

Research and Development

Research Security Plan

VA Long Beach Healthcare System

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RESEARCH SECURITY PLAN

1. PURPOSE

This security plan establishes required /security procedures when using select agents and toxins and the prevention and/or detection of terrorist events occurring in or originating from the VA Long Beach Healthcare System research laboratories. This plan includes the physical and organizational controls for the storage and use of select agents, toxins and other highly dangerous hazardous agents.

2. BACKGROUND

The VA Long Beach Healthcare System operates its research laboratories in compliance with policies, statutes, and regulations of appropriate Federal agencies including VA, Occupational Safety and Health Administration (OSHA), Environmental Protection Agency (EPA), Nuclear Regulatory Commission (NRC), Department of Transportation (DOT), Department of Health and Human Services (HHS), United States Department of Agriculture (USDA), and any applicable state or local regulations. All applicable guidelines issued by HHS, the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), the USDA and the Animal and Plant Health Inspection Service (APHIS), must be followed. This plan specifically addresses security procedures that are distinct from those relating to laboratory safety, but requirements may overlap with other policies. Policies, procedures, and responsibilities for research laboratory security, personnel identification and training and the interactions with other VA facility personnel such as security and law enforcement personnel are addressed in this plan.

3. POLICY

- (1) The security plan has provisions for routine cleaning, maintenance, and repairs of research facilities. These provisions include granting of electronic keycard access to Environmental Management Service (EMS) staff assigned to the Research Building, to Engineering staff with a recurring verified need for access, and to supervisory staff in EMS and Engineering. Electronic keycard access is coordinated with both Research Administration and Police Service. All EMS and Engineering staff access must be restricted to normal business hours.
- (2) The security plan requires that all Research Employees have background and security clearances appropriate to their work assignment. At a minimum, all Research Employees (including WOC employees) will have an OPM background check.
- (3) For research laboratories not containing hazardous agents, procedures described above will govern how personnel from EMS, Engineering Service, or others either obtain approval to access research laboratories or are escorted and monitored by an approved individual to complete their duties. Research laboratories containing hazardous agents will further document the dates and times when non-VA or unauthorized persons enter or otherwise access their laboratories.
- (4) Most positions within the laboratory research program do not have minimal education and experience criteria. However, Principal Investigators will evaluate/train all employees, including those with a legitimate need to access hazardous agents, to ensure they are

knowledgeable of procedures for control of access to containers, cabinets, refrigerators, freezers, and other areas where hazardous agents, including select agents and toxins (exempt or nonexempt quantities) are used or stored. Principal Investigators will document procedures for securing the areas that contain hazardous agents, including select agents or toxins, when authorized persons are not present or cannot visually monitor the area.

- (5) Deliveries of all equipment and supplies to the Research Building are coordinated through the Research Office. All supplies and small equipment are delivered to the Research Office.
- (6) The ACOS/R&D is responsible for reviewing access records and egress records on a weekly basis. He/she can delegate this responsibility to the Administrative Officer/R&D or the Research Security Officer.
- (7) The RO will review the security plan annually and after each incident, if an incident occurs.

4. DEFINITIONS

For purposes of this plan, the following definitions apply.

a. **Approved Individual.** An approved individual is a VA employee appointed on a full-time, part-time, intermittent, fee basis, or without compensation (WOC), that has undergone credentialing and a background check required for appointment to a Title 5, Title 38 position, or as a WOC. An approved individual may also be a contractor who has undergone the required credentialing and background check.

b. **Authorized Individual.** An approved individual that has an approved security risk assessment as required in 42 CFR 73.8, 7 CFR 331.10, or 9 CFR 121.11. An authorized individual may also be a contractor who has undergone the required credentialing and background check as well as having an approved security risk assessment.

c. **Hazardous Agents.** A hazardous agent is a biological material included in the CDC list of select agents and toxins (42 CFR Part 73), APHIS biological agents (7 CFR Part 331, 9 CFR Part 121), and products of such biological material, i.e., toxins. For purposes of this plan, the term also includes highly toxic chemicals, exempt quantities of toxins, or gases that have the potential for being used as weapons of mass destruction, as well as radioactive materials and/or radioactive sources (see App. A). When additional agents are added to or deleted from the hazardous agent list that are not contained in the CDC or APHIS list, the new list will be posted on the Office of Research Development (ORD) website. The terms 'select agents' and 'toxins' will be used in this plan to refer to both the CDC select agents and toxins and the APHIS biological agents and toxins.

d. **VA Research Laboratories.** VA Research Laboratories are research laboratories under the control of VA. In the context of this plan, the VA research laboratory director is the VA investigator or Principal Investigator (PI) responsible for a particular laboratory. VA research laboratories include: VA research laboratories located within VA facilities; and laboratories within the VA medical center in space that is leased to a private entity for research purposes.

e. **Select Agent.** A select agent is one of a group of agents (viruses, bacteria, rickettsia, fungi, toxins, and recombinant deoxyribonucleic acid (DNA)) designated by the CDC as

requiring registration with the CDC Laboratory Registration Program. The regulation of select agents is codified in 42 CFR Part 73, "Possession, Use and Transfer of Select Agents and Toxins; Interim Final Rule." For purposes of this plan, select agents and hazardous agents (except exempt quantities of select agents) are synonymous, and are to be handled at the same level of security. For the purpose of this plan, the terms select agents and toxins also refers to biologic agents and toxins that the Secretary of Agriculture has determined to have the potential to be a severe threat to animal and plant health (7 CFR Part 331 and 9 CFR Part 121). Refer to Appendix A for a list of hazardous agents, to CDC's website (<http://www.cdc.gov/od/sap/>) for select agents and toxins, and to the APHIS website (<http://www.aphis.usda.gov/>) for a list of regulated biological agents and toxins.

f. **Sensitive Materials.** Sensitive materials include, but are not limited to, any hazardous agents as defined in subparagraph 3d and identified in Attachment A, as well as research equipment and/or supplies used to store, test, destroy or otherwise handle hazardous agents, and laboratory notebooks or other written or computerized records documenting possession of and/or research using hazardous agents.

g. **Terrorist Event.** A terrorist event is the unauthorized removal or theft of hazardous agents capable of being used as weapons of mass destruction from VA research laboratories, and/or the unlawful use of such hazardous agents. It specifically encompasses the illicit and unauthorized use of VA research laboratory facilities (including equipment, supplies, computers, faxes, phones, etc.) for the production, purification, or dissemination of any hazardous agent. The term also refers to the illegal transfer of agents into or out of VA research laboratories and other research space such as animal care facilities, storage areas, offices, etc. The term may also refer to activities such as dissemination, detonation, and contamination of hazardous agents, select agents, toxins or sensitive materials within VA research laboratories or the building housing these laboratories.

