. While toxic gases and heat are often fire's invisible killers, it should be realized that rising smoke may cover and hide exit signs above doorways.

Note: Vivarium personnel must be able to find building exits even if directional signs are obscured by smoke and/or if the area is dark due to power outage.

OIC/OEC Duties

- Alert occupants
- "Sweep" assigned area
- Tell occupants to leave immediately
- Secure flammables
- Close doors of vacated areas
- Proceed to outside assembly area
- Confirm all personnel evacuated are present at assembly area with FTC's
- Report to Fire Department OIC

Prevention Practices

- Keep flammables in appropriate cabinets.
- Keep hallways clear.
- Identify at least two evacuation routes that lead safely outside the building. Review the IC-specific facility and building floor plan maps included in this handbook.
- Locate the evacuation assembly area both physically outside the building and as listed in the building floor plans. All vivarium personnel should report to the single predetermined location following any evacuation.
- Notify the OEC in your building if you have a disability that may limit or impede your ability to evacuate the building in a timely manner. Assistance will be provided to enable you to evacuate safely.
- The OEC shall designate FTCs as necessary to facilitate rapid evacuation.
- Practice drills are to be performed twice per year with the EPC.
- Staff orientation procedures should include review of facility emergency equipment (type and location) and the location of exits. Supervisors should ensure all personnel are capable of finding exits in the dark (from smoke and/or power outage).

FIRST AID

ACTIONS Checklist

- ☐ If victim is unconscious and does not appear to be breathing, have someone call 911 if on-campus or 9-911 if off campus immediately!
- ☐ If necessary, begin and continue CPR until assistance arrives and you are relieved. Only qualified personnel (certified) should perform CPR.
- ☐ START BREATHING for the victim if necessary - Gently tilt the head back and open the airway. Pinch the nose closed and give two slow full breaths. Watch the chest rise and fall during each breath. Breathe into the victim once every five seconds. For infants, breathe more gently once every three seconds. Don't stop until help arrives.
- ☐ STOP BLEEDING - Help victim lie down. Press directly onto the wound with sterile gauze, paper towel, clean handkerchief, or gloved hand. Maintain steady pressure for 5 to 15 minutes. If bleeding from arm or leg, elevate that arm or leg.
- ☐ TREAT FOR SHOCK - Keep victim warm. Keep victim flat or with legs slightly elevated.
- ☐ CHOKING - If victim can speak, encourage coughing. If not, use Heimlich Maneuver for conscious person. For unconscious person, call for help and give resuscitation. Try to clear airway if obstruction is obvious.

Readiness - First Aid

1. First Aid is defined as: Emergency treatment for injury or sudden illness, given before regular medical care is available.
2. Know the individuals in your facility who have completed first aid training and use their expertise if necessary.
3. All employees should know where a basic first aid kit is located in the facility.
4. If at all possible, first aid procedures should be performed by a trained individual. Most individuals working in an animal facility have at least a limited knowledge of basic first aid, and could perform potentially life-saving procedures if necessary.
5. If in doubt as to what first aid procedure is required, or if an individual appears to need immediate medical attention, do not hesitate to call 911 (on campus) or 9-911 (off campus). Evaluation of the situation is critical before first aid is rendered. Inappropriate first aid procedures may lead to further injury or jeopardize recovery.

FLOOD AND HIGH WATER

ACTION Checklist

- ☐ Notify on-site maintenance personnel (ORF if time permits). State location, including building(s), room number(s), and degree of water damage (volume, size of area, type of water).
- ☐ Evacuate affected area or building.
- ☐ Complete safety actions as time permits:
 1. Turn off all electrical equipment and power disconnects.
 2. Close all doors.
 3. Relocate animals from affected area if safe to do so.
 4. Fire Warden/OEC/FTC or supervisors depart last (Check that all personnel have evacuated and all doors are closed).
- ☐ Do not use elevators. Use stairs and follow designated fire exit route.
- ☐ Report to Fire Warden/OEC at designated outside assembly area.
- ☐ Evacuate animals when possible (AFTER) Fire Marshall or ORF/Maintenance supervisor approves building re-entry.

ACTION Checklist: Fire Wardens/OEC Duties

- ☐ Alert occupants.
- ☐ "Sweep" assigned area.
- ☐ Tell occupants to leave immediately.
- ☐ Turn off electrical equipment and power disconnects.
- ☐ Close doors of vacated areas.
- ☐ Proceed to outside assembly area.
- ☐ Confirm all personnel evacuated are present at assembly area with FTC's.
- ☐ Report to Fire Department OIC or Maintenance supervisor.

Readiness - Flood and High Water

1. Safety Rules-of-Thumb

- Flooding water has tremendous force.
- Do not enter floors or rooms that have water present.
- Remember electrical hazards in flooded areas.
- Keep all floor drains unobstructed.
- Keep hallways clear.

2. Locate and identify low-lying areas that could be affected by flooding waters.

3. Identify at least two evacuation routes that lead safely outside the building. Review building floor plan maps.

4. Locate evacuation assembly place both outside the building and on the building floor plans. All vivarium personnel will report to the one predetermined location following any evacuation.

5. Notify the OEC in your building if you have a disability that may limit or impede your ability to evacuate the building in a timely manner. Assistance will be provided to enable you to evacuate safely.

6. The OEC shall designate FTCs as necessary to facilitate rapid evacuation.

7. Consider evacuating animals if notified of adverse weather forecast or mechanical problems that may lead to flooding. Animals may be temporarily relocated from low-level areas to laboratories or other animal facilities on upper floors of the same or other IC buildings.

HVAC FAILURE

ACTIONS Checklist

- ☐ Check room temperature and humidity manually.
- ☐ Call Office of Research Facilities (ORF) if necessary at 301-435-8000.
- ☐ Notify the Animal Facility Manager immediately.
- ☐ Check to see if the failure/fluctuation may be due to a scheduled utility shutdown.
- ☐ If animal room temperature is elevated to a dangerous temperature (i.e. animal lives are at risk), open doors or use portable fans.

NOTE: If biohazard agents are used in a room, contact NIH Division of Occupational Health & Safety at 301-496-2346 before leaving animal room doors open or using portable fans.

