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Responses to Comments on Draft RML IRF Emergency Response Plan

Letter #2

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re: Comments from Women's Voices for the Earth on the Integrated Research Facility
Emergency Response Plan.

Dear Mr. Lankford,

I am submitting these comments on behalf of Women's Voices for the Earth. We greatly appreciate the opportunity to comment on this Emergency Response Plan, as well as the time and care of NIH staff will put into the subsequent response to these comments. We believe that this open and transparent process of public review will lead to a better emergency response plan for Rocky Mountain Laboratories, which is truly in the interest of all involved.

On the whole, we are impressed with the emergency plan and its thoroughness in clearly outlining emergency procedures and responsibilities of RML emergency response staff. We have the advantage of reading this plan with a fresh perspective - being relatively unfamiliar with the current standard operating procedures at the lab - and were pleased to see that so many clearly outlined procedures exist for the numerous potential scenarios which can be encountered at RML. We did however locate certain sections of the plan which we felt could be further clarified or expanded upon. We found some terminology that needed to be defined (again - for anyone unfamiliar with the lab) and have included several suggestions where sections of the plan should be cross-referenced to provide more complete information. These comments can be found at the end of this document.

1) First., we would like to bring your attention to one significant piece that is unfortunately, lacking from this document - and which must be incorporated in the final version. This is a thorough explanation of the planned coordination between RML staff and city, county, state or federal officials in the event of an incident at RML leading to a public health hazard in the community. This is a crucial issue that has been of great concern to the citizens of the surrounding community from the very initiation of the IRF project. This concern was voiced numerous times at the many public meetings held during the EIS process and is reflected in the comments submitted and published with the Final EIS. For example, comments 38-4, 39-18, 44-3 and 62-111 in the Final EIS document are just a few examples of the concern that the FEIS failed to outline the emergency response plan or mitigation strategies for the release of a hazardous or infectious agent into the community

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causing a public health hazard. In all four examples, the response to comment was “*Please see Section 1.7.2 where comments on the emergency plan were addressed.*” Section 1.7.2 of the FEIS clearly states that the following mitigation measure is planned: “*Publish an emergency plan to be implemented should a laboratory worker be exposed to an agent or in the unlikely release of an agent to the neighborhood.*” The draft emergency response plan does a great job of explaining the procedures should a laboratory worker be exposed to an agent. There is only one paragraph, however, which refers to the procedures in the case of an incident at RML leading to a public health hazard. On page 53 in the section titled “Operations of the RML BEAP” it states:

“In the event that the RML Infectious Disease Adviser determines that an incident poses a public health hazard, management of the patient(s) and any other potentially affected individuals is referred to the Ravalli County Public Health Nursing Department. The Department, along with the Ravalli County Disaster and Emergency Services, will activate the local Emergency Operations Center and the local National Incident Management System according to provisions of the Public Health Annex of the Ravalli County Emergency Operations Guidelines.”

This paragraph is not sufficient to constitute the promised “emergency plan to be implemented...in the unlikely release of an agent to the neighborhood” (Section 1.7.2 FEIS). In fact, the paragraph appears to imply that once the incident which occurred at RML becomes a community problem, RML will refer the individuals involved to the county authorities and excuse itself from any further involvement in the emergency. We imagine, that the way this paragraph is currently worded would be highly alarming for the public to read without any further knowledge of RML’s involvement with community agencies. Our organization is familiar enough with RML and with the staff at RML to know that RML would not excuse itself from the emergency., RML staff are both caring and extraordinarily knowledgeable and would certainly step up to provide any assistance needed in the case of an public health emergency in the community which initiated on the campus. Indeed, this is precisely why RML is ‘*a member of the Montana Anti-Terrorism Task Force, the Ravalli County Local Emergency Planning committee, and the Ravalli County Terrorism Preparedness Taskforce*’ (Section 1.7.2 FEIS).