h. **Toxin.** According to 42 CFR 73.1, a toxin is the toxic material or product of plants, animals, microorganisms (including, but not limited to, bacteria, viruses, fungi, rickettsia, or protozoa), or infectious substances, or a recombinant or synthesized molecule, whatever their origin and method of production, and includes any poisonous substance or biological product that may be engineered as a result of biotechnology, produced by a living organism; or any poisonous isomer of biological product, homolog, or derivative of such a substance.

i. **USA Patriot Act.** Congress passed the USA Patriot Act, Public Law 107-56, on October 26, 2001, in response to the terrorist attacks of September 11, 2001. The purpose of the Act is to unite and strengthen the U.S. by providing appropriate tools to intercept and obstruct terrorist acts. The law includes provisions to deter and punish terrorist acts, enhance law enforcement investigational tools, and other purposes such as aid to victims of terrorism. The Act also prohibits certain restricted persons from possessing biological agents or toxins that are identified as select agents in 42 CFR Part 73. This provision of the Act, codified at Title 18 United States Code (U.S.C.) § 175b, defines a "restricted person" as an individual who:

- (1) Is under indictment for a crime punishable by imprisonment for a term exceeding 1 year;
- (2) Has been convicted in any court of a crime punishable by imprisonment for a term exceeding 1 year;
- (3) Is a fugitive from justice;

- (4) Is an unlawful user of any controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802);
- (5) Is an alien illegally or unlawfully in the United States;
- (6) Has been adjudicated as a mental defective or has been committed to any mental institution;
- (7) Is an alien (other than an alien lawfully admitted for permanent residence) who is a national of a country as to which the Secretary of State, pursuant to section 6(j) of the Export Administration Act of 1979 (50 U.S.C. App 2450(j)), section 620A of chapter 1 of part M of the Foreign Assistance Act of 1961 (22 U.S.C. 2371), or section 40(d) of chapter 3 of the Arms Export Control Act (22 U.S.C. 2780(d)), has made a determination (that remains in effect) that such country has repeatedly provided support for acts of international terrorism; or **NOTE: The Secretary of State makes such determinations; as of the date of VHA Handbook 1200.06, identified countries include Cuba, Iran, Iraq, Libya, North Korea, Sudan, and Syria.**
- (8) Has been discharged from the Armed Services of the United States under dishonorable conditions.

j. **Weapons of Mass Destruction.** Weapons of mass destruction include any of the classes of hazardous agents as defined in subparagraph 3d and identified in Appendix A, or combinations of these agents that are capable of inflicting morbidity and mortality on a widespread basis.

5. RESPONSIBILITIES

a. **Hazardous Agents Control Program.** The VA Long Beach Healthcare System must ensure the security of research laboratories and the security of hazardous agents, select agents and associated sensitive materials, which are stored in or used by VA Long Beach Healthcare System. The VA Research Laboratory Hazardous Agents Control Program is a comprehensive program to ensure that:

- (1) Research laboratories maintain an appropriate level of security.
- (2) All research laboratory staff receive the appropriate training related to:
 - (a) The acquisition, use, transfer, or destruction of hazardous agents and, if used including select agents, toxins and associated sensitive materials.
 - (b) The safety requirements are in effect for working with hazardous agents, including select agents and toxins.
 - (c) The security requirements for working with hazardous agents, including select agents and toxins and the associated sensitive materials.

b. **Medical Center Director.** The Medical Center Director is the Responsible Official (RO). The Medical Center Director may appoint one or more Alternate Responsible Official(s) (ARO) to assist in administering this program. The ARO(s) acting in the absence of the RO may conduct all activities required by the RO, and must meet all qualifications for a RO.

(1) The Medical Center Director is responsible for granting requests for authorization for access to research areas in which select agents or toxins are used or stored after reviewing the recommendation of the R&D Committee in compliance with the USA Patriot Act and other applicable criteria, regulations and policies.

(2) The Medical Center Director is responsible for ensuring that adequate staffing and resources are available to comply with Handbook 1200.06, "Control of Hazardous Agents in VA Research Laboratories."

(3) The Medical Center Director may delegate the following responsibilities to the ARO(s) but remains the institutional official responsible for the overall VA research laboratory Hazardous Agents Control Program and compliance with all applicable regulations and policies. The RO is responsible for:

(a) Ensuring that the facility's research program is in compliance with current VA and Federal regulations, with current policies relating to prevention of terrorist events and with the security of hazardous agents, including select agents, toxins and associated sensitive materials as defined in subparagraph 4f.

(b) Delegating authority and responsibility to the ARO(s) to ensure that all applicable regulations and policies are met at the institution in the absence of the RO.

(c) Ensuring that all specifications for personnel, facility security and law enforcement contained in VA Handbook 0730, "Security and Law Enforcement," and facility staff, patients, visitors, and guests adhere to VHA Handbook 0710, "Personnel Suitability and Security Program,"

(d) Ensuring that changes in facility security procedures are made known to the research service, the other appropriate medical center personnel, and ARO(s).

(e) Ensuring that the ARO(s) possess expertise in the areas of physical security of facilities, safety of personnel working in both VA research laboratories and working with select agents, toxins and hazardous agents.

c. **Human Resource Management.** Human Resource (HR) Management is responsible for assisting the research program in issues related to personnel, including new personnel actions, appointment of WOC employees, developing the position risk and sensitivity designation of all research employees, and initiating the appropriate background investigations. HR is also responsible for reviewing applications for employment (salaried, WOC, or fee basis) for citizenship and visa status.

d. **Police Service.** The Police Service is responsible for assisting with security of research laboratories, emergency response, vulnerability assessments and assisting the Research Office with the development and implementation of a Hazardous Agents Control Program.

e. **RO and ARO(s)**. The RO and Alternate RO(s) must:

(1) Be familiar with all applicable regulations, policies and guidance.

(2) Oversee the development, implementation and evaluation of all components of the VA Research Laboratory Hazardous Agents Control Program as required by this plan and VHA Handbook 1200.06, and applicable VA and Federal regulations. This requires:

(a) Developing and implementing safety, containment, security and emergency response plans.

(b) Providing appropriate training for safety, containment, security and emergency response.

(c) Maintaining, using, purchasing, transferring and destroying select agents or toxins in accordance with applicable regulations and policies, e.g., VA, HHS, DOT, and EPA.

(d) Maintaining detailed records of information necessary to give a complete accounting of all activities related to select agents or toxins.