- ☐ If animal room temperature falls to a dangerous level (i.e. animal lives are at risk), place portable/space heaters in the room.

Readiness - HVAC Failure

1. Facility managers should have contingency plans to ensure animals receive adequate care in the event of abnormal temperatures.
2. Make arrangements with other NIH facilities or contract animal facilities to accept animals on short notice if necessary.
3. Locate (purchase or know where to borrow) portable space chillers, heater, and fans.
4. Ensure caretaker personnel are trained on appropriate remedial actions to be taken during (extreme temperature fluctuations).
5. Ensure all animal care personnel are familiar with acceptable temperature ranges and know to report temperature fluctuations immediately to facility management.

Large Animal Surgery and Imaging Evacuation

In coordination with the NIH Division of Emergency Preparedness and Coordination (DEPC) and the Division of Fire and Rescue Services (DFRS) the following steps will be taken when an alarm or voice announcement is sounded in a Large Animal Surgical Area or areas such as imaging where large animals are anesthetized.

Of utmost concern at all times, will be the safety of human life and secondarily, that of the animals.

NOTE: All facilities have Occupant Emergency Coordinators (OEC) assigned. During any emergency, the OEC promptly evacuates to the pre-determined assembly area to meet with the DFRS Incident Commander. Area team coordinators (ATC)/Facility Managers/Floor team coordinators (FTC) will conduct a brief search of all assigned areas, and then report to the OEC.

If fire or smoke is detected in or near the surgery suite at any time, then the surgical team must evacuate the building immediately.

ACTIONS Checklist

- All non-essential persons should immediately depart the surgical suite area and evacuate the building through the nearest exit.
- The ATC/FTC/Facility Managers will report the evacuation status of their area(s) to the OEC. Ensure that they relay the location and the number of persons within the surgery suite.
- The Occupancy Emergency Coordinator (OEC) will be the point-of-contact for status reports to the DFRS Incident Commander. The ATC/FTC/Facility Manager will interface with the OEC and update the Surgical Team Leader as necessary.

If evacuation is required ...

and a surgical incision has not been made at the time of the alarm, the surgeon should not proceed any further with the planned procedure. The animal will be disconnected from anesthesia and any monitoring equipment and relocated to an empty ICU cage. The cuff on the endotracheal tube will be deflated and the tube removed. (Alternatively, the surgical team may decide to evacuate the animal when they evacuate from the building as described in item 1 below.)

and a surgical incision has been made or if the procedure is well under way, the surgical team will evacuate. The surgical team should halt the procedure and begin an emergency closure or protection of the surgical site affected to ready the animal for relocation. The following options are available:

1. The Surgical Team Leader will decide if the animal shall be taken off gas anesthesia and given an appropriate injectable anesthetic. The surgical site should be covered with saline moistened sterile gauze, and if not given already, an appropriate antibiotic should be given at this time. The animal should be placed in an appropriate transport cart and evacuated with the surgical staff out of the building. Appropriate emergency supplies and a wound closure kit should accompany the animal.
2. If there is imminent danger to the surgical staff and time does not permit an evacuation of the surgical patient, the animal should be euthanized with an overdose of an appropriate injectable anesthetic. The surgical team should then evacuate immediately.

MEDIA AND FOIA INQUIRIES

ACTIONS Checklist

- ☐ If inquiry is from an unfamiliar source, direct caller/visitor to facility manager or facility veterinarian.
- ☐ Direct FOIA (Freedom Of Information Act) inquiries to the IC Information Officer (see attached list for points of contact).
- ☐ If a threatening phone call/inquiry is received, leave the phone off the hook and contact NIH Security at 301-496-5685

Readiness - Media and FOIA Inquiries

1. Phone calls directed to individuals within the facility about any NIH employee or scientific project should be directed to the facility manager or veterinarian.
2. Facility managers and veterinarians should not immediately answer any questions which are inflammatory in nature - Refer these questions immediately to the IC Information Officer. See attached list for specific points of contact. If after normal working hours, inform NIH police to notify the point of contact at their emergency numbers.
3. Be certain that all individuals who answer the facility phone and admit personnel into the facility are aware of any impending problems. Keep the IC Information Officer informed as necessary.
4. Do not be rushed or provoked into making a wrongful statement. Use caution and refer inquiries to the IC Information Officer.
5. Keep a log of contacts during any event. If there is a threatening phone call, avoid confrontation and do not hang up the phone. Leave the line off the hook; this may help Security trace the call.
6. Ensure all facility personnel are familiar with the above procedures.

Media Contacts

Office of the Director

OD	301-496-4461	Office of the Director
DOHS	301-496-2801	Division of Occupational Health & Safety

Institutes and Centers

CC	301-496-2563	Clinical Center (CC)
NCCAM	301-496-7790	National Center for Complementary and Alternative Medicine (NCCAM)
NCI	301-496-6641	National Cancer Institute (NCI)
NCRR	301-435-0888	National Center for Research Resources (NCRR)
NEI	301-496-5248	National Eye Institute (NEI)
NHGRI	301-402-0911	National Human Genome Research Institute (NHGRI)
NHLBI	301-496-4236	National Heart, Lung, and Blood Institute (NHLBI)
NIA	301-496-1752	National Institute on Aging (NIA)
NIAAA	301-443-3860	National Institute on Alcohol Abuse and Alcoholism (NIAAA)
NIAID	301-402-1663	National Institute of Allergy and Infectious Diseases (NIAID)
NIAMS	301-496-8190	National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)
NIBIB	301-451-4772	National Institute of Biomedical Imaging and Bioengineering (NIBIB)
NICHD	301-496-5133	National Institute of Child Health and Human Development (NICHD)
NIDA	301-443-1124	National Institute on Drug Abuse (NIDA)
NIDCD	301-496-7243	National Institute on Deafness and Other Communication Disorders (NIDCD)
NIDCR	301-496-4261	National Institute of Dental and Craniofacial Research (NIDCR)
NIDDK	301-496-3583	National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
NIGMS	301-496-7301	National Institute of General Medical Sciences (NIGMS)
NIMH	301-443-4536	National Institute of Mental Health (NIMH)
NINDS	301-496-5751	National Institute of Neurological Disorders and Stroke (NINDS)