What this emergency plan needs is a thorough documentation of what RML’s role would be in those County Disaster and Incident Management plans. In addition it would be helpful to include those county plans in appendices to the IRF ERP. Understandably, at the point that the incident becomes a public health concern, RML may no longer be writing the rules or have the jurisdiction to be the authority in the situation. RML staff obviously will play a role in such an emergency however, and this role must be explained in this emergency response plan to assure the community that possible public health emergency scenarios have been considered, planned for and that a clear coordination of agencies has been established *before such an event occurs*. To further explain, imagine the unlikely but possible scenario where an employee is exposed to a biological agent in the course of their work but is not aware that this exposure has occurred. No mitigation measures are implemented as there is no awareness of an exposure incident, the employee leaves work as normal. Several days later (or whatever the incubation period may be) the employee begins to experience symptoms, but does not immediately recognize that they may be due to an laboratory-acquired infection. As a social and busy person, this employee comes into contact with numerous people before truly falling ill, seeking medical help and notifying RML. The potential exists for this person to have infected numerous of his neighbors,

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colleagues and family members with the highly infectious disease he had been working on. This situation could certainly be considered a public health emergency, and would need to be handled. Presumably, RML would not expect the Ravalli County Public Health Nursing staff or even Ravalli County Disaster and Emergency Services to have the medical and technical expertise to fully manage such a situation without any consultation with RML and associated staff. At the point an incident at RML becomes a public health concern it may clearly lie within the jurisdiction of Ravalli County Public Health Nursing and DES to manage the emergency, but there would clearly be important consultative roles for the members of the RML BEAP in such a situation.

We have been very clear in our comments throughout the EIS process and the subsequent litigation that we want to be assured that the appropriate safety coordination and planning has been conducted for an public health emergency associated with an exposure to an agent being worked on at RML which affects the community beyond the employees of RML. **If such coordination and planning is not yet fully established we ask that the IRF will not be operated prior to its establishment. In addition we ask for a thorough explanation of that coordination and planning to be included in this emergency response plan as promised in Section 1.7.2 of the FEIS.**

[R2.1] WVE comment 1) raises issues related to the management of exposures or infections that might arise from work at RML. In particular, the comment questions whether the information in the IRF ERP is sufficient to address a laboratory worker exposed to an infectious agent or the unlikely release of an agent into the community. NIH/RML believes that the details contained in the BEAP and elsewhere in the emergency plan already respond to this concern. Nevertheless, NIH/RML would like to offer some additional clarification and background information.

Term # 13 of the Lawsuit Settlement stipulates that “NIH will report the following incidents immediately to an RML health officer and to a local health officer or designee: (1) accidents which expose staff to BSL-3 and BSL-4 pathogens; and (2) release of BSL-3 and BSL-4 pathogens outside of their immediate container.” The fifth bullet on page 53 of the IRF ERP notes that RML has voluntarily extended this notification to the Ravalli County Public Health Nursing Department and also lists other notifications to which NIH/RML have committed. In addition, as stated on page 51 of the IRF ERP, the Ravalli County Health Officer and the Ravalli County Public Health Nursing Department are ad hoc members of the RML BEAP. They would be brought into the process as soon as RML staff and advisors suspected that an exposure or illness had public health implications. Therefore, specific mechanisms exist that obligate NIH/RML to notify local public health authorities in the event of an exposure or release that posed a public health hazard.

This comment from WVE also inquires about a potential situation where an employee develops an illness in the absence of an apparent exposure and seeks medical attention for the resulting illness. Term #12 of the Lawsuit Settlement stipulates that “NIH will require RML staff to report any medical signs and

symptoms of disease caused by agents that they work with to their supervisor or a designated RML health officer. NIH will convey this report, deleting any personal identifiers, to a local health officer or designee. NIH further agrees that it will strongly suggest to RML employees that they disclose their place of employment to their health care provider.” Safety training provided to RML employees stresses the need for employees to report exposures or accidents and incorporates the intent of Term #12 of the Lawsuit Settlement. In addition, Term #11 stipulates “NIH will distribute a list of BSL-4 pathogens being studied at the lab to all M.D.s, O.D.s, and N.D.s in Ravalli County every two years, along with signs and symptoms related to said pathogens.” Furthermore, the Ravalli County Health Department disease reporting regulations note that “All Montana health care providers are required to report patients diagnosed, or suspected, with the conditions listed below to their county health departments.” The regulations go on to list all the reportable conditions, which include either explicitly or implicitly all BSL-3 and BSL-4 pathogens. Therefore, it is clear that mechanisms exist by which the local health authorities would be notified in the event of a diagnosed or suspected illness even in the unlikely event the employee failed to recognize or report an exposure. The IRF ERP is in essence an operational response plan and not a compendium. Therefore, the level of detail provided in the preceding paragraph is inappropriate for inclusion in the IRF ERP.