(e) Conducting annual inspections of VA research laboratories, including the BSL-3 laboratory and laboratories where select agents or toxins are used or stored to ensure compliance with all policies, procedures and protocols including plans for safety, security and incident response. The inspections must be conducted at least annually and after each security violation. Findings must be documented and any deficiencies corrected.

(f) Reviewing the Biosecurity plan annually and after each incident, if an incident occurs. The review must be documented and any deficiencies corrected.

(g) Completing the annual vulnerability assessment of VA research areas, and informing appropriate facility personnel of the assessment results and correcting any deficiency.

f. **Associate Chief of Staff (ACOS) for R&D**. The ACOS for R&D is responsible for:

(1) All activities in the Research Service, including the implementation of all requirements set forth in this plan and VHA Handbook 1200.6.

(2) Appointing, or serving as, the designated research point of contact for interacting with facility security personnel, health and safety staff, Medical Center Director-RO, ARO, and oversight committees (e.g., R&D Committee, Subcommittee on Research Safety (SRS), Research Security Subcommittee (RSSC), Radiation Safety Committee).

(3) Ensuring the Medical Center Director, or designee, remains informed of all activities involving hazardous agents, select agents, toxins and other sensitive materials in the research laboratories.

(4) Ensuring that changes in facility security procedures are made known to all staff in the research service expeditiously

(5) Ensuring that all non-VA persons (i.e., those that are not appointed as VA employees or VA contractors) working in the research laboratories conform to all VA standards for security described in this plan and VHA Handbook 1200.06.

(6) In conjunction with the RO or alternate RO(s), completing the annual vulnerability assessment of research areas.

(7) Informing Police Service of any changes in research affecting the facility security rating.

(8) Reviewing records of access to the VA research laboratories as required in this plan and VHA Handbook 1200.06 and recording the results of this review. The ACOS for R&D may delegate this responsibility to another appropriate administrator such as the Administrative Officer (AO) for R&D.

(9) Notifying ORD and ORO if a new BSL-3 research laboratory is planned or a current one is closed.

g. **R&D Committee.** The R&D Committee serves as the primary committee responsible for safety and security. The Authorities, responsibilities, and procedures of the R&D Committee are described in a separate SOP. Briefly:

(1) The R&D Committee must oversee the functions of the Research Security Subcommittee through review of minutes and reports or other appropriate mechanisms.

(2) The R&D Committee may add to subcommittee requirements to obtain approval or may disapprove an action approved by the subcommittee. It may not approve an action that the subcommittees have disapproved.

(3) The R&D Committee delegates certain responsibilities to the Research Security Subcommittee (RSSC) and to the Subcommittee on Research Safety.

h. **The Research Security Subcommittee (RSSC).** The authorities and responsibilities of the RSSC are described in a separate SOP. Briefly:

The RSSC:

- (1) Performs a semiannual multidisciplinary review of Research Security. This review:
 - i. Defines threats.
 - ii. Identifies and examines vulnerabilities.
 - iii. Mitigates risks associated with the identified vulnerabilities using a security systems approach.
 - iv. Reports findings to the R&D Committee and the ACOS R&D.
- (2) Monitors and evaluates the Hazardous Agents and Control Program at least annually.
- (3) The RSSC monitors and evaluates the status of personnel in laboratories to preclude restricted persons from gaining access to areas.
- (4) Provides consultation to the ACOS R&D, the R&D Committee, and its subcommittees with regard to matters that involve security.

- (5) Reviews emergent issues that involve research security on an as needed basis and advises the R&D Committee and the ACOS/R&D on a course of action.

i. The Subcommittee for Research Safety (SRS). The authorities and responsibilities of the SRS are described in a separate SOP. Briefly, the SRS is responsible for ensuring that adequate policies and procedures are in place for:

- (1) Inventory control and the transfer of inventories.
- (2) The segregation and safe storage of chemical hazardous chemicals and hazardous agents including special agents and toxins.
- (3) Ensuring that adequate standards are in place that guarantee that persons who work with hazardous chemicals, hazardous agents including special agents and toxins, have adequate training to perform the approved tasks.

j. VA Investigators, Laboratory Directors, Research Investigators and Research Staff.

VA research investigators and staff, regardless of appointment status (paid, WOC, or fee basis), are required to comply with all provisions of this plan and VHA Handbook 1200.06. **NOTE:** Those requiring WOC appointments include, but are not limited to, students, fellows, residents, university employees, other non-VA employees working at VA, and visiting scientists who are not compensated by VA for their employment. All contractors must comply with all requirements of this plan and VHA Handbook 1200.06. For requirements that differ from those for appointed VA employees (compensated, fee basis, or WOC), this plan and VHA Handbook 1200.06 contain alternate language that is applicable to contractors.

- (1) Appropriate authorizations and approvals must be obtained prior to beginning work in research laboratories.

(2) **Responsibilities of Research Investigators:** All research laboratory directors and investigators must ensure that those they supervise have received approval to access laboratories prior to beginning work. If a laboratory is using or storing select agents or toxins, employees must have an authorization to both access these areas and to work within them. Laboratory directors and investigators are responsible for: all aspects of their research including the supervision of their staff and

(a) Identifying the level of security access required for VA research laboratory staff (paid or WOC) being considered for employment or being approved to work within the investigator's research laboratory. Submitting the Request for Staff Access to Research Secured Laboratory on behalf of each staff member being considered for employment or work within the investigators research laboratory.

(b) Notify the Research Security Officer or the AO/R&D immediately when any research laboratory staff no longer has a work-related need for authorized access, to include leaving VALBHS employment.

(c) Ensuring that all their staff have received the required training and are familiar with information specific to the hazardous nature of materials they will be using and the security precautions to be followed in handling, transferring or destroying such materials as well as containment

procedures. Ensuring that all their staff follows all safety and security procedures, including those of the VMU and BSL3 when applicable.

(d) Submitting the Laboratory Annual Self-Inspection Form.

(e) Reviewing the accuracy of the laboratories chemical and biological inventory on a semi-annual basis. The review must be documented by a signature and date in the PI's records. Updated inventories must be submitted to the Research Office on an Annual basis as described in section (f) below.

(f) Forwarding a copy of the inventory to the Safety Coordinator as a part of the Annual Laboratory Self-Assessment.

(g) Ensuring select agents or toxins (non-exempt and exempt quantities) are transferred, procured, or used only after receiving appropriate approvals.

(h) Other PI responsibilities are described throughout this plan.