NIH Freedom of Information Office Coordinators

National Cancer Institute (NCI)		
Suzy Milliard	301-496-2999	(phone)
Building 31 Room 10A34	301-435-2931	(fax)
National Eye Institute (NEI)		
Linda Huss	301-496-5248	(phone)
Building 31 Room 6A32	301-402-1065	(fax)
National Heart, Lung, and Blood Institute (NHLBI)		
Suzanne Freeman	301-496-9737	(phone)
Building 31 Room 5A33	301-402-3604	(fax)
National Human Genome Research Institute (NHGRI)		
Suzanne Freeman (Acting)	301-496-9737	(phone)
Building 31 Room 5A33	301-402-3604	(fax)
National Institute on Aging (NIA)		
Anne Decker	301-496-1752	(phone)
Building 31 Room 5C27	301-496-1072	(fax)
National Institute on Alcohol Abuse and Alcoholism (NIAAA)		
Brenda Hewitt	301-443-5726	(phone)
Room 2011, 5635 Fishers Place	301-443-7043	(fax)
Bethesda, MD 20892		

- National Institute of Allergy and Infectious Diseases (NIAID)**
Susan Boyle 301-451-5109 (phone)
Room 2013, 6610 Rockledge Dr. 301-480-0904 (fax)
 Bethesda, MD 20817
- National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)**
Steve Austin 301-594-3504 (phone)
Suite 800, 6701 Democracy Blvd. 301-480-5450 (fax)
 Bethesda, MD 20892
- National Institute of Biomedical Imaging and Bioengineering (NIBIB)**
Suzanne Freeman 301-496-9737 (phone)
Building 31 Room 5A33 301-402-3604 (fax)
- National Institute of Child Health and Human Development (NICHD)**
John McGrath (Acting) 301-496-5133 (phone)
Building 31 Room 2A32 301-496-7101 (fax)
- National Institute on Deafness and Other Communication Disorders (NIDCD)**
Enna Rodas 301-496-3033 (phone)
Building 31 Room 3C27 301-402-1591 (fax)
- National Institute on Dental and Craniofacial Research (NIDCR)**
Lynn Warwick Susulske 301-496-3571 (phone)
Building 31 Room 2C39 301-402-2185 (fax)
- National Institute on Diabetes and Digestive and Kidney Diseases (NIDDK)**
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Room 652, 6707 Democracy Blvd. 301-480-8300 (fax)
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- National Institute on Drug Abuse (NIDA)**
Lanette Palmquist 301-443-6036 (phone)
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Suzanne Freeman 301-496-9737 (phone)
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Colleen Henrichsen 301-496-2563 (phone)
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 Rockville, MD 20852
- Office of Research Services (ORS)**
Genia Bohrer 301-402-3570 (phone)
Building 31 Room 4B63 301-594-9522 (fax)

MEDICAL EMERGENCY

Major Medical Emergency

ACTIONS Checklist

- ☐ Administer first aid as necessary (see section on first).
- ☐ If emergency is in any building on the NIH campus call 911. If off-campus call 9-911.
- ☐ State that you or others require immediate medical attention. The caller should have as much information available as possible; stay on the phone with the operator/dispatcher so that information can be relayed to the responding emergency unit.
- ☐ Provide the following information to the emergency operator:
 1. Victim's name
 2. Caller's name
 3. Location of victim: building _____ floor _____ room number _____
 4. Type of emergency
 5. Victim's condition
 6. Chronological order of events and all action
 7. Medical history of victim
- ☐ Meet the emergency unit to direct them to the victim. Use additional personnel as necessary to ensure responders have access to victim.

Minor Medical Emergency

ACTIONS Checklist

- ☐ Administer first aid as necessary.
- ☐ If during normal work hours and victim does not require an ambulance, the victim should report to Occupational Medical Services in Building 10, room 6C306. (7:30 a.m. to 4:00 p.m. Mon-Fri; closed weekends and government holidays)
- ☐ If other personnel are available, have someone call OMS (301-496-4411) - tell them about the accident and that the victim is on the way.
- ☐ If during hours that OMS is not available, call 911 for on-campus or 9-911 for off-campus. Inform operator of the victim's condition. Victim can report to Suburban Hospital if ambulatory.

Readiness - Medical Emergency

1. Major Medical Emergency: Severe illness or injury that requires immediate hospital care. Victim is in severe pain or distress and/or has life-threatening condition. Includes the following:
 - Severe bleeding
 - Head injuries
 - Broken/dislocated joints or bones
 - Heart attack or severe chest pains
 - Unconscious and/or not breathing
 - Anaphylaxis
 - Severe chemical burn
2. Minor Medical Emergency: Minor illness or injury that does not require immediate hospital care. Victim not in severe pain or distress and does not have life-threatening condition. Includes the following:
 - Minor strains/sprains
 - Allergic reaction (other than anaphylaxis)
 - Minor burns
3. Know who in your group (working area) has completed first aid training, and the location of first aid kits.
4. Personal safety is the first consideration. Do not become another victim by entering an unsafe accident scene.
5. Personnel certified to provide first aid or CPR may give emergency care. Untrained staff may render support at the direction of the emergency operator.
6. Avoid contact with blood or body fluids. Protective gloves are kept in first aid kits located in the facility.
7. When in doubt concerning the severity of an injury or the condition of the victim, call ON CAMPUS 911, OFF CAMPUS 9-911.
8. Occupational Medical Services is located in Building 10, room 6C306. Open 7:30 a.m. to 4:00 p.m. Mon-Fri, closed weekends and government holidays. OMS phone number is 301-496-4411. After normal work hours, call 9-911 or report to Suburban Hospital located on the corner of Old Georgetown Road and Lincoln.

