

**FTS-CDC-EPO**

**Moderator: Denise Korzeniowski  
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12:00 pm CT**

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You will be prompted to record your first and last name prior to your question.

This conference call is also being recorded by the request of the company.

Now, I'd like to turn the conference over to you host, Mr. Josh Rowland

Sir, you may begin.

Josh Rowland: Hello? Yeah?

Hello. Good day and welcome to our telecon- being prepared, having a continuity operations plan.

This is Josh Rowland, State Training Coordinator at the Nebraska Public Health Laboratory in Omaha, Nebraska.

Today's teleconference is being hosted by the Nebraska Public Health Laboratory at the University of Nebraska Medical Center.

I'm going to read a few program notes before we begin the program.

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Again, welcome and thank you for joining us. We have 48 sites from across the United States listening to this teleconference.

Today's speaker is Dr. Norman Crouch. Dr. Crouch is currently Director of the Public Health Laboratory Division at the Minnesota Department of Health. After earning his doctoral degree in medical microbiology from the University of Wisconsin, he was a postdoctoral fellow at Baylor University College of Medicine and the Pennsylvania State University College of Medicine. He has served on medical faculties, first, at the University of Iowa College of Medicine, and then at the University of Illinois College of Medicine.

He has also served as President of the Association of Public Health Laboratories headquartered in Silver Spring, Maryland.

Before going to Minnesota, he was at the Indiana State Department of Health.

It's my pleasure to introduce you and to welcome our speaker, Dr. Norman Crouch.

Dr. Crouch?

Norman Crouch: Thank you very much, Josh.

I want to express my appreciation to NLTN for giving me an opportunity to discuss the continuity of operations plan, which I think, we all need to consider as being very important.

Hello, everyone.

What I want to do today is three parts. First, I want to just remind all of us of the critical role that public health laboratories play. Secondly, I'm going to use an example of the Louisiana experience with Hurricane Katrina to describe the impact of such a disaster on the public health laboratory. And then finally, describe some of the elements of a continuing operation - Continuity of Operations Plan which I'll refer to from here on as COOP.

Now, I have my slides numbered and your slides are also numbered. The first slide is Number 1, which is the title slide. And so, as I go from one slide to another, I'll just indicate which slide you should be on.

The first thing I want to do is talk a little bit about the laboratory role in health protection. Our public health laboratories have a very core function that we all are familiar with, but I just wanted to itemize those to begin with.

First of all, screening newborns for heritable and congenital disorders, those are the newborn screening programs. And most of our - not all but almost all of our state public health laboratories, they have newborn screening program, detecting common, rare and emerging health threats.

Certainly, we are involved in that for the long-term but now, that has become even more important with our participation in the Laboratory Response Network.

Another one is, responding to biological, chemical and radiological emergencies. Another is diagnosing infectious diseases of public health importance, and finally, monitoring environmental matrices for hazardous chemical agent.

Now, not all of our public health laboratories do this last item, hazardous chemical agents, but many of us do.

When we talk about laboratory preparedness, we have to think about what public health laboratories are expected to do. They're expected to respond to natural, accidental or even intentional disasters. And of course, intentional disasters would be civil disturbance or acts of terrorism.

In addition to being expected to respond to those situations, they're also expected or we're also expected to maintain critical operations during disasters that impact our laboratory facilities and laboratory staff.

So not only are we expected to respond, but we're also expected to respond even though we've got a disaster we're dealing with at the same time in our own facility or with our own staff.

I sometimes think of public health laboratories in this sense, the public health laboratories are to public health but police departments are to public safety.

We are continually watching for trouble and we have to be prepared to respond. And that puts us in a very important situation in terms of public health. And so, our laboratories have to continue to operate.

The purpose of the COOP then is in response to disaster to assure continuation of essential laboratory function, to assure the laboratory can act rather than just react, so COOP is all about have a pre-plan in place so that it's not just reacting to the disaster but actually taking appropriate actions.

And finally, to assure the laboratory meets the demand dictated by the disaster. The laboratory - the impact of the laboratory actually might be caused by the disaster, for example, the situation with Hurricane Katrina, although despite the fact that this laboratory might be right in the middle of the disaster, it's also expected to respond and therefore, needs to have a plan in place.

So, let me turn now to a discussion a little bit of Hurricane Katrina. And some of you may have already seen some of these slides and I ask Dr. Steve Martin, the Director of Louisiana Public Health Laboratory, if it would be all right to use some of his slides. And if he's listening, I want to extend, once again, my thanks to him to allow us or to allow me to use the information.