(3) Investigators are primarily responsible for inventory control. They and their laboratory staff will maintain accurate inventories of hazardous chemicals and substances. A full listing of this inventory is provided at least annually to the healthcare system Chemical Hygiene Officer. The Chemical Hygiene Officer will provide the report of chemical inventory to the Safety Officer. All laboratory staff, including Principal Investigators, have an obligation to report all instances of loss, theft or release of select agents or toxins (exempt and non-exempt quantities), and the confirmed or suspected alteration of inventory records to the Research Office.

(4) Investigators are primarily responsible for ensuring physical security in their laboratories, and for ensuring that their laboratory personnel are well trained in physical security procedures. These procedures include ensuring that passive access is not permitted when entering or exiting the building, wearing of a VA identification card at all times, only entering laboratory areas where they are assigned, challenging persons not displaying a VA identification badge, and notifying Research Administration and/or Police Service of suspicious activity. Investigators and staff will not access or attempt access of restricted areas in the Research Building unless they are explicitly authorized access by Research Administration. In all instances, Principal Investigators and their staff will report suspicious persons or activities to the Research Office and/or Police Service. Investigators will ensure that unless a staff member is in the immediate vicinity, their laboratories are locked and secured at all times. Investigators will ensure that they and their staff do not provide unauthorized access to vendors, contracted repair personnel, or any other persons not previously authorized unescorted access by Police Service. Electronic keycard access codes and cards are issued to individuals, and will not be shared. All personnel authorized unescorted access of research laboratories and building 138 are issued electronic access control cards or are otherwise cleared for access by Research Administration. All laboratory staff, including Principal Investigators, have an obligation to report all instances of confirmed or suspected unauthorized access to the Research Office and/or Police Service who in turn have joint responsibility for removing unauthorized persons from the Research Building.

(5) Investigators will ensure they and their staff comply with healthcare system cyber security policies.

(6) The BSL-3 Principal Investigator will ensure that an entrance and exit log conforming to VHA regulations is maintained for all persons entering the laboratory who are not authorized for unescorted access. This log will document access by regulatory personnel, maintenance staff, trainees and all others not found on the BSL-3 approved access roster.

(7) Investigators will ensure they process all new employee requests through the Research Office, and that all staff submit all documents necessary to conduct a background check. New staff members are not allowed unescorted access to the Research Building until they have submitted background check documents, have been fingerprinted, have taken all mandatory training, and have been issued an access control keycard. Investigators will not use Voluntary Service procedures to circumvent processing new staff through the Research Office.

k. Responsibilities Of Research Laboratory Staff: All personnel must obtain formal authorization from the AO/R&D or the Research Security Officer before entering research laboratories. An electronic keycard programmed for access to specific areas and access times is granted to those with a documented access need. At VALBHS the AO/ R&D is the Research Safety Security Officer.

(1) All authorized individuals must wear their VA ID above the waist at all times.

(2) Personnel may enter the secured area only to perform required duties.

(3) Unauthorized persons entering the secured area will be reported to Police Service by the AO/R&D and/or the Research Security Officer.

(4) It is the responsibility of each authorized individual to:

a. Use their keycard only for personal entrance into the secured area.

b. Use their keycard on each entry into the secured area.

c. Not allow any individual to follow them through the door.

d. Use their keycard to exit the secured area.

e. Report any security violations, including unauthorized individuals, to the AO/R&D, the Research Security Officer, or Police Service.

f. Turn in their keycard to the Research Security Officer immediately when laboratory access is no longer necessary.

(5) Prohibited persons will be not granted access to the Biosafety Level Three (BSL3) laboratory, the VMU or the Cesium Source. Prohibited persons may be granted access to the general secured area on a case-by-case basis, as approved by the Research Security Subcommittee with concurrence of the R&D Committee.

(6) Take training in: Security Policies & Procedures. Provide Research Administration with verification of training.

(7) Each individual must immediately report the following to the Alternate RO:

a. Any loss or compromise of their keys, passwords, combinations, etc.

b. Any suspicious persons or activities.

c. Any loss, release or theft of select agents or toxins (non-exempt and exempt quantities).

d. Any sign that inventory and use of records of select agents or toxins (non-exempt and exempt quantities) have been altered or otherwise compromised.

l. The Facility Safety Officer. The facility Safety Officer is appointed by the Director. The Chemical Hygiene Officer is responsible for maintaining a current and accurate inventory of all chemicals used in conducting research. In performing this task the Chemical Hygiene Officer and Safety Officer will work closely with the Subcommittee for Research Safety (SRS). Specific procedures for inventory control and for maintaining inventory lists may be found in the Subcommittee for Research Safety (SRS) SOP.

m. The Research Security Officer. At LBVA the AO/R&D serves as the Research Security Officer. The Security officer is responsible for the day to day implementation of the Security Plan. The Security Officer is appointed by, and reports to, the RO and provides updates to the Research Security Subcommittee and the R&D committee, at scheduled meetings, on emergent issues or at least on a semi-annual basis.

6. SECURITY PROCEDURES AND HAZARDOUS AGENTS CONTROL PROGRAM

A. VISITORS: Investigators, and Research Staff adhere to the process below. All personnel must obtain authorization from the AO/R&D or the Research Security Officer before entering research laboratories.

(1) Visitor's access is limited to hours where authorized individuals are present. These individuals will have a *sponsor*. The sponsor must have authorized access to the secured area. The sponsor will be responsible for the visitor. The visitor must be in the presence of their sponsor at all times.

(2) All visitors must obtain a visitor pass, which will include the individuals' name, and date of validity. The visitor pass will be obtained from the Police Station. Visitors must wear their Visitor Pass above the waist at all times.

(3) Following receipt of a visitor pass, visitors must sign in and out in the Research Office, specifying name, affiliation, purpose for visit, time in and out, and the name of the authorized individual escorting them. Long-term visitors may be given keycard access and exempted from escort requirements if a background check has been completed and it is approved by the Research Security Officer, with concurrence of the AO/R&D.

(4) After Hours Procedures: In rare instances, it may be necessary for a sponsor to bring a visitor in the secured area after regular business hours. In these rare instances, the sponsor is solely and fully responsible for the visitor and must accomplish all of the requirements listed above. The sponsor must ensure that:

- a. The visitor signs in and out as required;
- b. The visitor is in the presence of the sponsor at all times; and
- c. A copy of the visitors photo ID is made and provided to the Research Security Officer.
- d. The sponsor must contact the Research Security Officer within the first 4 hours of the first working day following the visitor's access.

B. Personnel. The SO will verify that all individuals have obtained formal approval prior to beginning work in the research laboratories and have been appointed as full-time, part-time or intermittent, as compensated, uncompensated (WOC) employee, or fee basis. In addition, if the individual will be working in a BSL-3 research laboratory the individual must obtain specific approval to work in the BSL-3 research laboratory. VA research laboratories that use agents that have been excluded from the select agents or toxin list or which uses exempt quantities of toxins are considered laboratories that fall under following subparagraph.