RADIATION EXPOSURE

ACTION Checklist: First Aid

- ☐ WASH affected SKIN with soap and water.
- ☐ REMOVE gloves and all potentially CONTAMINATED CLOTHING.
- ☐ Person assisting should wear gloves. Put on fresh gloves after clothing removal and before handling contaminated person again.
- ☐ Seek immediate MEDICAL ATTENTION. If incident occurs between 7:30 a.m. and 4:00 p.m. Monday through Friday, call NIH Occupational Medical Services at 301-496-4411 or go to Building 10, Room 6C306. For injuries occurring on weekends, holidays, or 4:00 p.m. to 7:30 a.m. Monday through Friday, the individual or supervisor should call the NIH Pager Operator (301-496-1211) and ask to be contacted by the OMS duty physician. If contact is not made within 15 minutes, report to Suburban Hospital Emergency Room.
- ☐ Call Radiation Safety Branch @ 301-496-5774 (during regular work hours).
- ☐ After hours call the NIH Fire Department at 911 (on campus), or 9-911 (off campus).
- ☐ MONITOR:
 - Body Contamination - GM probe
 - I - sodium iodide probe
 - H - bioassay

ACTION Checklist: Cleanup Small Spill (<500 microcuries)

- ☐ CHECK for exposure.
- ☐ FIRST AID if needed.
- ☐ DO NOT TRACK spill through facility.
- ☐ COVER: Lay absorbent material over spill without splashing it.
- ☐ COLLECT absorbent material into a radioactive waste container (manageable spills only) using gloves and appropriate tool to collect material.
- ☐ DISPOSE of contaminated material as waste.
- ☐ CLEAN spill area with soap and water working from the outside toward the center.
- ☐ CHECK for contamination repeatedly using survey meter or wipe test.
- ☐ CLEAN until there is no removable contamination.
- ☐ NOTIFY Radiation Safety Branch @ 301-496-5774.

ACTION Checklist: Cleanup Large Spill (>500 microcuries)

- ☐ CHECK for exposure.
- ☐ FIRST AID if needed.
- ☐ DO NOT TRACK spill through facility.
- ☐ SHIELD large spills if possible without contaminating yourself or creating an exposure.
- ☐ LEAVE room.
- ☐ CLOSE door.
- ☐ WARN: Post person by door to prevent re-entry.
- ☐ CALL Radiation Safety Branch @ 301-496-5744.
- ☐ AFTER HOURS – call NIH Fire Department ON CAMPUS 911, OFF CAMPUS 9-911.

Readiness - Radiation Exposure

1. Notify personnel in the room/area of the spill to evacuate immediately.
2. Confine the contamination using absorbent material.
3. Remove contaminated clothing and shoes before going to a clean area.
4. Call the Fire Department by dialing ON CAMPUS 911; for OFF CAMPUS call Radiation Safety to triage @ 301-496-4411.
5. Wash potentially exposed body areas with soap and water.
6. Contact the Occupational Medical Service by dialing 301-496-4411. If a patient is involved, contact the physician in charge and the Chief of Nursing Services or the nursing supervisor.

SECURITY BREACH

ACTION Checklist

- ☐ Report personal injury or property damage to the NIH Police - ON CAMPUS dial 911, OFF CAMPUS dial 9-911.
- ☐ Report theft of property to the NIH Police by dialing 301-496-5685. Off campus incidents should be reported to local police as well.
- ☐ Threats, to person and/or personal property, should be reported to the NIH Police by dialing 301-496-5685.
- ☐ Report unauthorized entrance into an NIH facility to the NIH police at 301-496-5685. If an unauthorized individual is observed committing a crime, call the NIH police at 911.
- ☐ Report suspicious persons and/or behavior, and other security-related incidents to the NIH police at 301-496-5685.

Readiness - Security Breach

1. The NIH Police operate 24 hours a day, 7 days a week. They can be reached by dialing 301-496-5685 at any time to report security incidents or to request a safety escort.
2. The key to prevention of crimes against persons and property is employee awareness. Employees can reduce the opportunity for criminal activity by locking offices and laboratories and securing valuable property.
3. Emergency Blue Light Telephones are located throughout the NIH CAMPUS for use in the event of an emergency. These phones ring directly to the NIH Police for EMERGENCY ONLY.
4. Personal Protection
 - Wear Government-issued identification badges at all times.
 - Request a safety escort to vehicle parking area or other campus destination when needed.
 - Review security reports (monthly at a minimum).
5. Physical Property Protection
 - Lock up valuables at all times.
 - Keep keys in a location other than your center desk drawer.
 - Change cipher lock codes semi-annually.
 - Secure all movable/portable equipment.
 - Check doors semi-annually at a minimum for proper locking function.

SEWER STOPPAGE

ACTIONS Checklist

- ☐ Call the Office of Research Facilities (ORF) at 301-435-8000.
- ☐ Notify the Animal Facility Manager immediately.
- ☐ Observe animal rooms for flooding or for potential of flooding. Take appropriate action to ensure cages/animals will not be exposed to contaminated and/or rising water.
- ☐ Do not flush toilets.
- ☐ Stop all use of water.
- ☐ Do not continue to dump fluids down the drains.
- ☐ Check availability of emergency water and implement appropriate action.

Readiness - Sewer Stoppage

1. Ensure animal care personnel are properly trained to respond to sewer stoppage and associated problems. This may include relocating animals/cages to higher shelves if possible, moving them to another room, moving them to another facility, etc.
2. Adequate emergency water supplies should be readily available.

STORMS

ACTION Checklist

- ☐ Identify a weather watcher among facility staff. Weather updates can be viewed at www.weather.com or www.wtop.com . News/weather radio stations are WTOP 107.7 FM or 1500 AM.
- ☐ Establish teams to be called in and report to the facility before the storm begins.
- ☐ Have key staff on standby, preferably on-site, ahead of the predictable storms.
- ☐ Review animal care responsibilities with essential personnel prior to storm arrival.
- ☐ Determine the appropriate staffing levels for necessary animal care activities. If staffing levels are not adequate for required animal care, contact the facility manager, facility veterinarian, or APD. If no response, contact the NIH ART Coordinator.
- ☐ Determine transportation requirements for animal care staff.
- ☐ Arrange accommodations for animal care and/or management staff to spend the night in the facility, or near the facility, if anticipated weather conditions may prevent personnel from reporting to the facility the following morning. Ensure personnel are supplied with adequate food for the anticipated duration.
- ☐ Ensure adequate emergency supplies are on hand to deal with potential adverse conditions created by the storm. Supplies should include (but are not limited to): flashlights for each individual, walkie-talkies, extra batteries for battery-powered items, points of contact list (facility personnel and investigators), cellular phone, etc.