He actually presented this at the presentation entitled, "Redefining Laboratory Preparedness at the Louisiana Public Health Laboratory." And he gave this excellent presentation at 2006 Annual Meeting of the Association of Public Health Laboratories or APHL.

It talks about the pre-hurricane action. And these actions involved, secure the laboratory facilities and equipment within areas that may be impacted.

Now, they knew that the hurricane was heading towards Louisiana and that part of the United States. So they began by taking this action.

Another was to prepare to have the staff available in the emergency operation center if that was activated, prepare to move stuffs, supplies and equipment to non-impacted areas.

Of course, you don't know exactly where the most intense part the hurricane is going to happen. So, this takes a lot of preparation.

And then also, of course, committing the remaining lab staffs to assist with health department activities because in the face of a disaster, there may be a need for people to be involved in other activities other than just laboratory.

So on Friday, August 26, Katrina was heading toward Louisiana and those states nearby. It was way out - quite a long way out in the Gulf of Mexico.

And so, during Friday, August 26, the main lab in New Orleans which is in the State Office Building, it's located actually on three floors -- fourth, seventh and eighth floors.

And the laboratory staff verified the communication. They went over their recall list to make sure that they were intact. And they check their equipment, particularly their communication equipment, such as pagers, cell phones, their state police radios at 800 megahertz capability, and they secure all the equipment that was not currently in use.

They powered it down and they covered it. And then, they arrange to return the next day to secure any of the equipment they had to leave operating because samples were currently being processed.

And then, of course, they allowed staff to make personal emergency plan in light of the fact that the hurricane was baring down that part of the country.

So on August 26, the hurricane was still not - did not come inland, it was still out in the Gulf of Mexico but it was moving towards Louisiana. The lab actions then on August 26 were the managers and supervisors returned to the New Orleans lab, which is the main laboratory of the Louisiana Public Health Laboratory system and they shut down all the remaining operational lab equipment that they kept operating on Friday.

And then, they remove files that they might need for a short-term operation, and that's either a short-term operation.

They also - the State Emergency Operation Center was activated and they verified the building security with the capital police. So - and then at 2:00 pm, the laboratory was secured and closed.

On Monday, August 29, the Category 4 hurricane hit the barrier islands of the Coast of Louisiana.



The lab actions on Monday, the 29th of August, were the lab director and the assistant director, were located at the Shreveport regional laboratory. At 8:00 pm already, they lost - in the morning, they lost all communications -- the landline, cell phones, and wireless Internet and pagers were down, the 800 megahertz radios were all needed for evacuation and rescue.

At 1:00 pm, there was a first report of the levee breaches and widespread flooding.

I'm sorry. I forgot to tell you which slide I'm on. I'm now on Slide 14, which is entitled, "Lab Actions Monday, August 29." I apologize.

On Monday, August 29, the main New Orleans laboratory and the (EMID) Regional Laboratory -- I hope I'm pronouncing that correctly -- were 100% out of service. They had no phone, no water, no electricity.

That represented about a 70% lost of public health laboratory space and equipment for Louisiana. Only about 10% of the New Orleans laboratory staff actually checked in because most had evacuated.

Next slide, Slide 15, "Post-Hurricane Expectation."

Despite what was happening, the Louisiana Public Health Laboratory system were expected to resume all pre-hurricane testing, provide microbiological testing of all potable water supply, provide testing for enteric and respiratory pathogens, 24/7 for evacuees of shelters and also, first responders.

In addition, they were to provide expanded arbovirus testing in the flooded areas, including West Nile, St. Louis encephalitis and eastern equine encephalitis.

Slide 16, the immediate post-hurricane issues were numerable. They needed to relocate testing from the main New Orleans lab to other labs because the New Orleans lab was completely out of service. They had to assess the status of the New Orleans and the (EMID) labs. They had to find equipment to replace - that's unavailable at the New Orleans lab to reestablish testing capacity. And also, especially, to enable them to continue with real-time PCR and mass spectrometry.

They also had to replace the reagents and supplies that were out of commission because the New Orleans and (EMID) labs were down. They had to obtain CLIA, FDA and EPA approval to move testing to other laboratories. They had to locate their laboratory staff and they had to acquire pathology support for some of the reporting that needs to be done.

The immediate post-hurricane priorities, Slide 17, were to reestablish microbiological testing of drinking water. They had about 200 or about 2 million people without potable water and they were working in temperatures of over 90 degrees with humidity about 90%.