(1) **VA Research Laboratories and BSL-3 Research Laboratories Not Using or Storing Select Agents or Toxins.** Prior to beginning work in a VA research laboratory that does not use or store select agents or toxins there are two general levels of approval that must be obtained. The first (section 5c) involves approval from Human Resources and the second (section 5e) approval from the Research Security Subcommittee (RSSC).

(a) Prior to beginning work Human Resources will verify the person's credentials. HR will submit both a Standard Form (SF)-85, Questionnaire for Non-Sensitive Positions, for low-risk level positions and fingerprints to the Office of Personnel Management for completion of a background check. The AO for R&D will verify that this has been done. Once it has been verified that this process has been initiated, the individual is considered approved to enter non-BSL-3 VA research laboratories unescorted and begin work. The AO will update the results of the background investigation once it has been completed and a suitability determination made according to VA and other Federal regulations. Employees that will be working in a BSL-3 research laboratory not containing select agents or toxins must obtain approval to do so from the R&D Committee.

(b) HR will review applications from non-United States citizens for their current residency status in the United States prior to employment or granting access to research laboratory areas. HR is responsible for reviewing, verifying, and tracking citizenship and visa status. Follow-up with appropriate external agencies such as the Immigration and Naturalization Service may be necessary to clarify or validate a non-citizen's credentials. The research office must verify that this has been done.

(c) The individual's status as a legal alien will be verified annually by HR.

(4) Students, fellows, residents, visiting scientists, and others who may be at the VA for short periods of time may be granted limited approval to access VA research laboratories or storage areas if:

(a) Their credentials have been verified.

(b) A background check has been completed as required by VA Directive and Handbook 0710, "Personnel Suitability and Security."

(c) Their citizenship status verified and they are either citizens or legal aliens.

(d) A determination has been made that they are in a low-risk category.

(e) Access is limited to daytime hours when approved or authorized VA employees are present.

(f) If access is requested to a BSL-3 research laboratory, the R&D Committee must approve the request.

(5) Individuals leaving VA employment or no longer working in the VA research laboratory are expected to comply with all clearance procedures, including turning in identification badges, keycards, other access items, etc.

(6) In the event an individual with access to a research laboratory inexplicably disappears, is suspected to have violated procedures, or committed a security breach, VA Police Service and other security officials, including the VA OIG, will be notified immediately.

NOTE: Law enforcement officials will take necessary steps to treat the areas affected as potential crime scenes.

(7) WOC appointments for those individuals who have been granted authorization to enter research laboratories will be reviewed annually to determine the appropriateness of their WOC appointment. The results of this review by the Research Security Subcommittee (RSSC) will be submitted to the SRS and R&D Committee for its concurrence..

(a) The SRS and R&D Committee will record its concurrence in the minutes of the meeting where the issue was reviewed.

(b) The findings will be conveyed to the ACOS/R&D, the VA research laboratory director, and the individual. If the SRS or R&D Committee does not concur, HR must also be notified and the individual's WOC appointment and authorization terminated. **NOTE:** *The individual may continue in the WOC status if the individual qualifies for another position.*

(8) Personnel are to enter research laboratory areas only when required to perform their duties and responsibilities.

C. **VA Research Laboratory Access.** Access to research laboratories is controlled at all times. Research laboratories are not open to the public.

(1) All research laboratory areas, including animal housing areas and storage areas, include a state-of-the-art security system that generates permanent, dated records with identification of persons entering the area and times of entry. For BSL-3 laboratory the time persons exit is also recorded. Access control is on a 24-hour, 7 days per week schedule (i.e., includes holidays and weekends).

(a) An intrusion alarm system is present, connected to, and otherwise monitored by, the VA Police Service.

(b) The SO or designee, must conduct and document a review of access records on a weekly basis. Officer. The Research Service must retain the written record of each review. Irregularities identified during a review or in the course of daily activities must be immediately reported to VA Police Service, the RO, and the Research Service.

(c) Keycards are coded such that they only allow access to areas the person is authorized to enter. A record of keycard assignments, including a record of the expiration date, is current at all times.

i. Keycards are valid for the length of time the individual is assigned to the area requiring the keycard and the expiration date of the keycard is consistent with the expiration date of the individual's appointment or contract. If the individual is a noncitizen whose status must be ascertained yearly, then the keycard may only be valid for that period of time. Access for all authorized staff is re-evaluated every 90 days.

ii. Personnel leaving VA employment, or no longer working in the research laboratory, including WOC appointees and contractors, as well as non-citizens, must adhere to full clearance and checkout procedures. This includes turning in all identifications, keys, keycards, and other access items.

iii. Returned keycards and all passwords (to include Information Technology passwords and other passwords) are deactivated within 24 hours of clearing the station.

iv. For keycards that are not returned, an immediate assessment must be made regarding the potential for a breach in security. Once it is determined that a keycard was not returned, it is immediately deactivated.

(2) The following additional security procedures are implemented. Procedures to ensure that only individuals approved to do so may enter and work in BSL-3 research laboratory. Issues considered in implementing this policy include:

(a) All medical center personnel (full-time, part-time, WOC, fee basis), contractors, and others engaged in VA-approved research on a short-term basis, such as students, fellows, residents, and visiting scientists, must wear photo identification badges at all times.

(b) Individuals engaged in VA approved research on a short-term basis cannot enter the BSL-3 if the time is insufficient to obtain a specific approval to enter the BSL-3 laboratory.

(c) A record of access must be kept for all visitors to secure laboratory areas, including service providers, Environmental Services, Engineering Service, and safety personnel that have not obtained approval to access laboratories, the specific approval to access the BSL-3 research laboratory. The record must specify their name, affiliation, purpose for visiting, times of arrival and departure, and the person who is escorting the visitor. Visitor access must be limited to hours when approved or authorized (as applicable) VA employees are present.

(d) Visitors must be accompanied and monitored at all times by a VA employee approved to enter the research laboratory area. The employee must be specifically approved to enter the BSL-3 laboratory if the visitor is allowed to enter the area. This employee is responsible for the visitor's activities and conduct, and for ensuring that the escorted visitor exits the area at the appropriate time.

D. Process To Obtain Authorized Entry: The AO,R&D, as a designee of the Research Security Subcommittee (RSSC), will grant authorized access. The RSSC is responsible for the review of processes and decisions made by the AO, R&D in relation to secured access. The RSSC includes representatives from: facility management, Police Service, Human Resources (HR), VALBHS Safety Officer, the Radiation Safety Officer, the Industrial Hygienist, and the AO/R&D. The RSSC will be chaired by the AO/R&D.