Readiness - Storms

1. Prepare for possible utility and communication failures.
2. Identify "essential" personnel, both contractor and government, for the facility and review on a regular basis what those responsibilities mean.
3. Among essential personnel, arrange to have necessary personnel sleep in the facility if weather conditions may keep them from returning to the work site the next day. Instruct contract project managers to implement plans for similar arrangements for their key personnel.
4. Prepare government administrative officers to make financial and contractual provisions for key personnel to sleep in or near the facility.
5. Distribute home and work phone numbers for key car pool teams.
6. Maintain adequate food supplies (frozen and/or canned) in the facility at all times, e.g. at least enough food items for three individuals to eat two days of food in the facility. Many area restaurants also deliver to NIH in severe weather conditions and there are designated cafeterias for patients in the Clinical Center. ART members will have access to other food services options. Use the ART phone list to contact assistance for food service if your disaster has reached level III.
7. Maintain at least one type of alternative communication capability, such as walkie-talkies and/or cellular
8. Make wallet cards with ART team numbers and key facility contacts for each essential personnel member. IC APDs are encouraged to work with the APDs of shared facilities in order to maximize use of key personnel.
9. Establish SOPs for relieving personnel if conditions persist.
10. Identify sleep areas and food preparation for overnight or prolonged stay. These can be conference rooms, offices and the ICU in building 28.
11. Establish key foot patterns to follow between clean and dirty areas. IC veterinarians should make key patterns available to any responding ART
12. Winter Storms: Severe winter storms can create "white out" conditions where visibility is near zero, as well as extremely cold temperatures. Do not attempt to travel in "white out" conditions unless it is a life or death situation, or you have experience and training with appropriate equipment to do so. Most storms are predicted. Managers should designate a minimum number of essential personnel to remain in the facility as necessary. Staying on-site is the safest method to ensure essential personnel are on site to provide required animal care.
13. Summer Storms: Thunderstorms are intense weather phenomena that often generate severe winds, rain, hail and lightening. Power fluctuations or outages and flash floods are not uncommon. Stay indoors whenever possible and listen to the local weather forecast by whatever means available for thunderstorm, tornado, and other severe weather warnings.

STRANGE ODORS IN THE WORKPLACE

ACTION Checklist

☐ CALL NIH Fire Department ON CAMPUS 911
OFF CAMPUS 9-911

☐ Evacuate if necessary

Readiness - Strange Odors in the Workplace

1. Don't spend time looking for the source - report it - and, if necessary, evacuate.
2. Construction in or near your work area - At times, work being performed in a construction site may generate odors not normally encountered in your work area. Don't assume that the odor you smell is from the construction site or that it is a non-threatening material. The odor could be from a fire and not related to the construction, a chemical odor from a hazardous materials spill in a nearby lab or in the hallway outside of your office. Remember - never assume - call 911/9-911 for assistance.
3. Familiar Burning Odor - Many times individuals will recognize an odor that is frequently encountered, for example an electrical odor, and a short time later find that the odor has dissipated. At the end of the day they leave work only to return the next morning to find that a fire occurred in their work area overnight. Remember - never assume - call 911/9-911 for assistance.
4. Burning Odor with No Sign of Smoke - Often individuals will smell a burning odor and because they do not see smoke, they do not call the Fire Department for assistance. Also, many times employees think, "someone else has called the fire department." As a result, the fire department does not receive notification of the fire emergency until it has developed into a major incident. Remember - never assume - call 911/9-911 for assistance.
5. Odors Causing Physical Effects - Our bodies have a built-in monitoring system and if we are exposed to a chemical that may be harmful, in many cases, our body will let us know by watery and burning eyes, coughing, nausea, etc. If you find yourself in a situation where you are being physically affected, you should advise the people near the area of the odor, contact the fire department and evacuate the area. Note that many chemicals do not cause immediate physical effects. Remember - never assume - call 911/9-911 for assistance.
6. Even if you KNOW the cause of a chemical or burning odor - Call 911 or 9-911.
7. Questions regarding the management of odors or other emergencies - Please contact the Emergency Planning Coordinator, Division of Emergency Preparedness & Coordination @ 301-496-1985.

STRUCTURAL DAMAGE

ACTION Checklist

- ☐ Be prepared to evacuate at any time.
- ☐ Protect yourself from loose debris.
- ☐ Be aware that walls, windows, doors and ceilings may be unsafe.
- ☐ Utility conduits such as gas, water and electrical power lines can be active.
- ☐ Be prepared to abort evacuation and take cover at any time during the emergency.
- ☐ Safety of employees, visitors, and vendors is the first priority. Do not risk human lives to save the animal population!
- ☐ Check for injuries to people in the immediate area.
- ☐ Begin first aid, but do not attempt to move a seriously injured person.
- ☐ Do not use candles, matches or other flame, and do not turn electrical equipment on or off. Flames and electrical sparks can cause leaking gas to ignite or explode.
- ☐ Evacuate if there is a fire, broken gas pipes, or severe structural damage to the building.
- ☐ Note that fallen light fixtures, ceiling tiles, and paint cracks do not necessarily indicate damage to the primary structure.
- ☐ If evacuation routes are secure, exit as directed by the public address system, security/emergency personnel, or Occupant Emergency Coordinator (OEC).
- ☐ Use stairs to move from floor to floor. DO NOT use elevators.
- ☐ Only call 911 (ON CAMPUS) or 9-911 (OFF CAMPUS) as required for emergency assistance.
- ☐ Proceed to the designated outside assembly area, and report to the OEC or FTC for your area.
- ☐ OEC or FTC's must verify that all personnel have vacated the building.
- ☐ Note any missing personnel, and collect information on damage and injuries. Provide collected information to emergency response teams, medical assistance, and damage control.
- ☐ Report damage observed in your area to the on-scene commander or Fire Department.
- ☐ Do not enter the facility until cleared to do so by the on-scene commander.
- ☐ If permission to enter the building has been approved by the on-scene commander, proceed to triage, treat/euthanize, and relocate/evacuate the animals in accordance with pre-established IC priority procedures.