The Ravalli County Health Department has its own procedures and protocols for dealing with public health incidents. They are beyond the scope of RML emergency plans and will not be included in RML emergency plans. Nevertheless, RML/NIH will cooperate with state and local officials in responding to any incident arising at the IRF that is determined to pose a public health hazard. Indeed, as noted above, RML participates in the Ravalli County HEAT, a County body that would likely be convened in either an actual or perceived public health hazard or emergency. However, it must be reiterated that both state and local officials have authority over public health matters, and the NIH does not intend to usurp these agencies’ statutory authorities. Finally, it must be noted that while NIH is limited in the extent to which it can provide medical information about an individual under the Privacy Act, RML/NIH will provide full technical assistance to state and local officials in responding to any such incidents and in ensuring that the public health and the health of any potentially affected individuals are protected. Wording to this effect has been added to page 53 of the draft IRF ERP.

While the NIH is restricted under Federal law from agreeing to pay expenses in advance or providing any full indemnification to affected individuals and is limited by the Privacy Act in the amount of personal medical information that it can provide, the NIH will provide full technical assistance to state and local officials in responding to any such incidents and in ensuring that the public health and the health of any potentially affected individuals are protected. Wording to this effect has been added to page 53 of the draft IRF ERP.

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Additional comments on the IRF ERP:

2) On page iv, the Emergency Telephone Numbers page, a digit is missing from John Bailey's phone number (363-932?).

[R2.2] The telephone number has been corrected.

Also on this page - "After Hours" should be clearly defined (After 5pm and before 7am or whatever they may be.)

[R2.3] "After Hours" has been defined as 5PM to 8AM. A listing for Weekends and Holidays has also been added.

3) On page 5 (Section 2) there is a paragraph on the roles of the Crisis Management Team (CMT). The Crisis Management Team should be defined here to clarify this term. Who is on this team? How does the CMT differ from the BEAP? If it does differ from the BEAP, then there should be a section here defining the roles of the BEAP (or at least mentioning the BEAP and referring to Section 11 which clarifies its role.)

[R2.4] Wording has been added to the draft IRF ERP (p.5) to define and clarify the roles of the CMT and the BEAP. The RML Crisis Management Team provides for local (RML) and institutional (NIAID/NIH) assessment, management, and response to any emergency situation that affects RML operations. The CMT is comprised of RML staff representing management, science, safety, Hazmat, maintenance, IT, public affairs, and security. The RML Biological Exposure Assessment Program (BEAP) provides for local (RML) and institutional (NIAID/NIH) assessment of incidents, exposures and illnesses related to intramural use of biological agents, as well as on evaluation, therapy, recommendations, and corrective actions.

4) On page 16, in the section on Fire, it mentions that a responsibility of security is "Outside regular working hours (7:00 to 17:00h), contact the roving guard and have them respond to the Evacuation Assembly Area". I found this confusing as there doesn't seem to be a responsibility for other security personnel to respond to the Evacuation Assembly Area during regular working hours. It should be clarified why there is a change in procedure just for non-regular working hours, or a statement should be added to clarify that security personnel should also respond to the Evacuation Assembly area during regular working hours.

[R2.5] The wording on p. 16 has been modified to remove the reference to specific hours. A roving guard will be notified to respond to the Evacuation Assembly Area whenever a fire alarm is received at the IRF Security Control Desk.

5) On page 19 in the section on Bomb threats, roles for the NIH Police include "Use the Fire Public Address system (PA) and issue appropriate evacuation orders." However, the "Fire Public Address system (PA)" is not mentioned (at least not using that terminology) in the Fire section. It should be clarified in the Fire section that evacuation orders may be issued over the PA system in addition to the Second Stage Alarm.

[R2.6] The IRF will be equipped with a general public address (PA) system that will be separate from the fire public address announcements associated with the second stage fire alarm. The section of the draft IRF ERP describing the duties of the NIH Police in the event of a bomb threat has been modified to clarify their use of the general PA system to issue appropriate evacuation orders (p.19). In addition, Section 4, "Fire", p. 16, has been modified to clarify that the fire PA will automatically issue an evacuation announcement if a second stage fire alarm is sounded.

6) Similarly, in the fire section, under "Duties - In Case of Alarm" (pp15-16) there are no duties specifically designated to the NIH Police? Duties of "Security" include contacting the NIH Police - but it is unclear what their role is after being contacted.

[R2.7] The draft IRF ERP has been modified to include a description of the NIH Police duties in the event of a fire alarm (p.16). These include escorting Fire Department personnel to the IRF and performing crowd and traffic control.