(1) The process of obtaining authorization to enter the secured area begins with the Principal Investigator (PI). The PI must make a formal request to the AO, R&D to identify each staff member that requires access to the secured area. The request is accomplished by completing the Request for Staff Access to Research Secured Laboratory (Attachment A).

(2) Each individual requiring access to the secured area must complete the Application for Access to Research Secured Area (Attachment B).

(3) The RSSC is responsible for approving security access according to policy. Criteria and elements to be considered when granting approval: acceptable and work related need to be in secured area; certification that individual is not prohibited person; Application and PI Request completed; copy of photo ID (drivers license preferred); statement of U.S. citizenship OR copy of current and legal permission to be in U.S.; initiation and eventually results from background record check; and verification that required training has been completed.

(4) The AO/R&D, or the Research Security Officer must review the continued status of staff access semi-annually. The review will include an inquiry from the AO/R&D or Research Security Officer to the PI, to determine whether specific staff requires continued access to the secured area.

(5) The Research Security Subcommittee (RSSC) will submit recommendations for renewal to the R&D for approval annually. Factors that will be considered when addressing requested renewal include

- (a) The number and nature of security exceptions by the individual;
- (b) Whether required training is current; and,
- (c) Security-related information deemed pertinent to the RSSC.

E. Physical Security. The SO will ensure that the physical security of research laboratories and other research areas of the facility housing hazardous agents, meet appropriate standards determined by the Office of Security and Law Enforcement (OSLE) (see VA Directive and Handbook 0730), regulatory agencies, and/or cognizant VA oversight offices.

(1) **Security for all Research Laboratories.** All research laboratories in building 138 include the following:

- (a) Control of access on a 24-hour, 7 days a week schedule, including weekends and holidays.
- (b) Access to the research building is by keycard and to the lab by key.
- (c) The control system maintains record of access. The record of access is reviewed weekly by the Research Security Officer and the findings documented. Irregularities identified during a review or in the course of daily activities, must be immediately reported to VA Police Service.
- (d) The presence of an intrusion alarm system that is connected to, and otherwise monitored by, the facility VA Police Service. A video surveillance system is also used.
- (e) Facility security standards are reviewed on an annual basis by the RSSC.
- (f) The ACOS/R&D is responsible for informing the Police Service of any changes in research affecting a laboratory's security rating.

(2) **Security for BSL-3 Laboratory.** The SO along with the PI are accountable for the BSL-3 research laboratory additional security requirements which must be implemented; these include:

- (a) Access to the area is through the use of cardkey access.
- (b) Video surveillance of the entrance is in place.
- (c) The time of entrance and egress of staff and visitors from these areas must be recorded.
- (d) Access into the area from overhead is prevented. The means to prevent such access is equivalent or better than that found in VA Handbook 0730, Appendix B, Requirement D.
- (e) An audible alarm is present and monitored. The alarm is for both safety (to indicate emergencies such as fire, hazardous materials incident, or need to evacuate) and to indicate an intrusion. Strobe lights were installed as an added precaution.
- (f) A telephone is located in the area.

(2) **Acquisition of Hazardous Agents.** The SO will ensure that the acquisition of these agents may only occur when there is an approved protocol that requires their use and storage.

- (a) Prior to initiating the procurement process, the Safety Officer, the SRS and the R&D Committee must approve this action. The approval may be included in the approval of the protocol(s) that require the agents or as a separate request. The approval for procurement must be specifically stated in committee minutes.
- (b) Procurement actions must be conducted according to the Federal Acquisition Regulation (FAR) and the Department of Veterans Affairs Acquisition Regulation (VAAR). The independent purchase, possession, receipt, or use of hazardous laboratory materials without appropriate authorization is prohibited.
- (c) Only VA research laboratories holding a CDC or APHIS Certificate of Registration and/or registration number may acquire select agents or toxins.

(3) **Inventory Transfers.** The SO will ensure that transfers of inventory are in compliance with DOT, OSHA, NRC, CDC and USDA APHIS regulations. Transfer of any hazardous agents, including but not limited to those specifically identified as CDC select agents and toxins and USDA APHIS biological agents and toxins, must be documented as to the identity of the receiver of the materials, where it is being transferred, and the date of the transfer.

- (a) The SRS must approve all transfers of hazardous agents, including exempt quantities of toxins.
- (b) If there are extreme time constraints and there is an appropriate justification for the transfer prior to the next committee meeting, the chair of the SRS may approve

the transfer. The full SRS and R&D Committee must be notified of the action at their next meeting.

(c) Transfers of radioactive materials and/or radioactive sources, and other hazardous agents must be reported to the Radiation Safety Officer prior to transfer.

(4) **Delivery.** Laboratories must document delivery and the handling of highly sensitive materials in laboratory records. Packages containing specimens, bacterial or virus isolates, or toxins are to be opened in a safety cabinet or other appropriate containment device.

(5) **Hazardous Agents Including Exempt Quantities of Toxins, not Currently in Use.** The SO will coordinate with the facility Safety Officer and the SRS to ensure that agents not currently in use on approved protocols and for which there are no immediate plans for use, are transferred to another laboratory, destroyed, or disposed of by methods approved in applicable regulations. Upon termination of the use, a select agent or toxin must be:

(a) Securely stored in accordance with the requirements of this plan,

(b) Destroyed on-site by autoclaving, incineration, or another recognized sterilization or neutralization process. The destruction must be in compliance with all applicable Federal regulations. Chemicals designated for disposal must be reviewed by the facility IH to determine appropriate disposal method.

(6) **Destruction of Select Agents and Toxins Including Exempt Quantities.** Procedures listed below for implementing this destruction must be followed. These procedures do not apply if during the select agent's use in the research the characteristics of a select agent or toxin are altered so that it no longer meets the criteria for a select agent or toxin, or if the select agent is destroyed or consumed during and because of the research. This paragraph applies to destruction of those agents no longer required for the research.

(a) Prior to the destruction of hazardous agents, including exempt quantities of toxins, permission must be obtained from the VISN Safety Office through the Medical Center Director, the Facility Safety Officer, the ACOS/R&D, the R&D Committee, and the SRS.

(b) The destruction of select agents, toxins, exempt quantities of toxins, or highly sensitive materials must be witnessed and documented by a scientist, or other professionally qualified individual, not directly associated with the investigator's laboratory, and who has sufficient skills and knowledge to verify that the sensitive materials are destroyed or inactivated.

(c) The process must be carried out to ensure that the material cannot be cultured or a part of it removed without the knowledge of the witness.