Readiness - Structural Damage

1. Structural shaking may begin suddenly without warning. The motion may vary from floor to floor and building to building due to many differences, including building construction, conditions of the ground support, building shape, and number of stories. Sounds may emanate from the creak and groan of the unstable building, from the breaking of falling objects, and from outside events.
2. Consider evacuation of animals if adverse weather is forecasted and subsequent structural damage of the building may likely threaten animals. Animals may be temporarily relocated from low-level areas to laboratories or other animal facilities on upper floors of the same or other IC buildings.
3. Maintenance & Facilities, Environmental Health & Safety, and Security Team personnel will all be on the scene to coordinate immediate needs for NIH. Plan to be present on-site without services (water, power, telephone) for at least 72 hours.
4. Check your work areas for heavy objects and equipment-stored overhead that could potentially fall with inadvertent movement of the supporting structure.
5. If possible, relocate tall file cabinets and bookshelves away from doorways and out of hallways to prevent them from blocking exits.
6. Keep emergency supplies in a readily accessible area: include a flashlight, telephone contact numbers, family emergency contact telephone numbers, first aid kit, and battery operated radio.
7. Identify "Safety Spots" such as sturdy tables or desk in your work areas that will provide protection from falling objects. If no furniture is available to provide shelter, move to an inside wall, next to a securely anchored piece of furniture or equipment (higher than your head) or in a hallway.

SUSPECTED TERRORIST ACTIVITY

ACTION Checklist

- ☐ Immediately notify NIH Police: ON CAMPUS 911, OFF CAMPUS 9-911.
- ☐ Complete the TERRORIST THREAT CHECKLIST.
- ☐ Notify immediate supervisor.
- ☐ Remain at your location until Security Officer arrives.

TERRORIST THREAT CHECKLIST

QUESTIONS TO ASK:

- ☐ What do you plan to do? If Bomb go to Bomb threat checklist.
- ☐ When do you plan on doing it?
- ☐ Why?
- ☐ Are you trying to hurt people?
- ☐ Where are you calling from?
- ☐ What is your address?
- ☐ What is your name?

EXACT WORDING OF THE THREAT:

CALLER'S VOICE: (Circle)

calm	angry	excited	slow
loud	crying	normal	nasal
stutter	ragged	lisp	accent familiar
deep breathing	cracking voice	soft	rapid
laughter	distinct	clearing throat	slurred
raspy	deep		

If voice is familiar, who did it sound like?

Were there any background noises? (i.e., street noises, music, static, voices, etc.)

THREAT LANGUAGE: (Circle all that apply)

Well spoken (educated)	Irrational	Incoherent
Taped	Foul	

REMARKS: (sex, race, etc.)

PERSON RECEIVING CALL:

NUMBER AT WHICH CALL IS RECEIVED:

DATE:

TIME:

CALLBACK NUMBER DISPLAYED ON PHONE OR CALLER ID:

REPORT CALL IMMEDIATELY: If ON-CAMPUS dial 911 (NIH POLICE)
If OFF-CAMPUS dial 9-911 (LOCAL POLICE)

Readiness - Suspected Terrorist Activity

1. Obtain as much information as possible from the individual /caller - type of threat, where is the threat targeted for, when will the threat be carried out, etc.
2. Jot down EXACT WORDS as soon as possible. Use TERRORIST THREAT CHECKLIST, or any paper available.
3. If possible, have someone listen in on the call.
4. Persons receiving such calls should:
 - Listen - be calm - be courteous
 - Do not interrupt the caller
 - Keep the caller on the line as long as possible
 - Ask caller to repeat the message
 - Pay attention for any strange or peculiar background noises
 - Characterize voice: gender, young/mature, accent, speech pattern
 - Repeat words/phrases
 -
5. If time permits, ask "Who is this calling, please?" or "What is your name?"
6. Call the NIH Police by dialing ON CAMPUS 911, OFF CAMPUS 9-911.
7. Notify supervisor.
8. If the threat is left on voice mail, do not delete it.
9. Check "CALLER ID" or dial *69 to determine where call originated.
10. Do not discuss the situation with news media or other outsiders. Inquiries should be courteously and tactfully directed to the IC Public Information Office.

UTILITY FAILURE

ELECTRICAL POWER EMERGENCY

ACTIONS Checklist

- ☐ Call ORF Emergency Services at 301-435-8000
- ☐ Provide the following information:
 - Contact Person
 - Building
 - Room
 - Telephone Number
 - Inform them that research animal lives are at risk.
- ☐ Shut off the main breaker switch(es) and the following equipment:
 - Landis and Staefa Monitoring equipment
 - Light Switches
 - Equipment - cage washer, autoclave, ventilated racks, etc.
 - Close sash on all hoods that are in use during power failure.
- ☐ Remain at your location until emergency services arrive.
- ☐ If evacuation is necessary:
 - Locate flashlights for emergency light source.
 - Evacuate building if fire accompanies power failure.
 - Turn on battery operated radio to check for local outage reports or other emergency information.
 - Use stairways during periods of power surges.
 - Stay to the right side of the hallway at all times and use the handrail if provided.
 - Assemble in outside parking lot unless response action calls for another location.
 - Zone Monitors should verify that all persons are out of the building.
 - Do not use elevators.

ELEVATOR EMERGENCY INSTRUCTIONS

ACTIONS Checklist

- ☐ If the elevator stops between floors or doors do not open:
 - Hold emergency telephone to your ear until elevator shop dispatcher answers.
 - Explain situation - be sure to advise the rescuers of your condition
 - WAIT FOR QUALIFIED ASSISTANCE - Never attempt to exit an elevator when stalled between floors. If the elevator cannot be moved to a floor landing level, experienced personnel will assist you through a hatch in the top of the elevator.

RETURN OF POWER

ACTIONS Checklist

- ☐ Return of normal power, or emergency generator is on:
 - Turn on light switches and ventilated racks first, then other equipment as needed.
 - Check each animal room temperature and humidity.
 - Check safety cabinets in each procedure room.
 - Check alarm panels for any alarms and repair if possible.
 - Turn ON Seimens (Landis & Staefa) monitoring equipment.