They had to reestablish newborn screening. They had to reestablish real-time detection of enteric pathogens, respiratory pathogens and arboviral pathogens.

Slide 18 shows the view from the laboratory during the evening where you can see extensive flooding and the laboratory was surrounded by water.

Unfortunately, the Louisiana Public Laboratory - the Public Health Laboratory was able to get assistance eventually from a variety of other nearby or not even nearby laboratories, public health laboratories that provided assistance. Iowa provided newborn screening.

Texas laboratory did tuberculosis and drinking water testing. Arkansas laboratory did drinking water testing. Alabama steps to the plate in case there was a need for LRN and bioterrorism testing.

The US EPA and Houston lab did trace metal testing for drinking water. And the EPA lab also provided mobile labs for drinking water testing. The Louisiana State University Clinical Laboratories did a variety of clinical testing and provided pathology services.

And the FDA mobile labs for Arkansas provided water testing to reopen fisheries. And of course, they were other means of assistance also.

So after this all transpired, they did an evaluation of their pre-hurricane plan. My understanding is that they did not have what might be called an official COOP in place.

Their evaluation of their pre-hurricane plan, this is Slide 20, where the communications were disrupted and failed, staffing issues resulted for many displaced homeless employees. Support from FEMA and EMAC was hard to access. There was not enough redundancy for critical services, especially communication.

And the time frame of the plan was too short, it was only about a week. And the US Postal Service seized to function in all the affected areas which meant that you could not get materials and specimens and samples transported to them.

So lessons learned from the Katrina event -- you need to have a short-term and a long-term plan; you need to assure effective, reliable communication

system; you need to assure emergency power is adequate and sustainable; you need to back up critical laboratory records and you need to have seniors lab staff report immediately to a secure location.

Slide 22 just introduces the idea that I'm going to talk next about element of a COOP.

The purpose of the COOP then is to have in place a pre-plan to address threats to or incapacitation of the laboratory facility, the need to relocate it, selective of lab personal or function, it could be just part of the laboratory, just part of the personnel or it could be the whole laboratory. And third, a need to assure continuation of the lab essential function, not all of lab's function, but at least the essential function.

The objectives of the COOP are to ensure continuity of this essential lab functions during a crisis, to protect the essential facilities, equipment, records, and other assets, to reduce or mitigate disruptions to lab operation, to prevent loss of life and minimize damage, to achieve timely and orderly reconstitution of normal operations, and to ensure and validate COOP readiness through training and exercise.

I think this last point is very important because if you have a COOP in place which is a pre-plan, you then are able to exercise and train using this plan to see what works and what doesn't work so you can continually refine it to a quality assurance activity.

So that's an important part of having a plan so that you can actually see if it's going to work before the event occurred.

Slide 25, "The Elements of a COOP Planning." And I've listed - and this is not an inclusive list but I think it's some of the major points and these are the points that I'm going to spend the rest of my time talking about.

The access - you need to assess -- not access -- you need to assess laboratory vulnerability, define the trigger for activating the plan, establish the incident command structure, identify recovery teams, determine essential lab functions, identify alternate lab sites if they're necessary, pre-arrange assistance from other labs, and pre-position supplies and workstations, as well as create some kind of a goal pack so that everything you need is going to be at those - pre-position supplies at those workstations that you have put together in advance.

Slide 26 then is beginning to talk about the planning part of the COOP. And the first part of that as I described in the previous slide is determining the lab vulnerability, making an assessment.

And this lists some of the scenarios which could threaten or incapacitate a lab. They could be air - major air handling failure, bomb threat, explosion, civil disturbance, fire, earthquake, hurricane, tornados, severe wind, snow and ice, external sabotage, electrical failure, computer failure, telephone failure, flooding, labor dispute, workplace violence, no state budget, hazardous chemical release, sewer failures, steam failures, severe storm, mischief, accreditation loss, epidemic disease like pandemic influenza, a terrorist attack, or hazardous biological release of some kind and there may very well be others.

So once you look at these various scenarios and consider them, you need to assess the laboratories' vulnerability for each. And certainly, some of this involved security, for example, bomb threat, or explosion, or sabotage, they

have to do with - looking at your vulnerability in terms of your laboratory facility's security.

And then from that information, you determine the level of risk for any threat that is used and this is, in essence, you then use to guide the planning for the COOP process.

For example, in Minnesota, we are not very concerned about hurricanes, we are more concerned about snow and ice, and tornados, although tornados generally are very limited in their scope.

So you can see when you assess the possible vulnerabilities, something like a hurricane for Minnesota would be very low in the list and would not be a major part of our planning.