(d) The documentation must include the date and means of destruction or inactivation, and must be signed by the VA investigator, by the personnel actually destroying the material, by one witness not directly associated with the investigator's laboratory, and by at least one person from the research office (i.e., the ACOS/R&D, or designee).

(e) Following destruction of the material, the signed and dated documentation must be forwarded to the Research Service, the R&D Committee, and the facility Safety Officer.

(7) Destruction of hazardous agents other than select agents and toxins (non-exempt or exempt quantities) must follow requirements found in previous subparagraphs. The facility's Safety Officer, IH, or VISN IH needs to be consulted to ensure the appropriate method of destruction.

F. Emergency Preparedness and Response. The VA Long Beach Healthcare System Emergency Preparedness Plan is described in a separate document. The SO will ensure that all individuals given authorized access to the laboratory area must be knowledgeable of the R&D Emergency Preparedness Plan, as outlined in the VALBHS Emergency Management Plan.

(1) In addition to the VA Long Beach Healthcare System Emergency Preparedness and Response plan, the facility also conducts through the SRRC an annual vulnerability assessments of all VA research laboratories by a multidisciplinary team consisting of local research personnel, a representative from VA Police Service, the facility Safety Officer, Safety Officer, Radiation Safety Officer, and/or IH. Vulnerability assessments must also be conducted after any incident. This assessment is to identify high-risk areas, sensitive materials, and physical security issues.

(a) Assessments must include, but are not limited to: physical security (doors, windows, wall openings, ceilings, partitions); access security (keys, badges, keycards, codes, etc.); utility system security (electricity, ventilation, water, wastewater); security of hazardous agents; and information security (information technology (cyber) or hard copies).

(b) The results of the assessment must be provided to the RSSC, the R&D Committee, and the RO.

(c) All vulnerabilities identified during the assessment must be eliminated and the steps taken to eliminate the vulnerabilities documented.

(d) Training of facility personnel must reflect the assessment by addressing all aspects of responding to intrusions and/or terrorist events, including security awareness training, and emergency procedures to detect and safely respond to unauthorized individual(s) in research laboratory areas.

G. Training Requirements. All individuals (VA employees appointed as full-time, part-time or intermittent paid employees, and WOC employees, as well as contractors) working in a research laboratory, those working with hazardous agents including select agents or toxins, those working within BSL-2, or BSL-3 laboratories, and all individuals directly administering these VA research laboratories must be appropriately trained to ensure security within research laboratories security of select agents, toxins or other hazardous agents.

(1) Training will include:

(a) General information on security within VA research laboratories, as well as security of hazardous agents including select agents or toxins.

(b) General information on information security.

(c) Safety related training is provided through the SRS.

(2) The Principal Investigator will ensure that all required personnel complete such training and its completion is documented.

(3) All new research staff and new administrators (e.g., ACOS/R&D, AO/R&D, supervisors, managers) responsible for VA research laboratories, including those using or storing hazardous agents including select agents or toxins, must complete the required training prior to assuming their duties.

(4) For those individuals already working within research laboratories and those involved in handling select agents or toxins, the RO may certify in writing that the individuals have the required knowledge, skill, and abilities to safely carry out their duties and responsibilities. This includes the ability to understand and follow the security requirements in this plan.

(5) All individuals must receive additional training prior to assignments with new exposure situations or when security systems and procedures are changed.

(6) All individuals who are required to obtain initial training or have been certified by the RO as having the appropriate knowledge to work in VA research laboratories must obtain refresher training annually.

(7) The RO or ARO(s) must maintain training records for both the initial training and all annual refresher training; this includes the identity of the individual, the date of training, and the means used to verify that the employee understood the training. A notation must be made in the training log regarding individuals that were certified by the RO. The written certification for these individuals must also be maintained on file.

H. Record Keeping. The RO or ARO(s) must complete records relating to the activities covered by this Plan.

(1) Records must include:

(a) An up-to-date, accurate list of all individuals approved to work within or enter VA research laboratories unescorted.

(b) Training Records.

(c) Safety and Security Incident Reports. Safety and Security Incident Reports including:

(d) All incidents reported to the VISN and VA Central Office.

(2) A mechanism must be implemented to ensure that all records (written, computer databases, spreadsheets, etc.) are accurate, and one which allows for the authenticity of these, records being verified.

(3) A record must be kept of all inspections of the VA research laboratories covered by this Handbook, including:

(a) Inspections by authorized entities such as CDC, VA OIG, USDA, GAO, ORD, ORO, the VA facility, and VISN Safety and Health officials.

(b) All inspections of the VA research laboratories covered and required by this plan.

(4) A record of all findings, deficiencies and corrective action based on the inspections listed in this plan.

(5) All, security, plans (including a record of when last reviewed, the mechanism used to disseminate the plan, and new changes to affected research staff) must be maintained and available for inspections.

(6) Records of distribution of keycards, passwords, etc., including the date distributed, the person receiving it and the date of termination or return of them.

(7) Access and, if applicable, egress records and the results of the weekly review of the records.

(8) Records related to any review of visa status for employees that are not United States citizens.

(9) Copies of applicable current policies and procedures.

(10) Records must be maintained for a minimum of 5 years.

7. ANNUAL REVIEW OF PROGRAM COMPONENTS OR ACTIONS On an annual basis the following components need to be reviewed:

(1) Review of training records and requirements.

(2) Review of the security plan. **NOTE:** *The security plan must also be reviewed after each incident.*

(3) Vulnerability assessment must be conducted and results reviewed.

(4) Visa status of non-citizens.

(5) Status of WOCs.

8. REQUIRED SEMI-ANNUAL REVIEW

(1) Inventory of Hazardous Agents.

(2) Status of those persons approved to enter VA research laboratories.

9. REFERENCES

- (1) Public Law 107-188, "Public Health Security and Bioterrorism Preparedness and Response Act of 2002."
- (2) Title 5 CFR Parts 731 and 736.
- (3) Title 18 U.S.C. § 175b.
- (4) Title 7 CFR Part 331.
- (5) Title 9 CFR Part 121.
- (6) Title 10 CFR Parts 19 and 30, the Civil Service Reform Act of 1978, and the Whistleblower Protection Act of 1989.
- (7) Title 29 CFR 1910.38, 1910.120, 1910.1450 and 1960.
- (8) Title 42 CFR Parts 72 and 73.
- (9) CDC-NIH "Biosafety in Microbiological and Biomedical Laboratories" 4th edition.
- (10) NIH Guidelines: "Recombinant DNA and Gene Transfer," April 2002.
- (11) VA Directive and Handbook 0710.
- (12) VA Directive and Handbook 0730.
- (13) VA Handbook 5005.
- (14) VHA Handbook 1100.19.
- (15) VHA Handbook 1200.7.
- (16) VHA Handbook 1200.8.
- (17) VHA Handbook 7701.1.