**UTILITY FAILURE
EQUIPMENT and PROCEDURE CHECKLIST**

- ☐ Back-up generators
- ☐ Flashlights and batteries
- ☐ Walkie-talkies (optional, but nice to have)
- ☐ Cellular phone (optional, but nice to have)
- ☐ Portable radio
- ☐ Emergency lights for stairways and hallways
- ☐ Ventilation
- ☐ Heaters
- ☐ Chillers
- ☐ Know location of water shut-off valve(s)
- ☐ Alternate water supply
- ☐ Assign zone monitors for evacuation purposes

Readiness - Utility Failure

1. Loss of power can occur due to many reasons, but the general results and the effect it can have on the animals is the same regardless of the source of the outage.
2. Prior planning and training of personnel is paramount to adequate response and dealing with the animal care issues in such a situation. All personnel that may be responsible for providing animal care during a power outage should be familiar with location of power switches, emergency lighting, emergency equipment for cooling or heating, etc.
3. Never tamper with power sources, fuse boxes, transformers, etc. Wait for appropriate facilities maintenance personnel to perform evaluations and repair.

WATER FAILURE

Water Line Break / Water Supply Failure

ACTIONS Checklist

- ☐ Call ORF Emergency Services at 301-435-8000
- ☐ Provide the following information:
 - Contact Person
 - Building
 - Room #
 - Telephone Number
 - Inform that research animal lives are at risk
- ☐ Shut off main water intake and/or other valves as necessary to help control the situation.
- ☐ Control flooding or redirect water flow if practical.
- ☐ Relocate (or move to higher areas) animals/cages that may be threatened by rising water.
This should only be attempted if personnel are not in danger and if it can be safely performed.
- ☐ Obtain potable water if outage exceeds 4 hours.

Readiness - Water Failure

1. Establish a facility specific SOP that explains how to conserve water. Include procedures for hand cleaning cages by dumping and replacing bedding over short periods of time.
2. Ensure there are pre-established sources of potable water in case of an emergency. Administrative personnel should be involved so that procurement will not be Water vendors in Montgomery County include:

Deer Park	3 & 5 gallon bottles	800-205-8274
Culligan	3 & 5 gallon bottles	301-621-2321
Rands Transport	Commercial Quantities	410-671-7000

3. It may be a good idea to maintain potable water on hand in reusable barrels. Appropriate SOPs should be developed and facility personnel trained on use of emergency water sources. Guidelines on how to calculate minimum water requirements are provided on the following page.
4. To facilitate rapid response and to minimize damage caused by water leaks, line breaks, etc., it is a good idea to have all water valves properly labeled, and conduct training to familiarize all facility personnel with location and operation of the valves. This should include valves on cage wash equipment.
5. Flooded areas, and even areas with small amounts of standing water, should be avoided if at all possible due to the risk of electrical shock.

Calculating Minimum Water Requirements

It is best to perform this exercise prior to an emergency. Use the average facility census to allow management to conduct proactive planning for water supplies and logistics. Adjustments up or down can then be made after an actual water emergency has occurred. To figure the daily drinking water needs for gravity or pump administered water:

1. Count the number of animals in the building for each species.
2. Multiply by the approximate total number of different species by the approximate average daily water consumption by species.

Average daily water consumption by species

Mice - 6.7 ml per adult (225 ml/kg)

Rat - 45 ml per adult (80 – 110 ml /kg)

Hamster - approximately 15 ml per adult (14 ml/100 gm)

Rabbit - 400ml per adult (100 ml / kg)

Guinea Pigs - 90 ml per adult (100ml/kg)

Other large animals (rule of thumb - 30 ml or 1 oz per pound per day)

Cats - 300 ml per adult

Primate - 600 ml per adult

Dog (beagle size) - 1000 ml per adult

Dog (Fox hound size) - 2000 ml per adult

3. Add the total average daily water by species. This equals the total volume of water in milliliters required per day for the entire facility.

Example:

- There are 1,000 cages of mice (5 per cage), and 100 cages of rats (3 per cage) in the facility.
 - $5 \text{ mice/cage} \times 1,000 \text{ cages} \times 6.7 \text{ ml/mouse} + 3 \text{ rats/cage} \times 100 \text{ cages} \times 45 \text{ ml/rat} = 47,000 \text{ ml}$
 $= 47 \text{ liters} = 12.41 \text{ gallons (3,785 ml / gallon)}.$
4. The volume of the water in the supply lines must be determined if the water failure results in facility supply lines being drained or discarded. This volume must be calculated and adequate water made available to fill the lines. This volume would usually be needed to add to the total needed only one time in emergency situations.

Note: one cubic centimeter equals the same volume as 1 ml of water, 3,785 ml = 1 Gallon, $\pi = 3.14$, and radius = diameter divided by 2

The formula for calculating volume for a water line = $\pi \times \text{radius of the pipe squared} \times \text{length of the pipe}$. Remember 1 cubic centimeter (cc) = 1 ml so working in centimeters will make for easy conversion. For example, to determine the volume in a water line 1.6 cm in diameter 100 meters long: $\pi = 3.14$, the radius would be $\frac{1}{2}$ the diameter or .8cm, and the length is 10,000 cm.

Therefore, the calculations are: $3.14 \times (.8\text{cm}) \times (.8 \text{ cm}) \times 10,000 \text{ cm} = 10,096 \text{ cc}$ or 5.3 gallons.

5. Add to this amount, the value from number 3.

6. It may be useful to multiply the total amount calculate by 2 to account for varying rates of use and waste.

Reference:

Laboratory Animal Medicine 2nd edition
James G Fox, Lynn C. Anderson, Franklin M. Loew, Fred W. Quimby

REFERENCES

REFERENCES

Insert the NIH Emergency Preparedness Handbook as a Required Reference for your vivarium response plan (<http://ser.ors.od.nih.gov/documents/HandbookFinal.pdf>).

Other useful NIH and other institutional documents and web sites addressing emergency or disaster response are available for information and guidance for use in a vivarium disaster response plan.