7) In Section 6, "Manmade and Natural Disasters" it states "A natural or man-made disaster can occur at any time or place with or without warning. The disaster may be coordinated with the local disaster response plans or organizations or it may be isolated to the Integrated Research Facility site." Again, this coordination with local disaster response plans should be clarified here. At the very least local disaster plans should be included as an appendix, The public needs to know that if a man-made or natural disaster occurs, that RML has already planned for this possibility and knows how it will coordinate with other local agencies. The current wording seems to imply that the any coordination with local agencies would be figured out at the time of the disaster, which is simply not reassuring.

[R2.8] NIH/RML have been active participants in the emergency training exercises that Ravalli County and the State of Montana have mounted to test the responses and coordination between the various entities that would be called into play in the event of a variety of incidents in the area, including outbreaks of infectious diseases and hazmat incidents. In addition, RML has held its own emergency training exercises on the RML campus that have involved local emergency responders and public health officials, and is committed to additional exercises. These exercises and simulations provide opportunities for insuring coordination between RML and local entities. Furthermore, RML offers regular and ongoing opportunities for local law enforcement, fire departments and other emergency responders to become familiar with the RML campus and buildings. As noted in the Introductory Response and in response to WVE Comment # 1, the specific disaster and emergency plans of the local community emergency responders are the province of those entities and are beyond the scope of the draft IRF ERP or other RML emergency or safety plans, and it is inappropriate to include them. However, local emergency responders, e.g., Hamilton Volunteer Fire Department, Ravalli County Office of Emergency Management, etc., utilize the Incident Command Structure (ICS) of the National Incident Management System, and RML would coordinate with these entities using the ICS format.

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8) Also in Section 6 on page 22 is the first mention of the “hotline” which is also vaguely referred to in Appendix 5. This was unclear to me, being unfamiliar that a hotline existed. The ERP needs to clarify (perhaps in Section 2?) what the purpose is of the hotline - for example - Is it just for notifying employees, or is a number that neighbors can call if they are concerned about an incident at the lab? What types of information are relayed by way of the hotline? Who at RML has the authority to update the hotline and how often does that happen?

[R2.9] An appendix describing the RML Hotline has been added to the draft IRF ERP (Appendix 4).

9) On page 24 in the Hazardous chemicals section, it states “*Once the spilled substance is identified, a Material Safety Data Sheet should be made available for additional information.*” This needs to be clarified: Who is responsible for making the MSDS available? Where can the MSDS be found (are they supposed to be present in each lab for all the chemicals used in that lab)? Who should the MSDS’s be distributed to? Who does needs to have this “additional information” - lab workers? maintenance/janitorial staff?

[R2.10] Material Safety Data Sheets (MSDSs) are available in hard copy at the IRF Security Control Desk, Shipping and Receiving, and in the RML Safety Office. They will be provided by the RML Occupational Safety and Health Manager (OSHM) upon notification of a chemical spill. The master MSDS binder is kept in the Safety Office and updated regularly by the OSHM. Additional information noted on the MSDS will be shared with all responding entities, including maintenance staff. Training on MSDSs is provided annually to all staff by the OSHM. Text on p. 24 of the draft IRF ERP has been modified to describe where MSDSs can be obtained.

10) Similarly in this section under Handling of Spilled Liquids it states: “*Vacuum the area with a vacuum cleaner approved for the materials involved, remembering that the exhaust of a vacuum cleaner can create aerosols and, thus, should be vented to a hood or through a filter. (If a vacuum cleaner equipped with a HEPA is required for the type of material that you are concerned about, know where to locate one.)*” As a person unfamiliar with procedures in the laboratory, this direction was unclear to me. Will it be obvious for lab employees to know how to vent the exhaust of a vacuum cleaner to a hood? Are vacuums at RML which are HEPA-filter equipped clearly designated as such? How will employees “know where to locate one”? And is there a procedure for changing/inspecting/ replacing HEPA filters in these vacuums?

[R2.11] RML has a trained HAZMAT team that may be called upon to assist in spill response. The section of the draft IRF ERP referred to in this comment (pgs. 24-25) has been modified to direct the employee to contact the HAZMAT team to discuss whether a HEPA-filtered vacuum is appropriate for spill clean-up.

11) On page 27 under “Major spills” which is a subsection of “Handling Spills Containing Radioactive Material” it states: “*Close and lock the room or secure to prevent entry. Post the room with a warning sign to indicate the presence of a spill.*” Is there a specific warning sign that should be used? What kind of information should be listed on the sign? Can an example of such a sign be included as an appendix, or are blank signs available in each lab where radioactive material is kept?