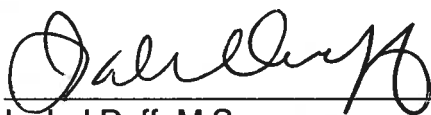
9. FOLLOW-UP RESPONSIBILITY

Administrative Officer, R&D

10. RESCISSION

Review and replace every three years.

11. APPROVAL



Isabel Duff, M.S.
Director

Date

10/22/09

APPENDIX A

HAZARDOUS BIOLOGICAL AND CHEMICAL AGENTS

1. The Centers for Disease Control and Prevention (CDC) has identified certain biological, chemical and radioactive materials or agents as having potential for use as weapons of mass destruction. Improper use and/or containment of these materials or agents pose a risk to national security because of their:

- a. Ease of dissemination or transmittal between individuals;
- b. Potential for high mortality rates and major public health impact;
- c. Potential for causing public panic and social disruption; and
- d. Risk for public health preparedness.

2. Storage and/or use of these materials or agents in any quantity in a (VA) research laboratory requires special consideration for physical security, personnel access, inventory control, and emergency preparedness. These include:

a. **Select Agents and Toxins.** A current list of select agents and toxins may be found at <http://www.cdc.gov/od/sap/>. This site also includes agents and toxins that are included on the United States Department of Agriculture (USDA) list of biological agents and toxins that overlap with the CDC list. This website contains:

(1) A list of toxin amounts (exempt quantities) permissible for an investigator to store or use without requiring compliance with Title 42 Code of Federal Regulations (CFR) 73; and

(2) A list of agents and toxins that have been excluded from the list of select biological agents and toxins.

b. **List of USDA Biologic Agents and Toxins.** A list of USDA biologic agents and toxins may be found at: <http://www.aphis.usda.gov/>.

c. **Chemical Agents Considered to be Hazardous Agents.** As of the date of publication of Handbook 1200.06, the following chemicals are considered hazardous agents. This list may be updated in the future and updates will be found on the Office of Research and Developments website: <http://vaww1.va.gov/resdev/>.

- (1) 3-quinuclidinyl benzilate (BZ);
- (2) Chlorine gas;
- (3) Cyanogen chloride (CK);
- (4) Cyclosarin (GF);
- (5) Diphosgene (DP);
- (6) Hydrogen cyanide (AC);
- (6) Lewisite (L); **NOTE:** *There are three individual chemicals included in this category.*
- (7) Lysergic acid diethylamide (LSD);
- (8) Nitrogen mustard (FIN-i, HN-2, or I{N-3);
- (9) Phosgene (CG), also known as carbonyl chloride;
- (10) Phosgene oxime (CX);
- (11) Sarin (GB);
- (12) Soman (GD);
- (13) Sulfur mustard (H, or HD, or HT), also called mustard gas or mustard agents;

- (14) Tabun (GA); and
- (15) VX (VX is both the name and symbol).

d. Radioactive Materials and/or Radiation Sources

- (1) The special considerations required for radioactive materials and/or radiation sources need to be based on the specific radionuclide, the half-life, and the quantity present. For a “radiation high-risk” situation, more restrictive security measures need to be followed. For a “radiation low-risk” situation, basic security measures need to be followed.
- (2) “Radiation high-risk” is a single location or room where the total activity of a single radionuclide with a half-life of more than 3 days is greater than one Curie and the radionuclide is received, store, or used. “Radiation low-risk” is any location other than a “radiation high-risk” location and where radioactive materials and/or radiation sources are received, stored, or used.
- (3) As additional agents or materials are identified by the CDC, those agents or materials will be considered by VA as hazardous agents, and will be subject to the same security requirements as those agents or materials identified in preceding subparagraph 2c.

ATTACHMENT A

VA Long Beach Healthcare System

REQUEST FOR STAFF ACCESS RESEARCH SECURED AREA

1. **PURPOSE:** To formally request access for Investigator's employees and staff to the Research Secured Area.
2. **POLICY:** The information requested in this document must be supplied via submission of this form or Email before access to the secured area will be considered.
3. **RESPONSIBILITY:** It is the responsibility of each Investigator to formally identify the staff that must have access to the secured area in order to complete their research-related duties.
4. **PROCEDURE:** The Investigator submits the information requested to Valerie Viramontes via this document (hand deliver to Research Administration). NOTE: Attachment B is also required.
5. **REQUESTED INFORMATION:**
 - a. Person making request: _____
 - b. Name of person for whom access is requested: _____
 - c. Immediate supervisor of person for whom access is requested: _____
 - d. Brief description of duties of person for whom access is requested (lab support, research assistant, etc): _____
 - e. Areas to which access is needed. Check all that apply:
 - (1) General Laboratory Area
 - (2) BSL3 (do not mark this box unless otherwise instructed)
 - (3) VMU (only mark this box if you expect to work with animal subjects)

Signature of Principal Investigator

(This PI must be the investigator assigned the laboratory space where the new staff member will work.)

ATTACHMENT B

VA Long Beach Healthcare System

APPLICATION FOR ACCESS TO RESEARCH SECURED AREA

1. PURPOSE: To formally apply for access to Research Secured Area.

2. POLICY: In order to be considered for access to the secured laboratory area, the applicant must submit this document to Valerie Viramontes (hand deliver to Research Administration). Note: the Principal Investigator must also complete ATTACHMENT A.

3. REQUESTED INFORMATION:

a. Full Legal Name _____

b. Home Address (not Post Office Box) _____

c. Date of Birth _____

d. Place of Birth _____

e. Citizenship Status:

(1) U.S. Citizen

(2) Other (Attach copy of document indicating legal authority to be in U.S.)

f. Circle "yes" or "no" for each item below. Any "yes" answers should be detailed in 3f(8) below.

(1) Yes No I am under indictment for a crime punishable by imprisonment exceeding 1 year.

(2) Yes No I have been convicted of a crime punishable by imprisonment exceeding 1 year.

(3) Yes No I am in fugitive status from any local, state, national, or international law enforcement agency.

(4) Yes No I am an unlawful user of any controlled substance.

(5) Yes No I am an alien illegally or unlawfully in the United States.

(6) Yes No I have been adjudicated as mental defective or have been committed to a mental institution.

(7) Yes No I have been discharged from the United States Armed Services under dishonorable conditions.

(8) Comments/Details/Notes:

Signature of Applicant

Date