ANIMAL BITES AND SCRATCHES

CDC National Center for Infectious Diseases – B virus Information
<http://www.cdc.gov/ncidod/diseases/bvirus.htm>

Recommendations for Prevention of and Therapy for Exposure to B Virus
<http://www.cdc.gov/ncidod/diseases/BVIRUS.PDF>

ANIMAL EVACUATION

PM1342 - NIH Occupant Evacuation Plan
<http://www1.od.nih.gov/oma/manualchapters/management/1342/>

701 – NIH Clinical Center Occupant Evacuation Plan for Nonpatient Care Areas
http://intranet.cc.nih.gov/od/admin_policy/s701.html

CC Emergency Management Plan 2005
<http://intranet.cc.nih.gov/od/emergencyplan/>

NIEHS Emergency Evacuation Procedures
<http://www.niehs.nih.gov/omfeb/evacuation.htm>

CHEMICAL HAZARDS

Material Safety Data Sheets
<http://www.nih.gov/od/ors/ds/msds.html>

Waste Disposal Guide
<http://orf.od.nih.gov/waste/wasteguide.html>

Division of Occupational Safety and Health - Spills
<http://www.nih.gov/od/ors/ds/spills.html>

FIRE

NIH Division of Fire and Rescue Services
http://ser.ors.od.nih.gov/fire_rescue.htm

NIH Emergency Preparedness Services
http://ser.ors.od.nih.gov/emergency_prep.htm

NIH Division of the Fire Marshall
http://ser.ors.od.nih.gov/fire_marshall.htm

NIH Division of the Fire Marshall Safety Links - Fire Prevention
http://ser.ors.od.nih.gov/fire_safety_links.htm

CC Emergency Management Plan 2005
<http://intranet.cc.nih.gov/od/emergencyplan/>

FIRST AID

http://www.fema.gov/preparedness/prepare_guides_links.shtm#guides
(FEMA site - Preparedness Guides and Links)

<http://www.survival-center.com/firstaid/book.htm>
(first aid tutorial)

FLOOD AND HIGH WATER

Emergency Preparedness Information - DEPC
<http://ser.ors.od.nih.gov/preparedness.htm>

NIH Emergency Procedures
<http://ser.ors.od.nih.gov/documents/HandbookFinal.pdf>

PM1342 – NIH Occupant Evacuation Plan
<http://www1.od.nih.gov/oma/manualchapters/management/1342/>

Flood - CDC Emergency Preparedness
<http://www.bt.cdc.gov/disasters/floods/index.asp>

CDC – Natural Disasters Preparedness Guide
<http://www.bt.cdc.gov/disasters/index.asp>

CC Emergency Management Plan 2005
<http://intranet.cc.nih.gov/od/emergencyplan/>

HVAC FAILURE / SEWER STOPPAGE

Office of Research Facilities Development and Operations-Emergencies
<http://orf.od.nih.gov/58000/>

ORF-Public Notices of Utility Outages
<http://orf.od.nih.gov/utilityshutdown/index.htm>

ORF Operations and Maintenance
<http://orf.od.nih.gov/operations.htm>

Occupational Health & Safety- Working Safely with Hazardous Biological Materials
<http://www1.od.nih.gov/oma/manualchapters/intramural/3035/>

READINESS

ART Emergency Handbook
ART Handbook – Version 4/2005

<http://oacu.od.nih.gov/disaster/index.htm>

Division of Emergency Preparedness and Coordination

http://ser.ors.od.nih.gov/emergency_prep.htm

Emergency Preparedness Information - DEPC

<http://ser.ors.od.nih.gov/preparedness.htm>

CC Emergency Management Plan 2005

<http://intranet.cc.nih.gov/od/emergencyplan/>

NIH Guide to Waste Disposal

<http://orf.od.nih.gov/waste/wasteguide.html>

CDC – Natural Disasters Preparedness Guide

<http://www.bt.cdc.gov/disasters/index.asp>

SECURITY BREACH

NIH Police Services

<http://ser.ors.od.nih.gov/police.htm>

Security and Emergency Response Resources

<http://ser.ors.od.nih.gov/>

Montgomery County Department of Police

<http://www.montgomerycountymd.gov/poltempl.asp?url=/Content/POL/index.asp>

Maryland State Police Department

<http://www.mdsp.org/>

STORMS

Emergency Preparedness Information - DEPC

<http://ser.ors.od.nih.gov/preparedness.htm>

NIH Emergency Procedures

<http://ser.ors.od.nih.gov/documents/HandbookFinal.pdf>

PM1342 – NIH Occupant Evacuation Plan

<http://www1.od.nih.gov/oma/manualchapters/management/1342/>

CDC – Natural Disasters Preparedness Guide

<http://www.bt.cdc.gov/disasters/index.asp>

STRUCTURAL DAMAGE

Emergency Preparedness Information - DEPC

<http://ser.ors.od.nih.gov/preparedness.htm>

NIH Emergency Procedures

<http://ser.ors.od.nih.gov/documents/HandbookFinal.pdf>

PM1342 - NIH Occupant Evacuation Plan
<http://www1.od.nih.gov/oma/manualchapters/management/1342/>

CC Emergency Management Plan 2005
<http://intranet.cc.nih.gov/od/emergencyplan/>

CDC – Natural Disasters Preparedness Guide
<http://www.bt.cdc.gov/disasters/index.asp>

SUSPECTED TERRORIST ACTIVITY

Emergency Preparedness Information - DEPC
<http://ser.ors.od.nih.gov/preparedness.htm>

NIH Emergency Procedures
<http://ser.ors.od.nih.gov/documents/HandbookFinal.pdf>

PM1342 - NIH Occupant Evacuation Plan
<http://www1.od.nih.gov/oma/manualchapters/management/1342/>

UTILITY FAILURE

Emergency Preparedness Information - DEPC
<http://ser.ors.od.nih.gov/preparedness.htm>

NIH Emergency Procedures
<http://ser.ors.od.nih.gov/documents/HandbookFinal.pdf>

CC Emergency Management Plan 2005
<http://intranet.cc.nih.gov/od/emergencyplan/>

CDC – Natural Disasters Preparedness Guide
<http://www.bt.cdc.gov/disasters/index.asp>

NIEHS Emergency Evacuation Procedures
<http://www.niehs.nih.gov/omfeb/evacuation.htm>

WATER FAILURE

Emergency Preparedness Information - DEPC
<http://ser.ors.od.nih.gov/preparedness.htm>

NIH Emergency Procedures
<http://ser.ors.od.nih.gov/documents/HandbookFinal.pdf>

CC Emergency Management Plan 2005
<http://intranet.cc.nih.gov/od/emergencyplan/>

PM1342 - NIH Occupant Evacuation Plan
<http://www1.od.nih.gov/oma/manualchapters/management/1342/>