[R2.12] The section referred to has been modified to include instructions for posting a warning sign and what information the sign should include.

12) Similarly, there is no related direction to secure the room and post a sign when a major spill of a hazardous but non-radioactive material occurs. Should there be a similar procedure (perhaps with a different kind of warning sign)?

[R2.13] Section 7, “Hazardous Chemical Leak or Spill”, General Procedures (p.24), has been modified to include instructions for posting a warning sign and what information the sign should include.

13) Should there be a specific procedure for maintenance/janitorial staff stating that they will not conduct their routine work in any room with a warning sign posted?

[R2.14] At the time of hire, maintenance and janitorial staff at RML receive training from the RML Safety staff and are directed not to enter any lab or area posted with a “Do Not Enter” warning sign.

14) It should be clarified who has the authority to remove any warning signs from the doors of labs. I understand this may differ depending on the type of spill (hazardous chem, radioactive or biological) but it should be clarified in each corresponding section as to who at RML officially establishes that the room is safe to work in again.

[R2.22] Section 7, “Hazardous Chemical Leak or Spill” and Section 8, “Biological Incidents” have been modified to clarify who has authority to remove any warning signs in the event of a hazardous, radiological, or biological spill.

15) On page 34, in the section on spills in BL3 labs, it states: “An emergency spill kit must be available within the laboratory. This spill kit shall contain at a minimum: 2 gal of disinfectant; towels; 2 emergency Tyvek suits; rubber gloves; autoclave bags; warning signs and tape; written instructions on procedures for a spill. The spill response section will be posted next to the spill kit.” This is a great idea! Can these emergency kits also be made available in the Level 2 laboratories? Or if they are already, can this be mentioned in the general section on spills?

[R2.16] Biosafety level 2 (BSL-2) laboratories at RML are equipped with absorbent materials and agent-specific disinfectant for cleaning up the majority of biological spills that may occur. This is a criteria for BSL-2 laboratories as specified in the NIH/CDC publication “Biosafety in Microbiological and Biomedical Laboratories” (BMBL) 4th ed. (Section III, Laboratory Safety Level Criteria, BSL-2 “ 7. Work surfaces are decontaminated on completion of work or at the end of the day and after any spill or splash of viable material with disinfectants that are effective against the agents of concern.”). As described on pgs. 32-34 of the draft IRF ERP, employees are directed to use these materials or work with the RML Biosafety Officer in responding to and cleaning up biological spills. Chemical spill kits are also available in each lab (see Section 7, under “Resources”).

16) On page 40, Under “Accidental Inoculation” there is no mention of the procedure of reporting the incident in the Sharps Log, as mentioned later in the document. This procedure should be specifically included here as well. This section should also refer the reader to Section 11 regarding exposure reporting and management.

[R2.17] Reporting requirements and a description of the sharps injury log have been added to this section of the draft IRF ERP (p. 40). A reference to Section 11 “Exposure Reporting and Management” has also been included.

17) Similarly, on page 41, Biological Incidents in Animal Rooms, there are two mentions that antibiotic prophylaxis is recommended after an animal bite or scratch. This section should also refer the reader to Section 11 regarding exposure reporting and management to clarify how an employee would go about getting antibiotic treatment for an animal bite or scratch.

[R2.18] Reporting requirements and references to Section 11 “Exposure Reporting and Management” have been added to the procedures for responding to an animal bite or scratch (p.41).

18) In section 10, Emergency Response in Biosafety level 4, there are copious procedures for management of the injured or compromised person in the laboratory. It is unclear from these procedures however, if the BL4 gets locked after an employee is evacuated for an emergency. What mechanisms are in place to prevent an unknowing employee (who arrived after all the commotion, but before the lab has been deemed safe) from entering the BL4, while other staff are handling the immediate needs of the evacuated employee? It should also be clarified who on staff is authorized to determine the safety and re-open the BL4lab if it had been locked due to an emergency incident.

[R2.19] This section (p. 48) of the draft IRF-ERP has been modified to describe post-incident procedures in the event that an emergency event results in a biological spill or a breach of containment within the Biocontainment Level 4 area. In this event, the Biocontainment Specialist or the Biosafety Officer will direct NIH Security to electronically restrict access to the area to prevent automated re-entry. The Biosafety Officer, in coordination with the Biological Exposure Assessment Program, will assess and direct further management of the occurrence. No one will be allowed to enter the Level 4 area following an incident unless it is deemed safe by the Biosafety Officer.

19) On page 49 in Section 11 it states: “*The ultimate responsibility for reporting exposures, spills, and other biological hazards rests with the Principle Investigators, supervisors, and the RML employees. Such exposures and hazards need to be reported to supervisors, principal investigators, the Biosafety Officer (x334) and the Occupational Safety and Health Manager (x431) immediately upon becoming aware of the situation.*” No other section (other than the Emergency Phone Numbers page) mentions the extension numbers of these safety officers. Will these extensions always be accurate even if there are personnel changes? And if not, will this page get updated? It may be easier to eliminate the extensions from this page and have people refer to the emergency contact list which can be updated more easily.

[R2.20] The references to specific phone extensions have been removed.

20) Also on page 49, under “Post exposure Evaluation and Followup” it states: “*Emergency care will be provided to visitors and contract personnel who sustain a potential exposure. These individuals will be referred to their private or company physicians for follow-up*” This procedure is rather alarming. While RML may want to state clearly where its liabilities end as far as being responsible for medical care, and where its authority ends in terms of determining how non-employees handle their potential exposure - there needs to be a procedure at the very

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least recommending that visitors and contract personnel remain in contact with RML staff (particularly the infectious disease adviser) for follow-up. If, for example, a particular exposure incident is experienced by both RML employees and a visitor, and some days later an employee has a confirmed laboratory-acquired infection, it is certainly the moral responsibility of RML to track down the visitor and provide further information to them and their medical provider - both for the visitors sake and to prevent a further communication of the infection in the outside community. A procedure for this (at least in the form of a strongly worded recommendation) should be included in this section.

[R2.21 In the event of an incident that poses a potential risk of exposure to exotic agents present in the IRF, NIH/RML will provide contractors, special volunteers and visitors with the specialized emergency healthcare required to respond to a potential exposure to such agents. These individuals would also be considered by the BEAP in any incident that occurred. RML/NIH feel that it is our duty to notify and to provide the specialized emergency healthcare required to respond to a potential exposure to an agent(s) that may be worked with at the IRF. The basis for this provision is Section V.B.1.b of the NIH Occupational Medical Services (OMS) Manual. The RML OMS program is being expanded to assure continued quality surveillance, care and appropriate response in the event of an exposure and/or illness. Wording to this effect has been added to Section 11, p.50 of the IRF ERP.

21) On page 51, under Operations of the BEAP, several bullets list the ways that incidents may become evident to RML staff. Two important bullets are missing here and should be included as potential ways an incident could come to the attention of the BEAP:

-Recognition of a possible laboratory-acquired illness in the absence of any obvious signs of exposure as judged by an RML visitor or contract employee or his/her health care provider.

- Recognition of symptoms of a rare infectious disease currently being worked on at RML in a local citizen with or without any obvious routes of exposure as judged by his/her health care provider or the Ravalli County Public Health Nursing Department.

Again, while technically RML may only officially be responsible for what happens to RML employees, the reality is that if either of these scenarios arise - either an RML visitor comes down with symptoms of a rare disease being worked on in the lab or if these symptoms mysteriously show up in a citizen in town, RML will be called upon to address it - and the decision will have to be made as to whether or not convene the BEAP to investigate.

[R2.22] Please see responses R1.2, R2.1, and R2.21. In addition, "Operations of the Biological Exposure Assessment Program, (BEAP)" on page 51 of the Draft IRF ERP has been modified to include "Recognition of a possible work-related illness in the absence of any obvious signs of exposure as judged by(a) contract employee, RML visitor, or his/her health care provider" as one of the incidents that would lead to activation of the BEAP. Additional wording has been included here to note the State of Montana regulations regarding reportable diseases that include either explicitly or implicitly all BSL-3 and BSL-4 pathogens.

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Thank you for your careful consideration of these comments. We hope that you will find them useful in improving the IRF Emergency Response Plan. We were so pleased to see in the Introduction that “this Plan is a dynamic document” that can be changed and updated according to needs and circumstances. We hope there will be future opportunities, either formally or informally, to conduct further review and provide additional comment on this Plan as it evolves. We look forward to reviewing the final plan and responses to comments on this plan. It would be helpful in the response to comments if you could provide the name and contact information of the best person to followup up with any questions or comments on the final plan.

Feel free to contact me if there are any clarifications you would like on these comments. I can be reached at (406) 543-3747 or by email at alex@womenandenvironment.org.

Sincerely,

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