Slide 27, going on with planning for the CCOP, you have to have in place some pre-knowledge of what is going to trigger the COOP for activation. You need to look at external and internal event that will close down the lab to normal activity.

The area may be close to business because of some catastrophic event. Our actions to take - what action to take based - is actually based on a COOP assessment team of the situation.

So right up front when you realize that laboratory is going to need to have it's COOP plan activated, there has to be in place or there should be in place a COOP team that assesses the situation and they are then involved in determining whether the activation is going to happen. They need to have these pre-established trigger points based on lab vulnerability.

So some of the situations that may require a COOP implementation, just in a general sense, is lost of the lab facility, lost of the lab staff.

In Minnesota, we had a situation where there was - we had no state budget. So we couldn't do everything we normally would do. And so, we had to greatly reduce our staff and that was the situation where we - which activated COOP plan -- COOP.

Now, of course, our third situation would be just an overwhelming need for surge capacity because of some laboratory need that was occurring in our jurisdiction.

Another part of incident plan or planning is to have in place incident management. And we're all very familiar now through the LRN and - to have incident management system in place.

And this involves an incident manager. This probably would be the laboratory director. And then, a liaison individual who probably interfaces with all the folks in the clinical laboratories and clients, et cetera, that need to be contacted and liaison with. And a safety officer that deals with issues that might occur because of the disaster that's ongoing.

And then, you have your various other parts -- the operations component, planning component, logistic and finance. These operations, you have to deal with things like, sample recovery. If the laboratory goes down, you've got samples that are in process or they may be waiting to be analyzed.

And so, you have to figure out some way to recover those samples or specimens that might be unique and not be obtainable from a patient again. So, you need to have that and take that into consideration.

Sample receiving, they have to figure out if - where new sampled specimen is going to come in to.

And results recovery, the same thing you may have had samples that are being tested or specimens being tested and the results are in the laboratory that's no longer available and we have to be able to recover those results.

Planning would involve such things as determining or assessing the capability and capacity that still remain in the laboratory that's within the disaster. This involves looking at the facility itself, the staffing capabilities that are still present, may also serve supplies and equipment.

Logistics involves things like information technology support and kinds of communication aspects that need to be...

And of course, you have to have finance as part of that incident management. You keep track of all of the cost and expenses and things of that nature.

And so, it's very important to set up an incident management scheme. And also then have the - in the scheme, have pre-identified key staff that are going to be involved.

Another part of planning is to put in place a predetermined recovery team. And these are specially or pre-identified special COOP team and these are as needed. Each team is responsible then for a specific aspect of a recovery.

For example, you might have a management team and this is the team that would do that original assessment to determine if the COOP is going to be activated. You would have a facility evacuation team, a relocation team.



You might have an alternate site preparation team, an operations communications and computer team, administration and logistics planning team, salvage and recovery team, security coordination team.

So these are our teams and they're going to know what they need to do when they're activated and they are of course, part of that incident command system that I described in the previous slide.

I'm now on Slide 29, I'm going to Slide 30 entitled, "Planning the Essential Lab Function."

Now, that is really - this is really a key process and it's very difficult and time consuming but very, very important process.

When you look at the categories of function to consider, there are those that are essential that have to be done in some way because of the expectations of the public health laboratory.

And then, there are those that we might be able to suspend during the emergency. Those that are essential must either be maintained in-house or at some alternate site or they are essential but they could be outsourced to another laboratory.

The next slide, 31, again, goes on to talk about determining the essential laboratory function.

The first step is to list the overarching goals of the lab. And this is simply to put things into a large category. For example, you might have an overarching

goal that is to provide guidance and testing to control infectious diseases, might be a clinical section - a clinical laboratory section.

Another might be to provide guidance and testing support, environmental health, if you have an environmental or chemical laboratory section.

And then, third might be provide guidance and testing to support maternal and child health, and that of course, would be the newborn screening program that most of our laboratories have.

So then once you have these overarching goals for the laboratory, for each of the goals, under each of those, you list all of the laboratory function -- all the laboratory functions.

The second step then is to categorize each of these laboratory functions based on the impact that would occur if they were not continued, if they were lost, if they were not continued.

So you assign the lab functions to four different tiers -- Tier 1 being the highest priority and Tier 4 being those functions that are deemed nonessential. It's very important to do this ahead of time.

The third part of this then is to rank-order the essential functions based on the time the operation can go without this function. And these are referred to in some plans as "criticality code." I'm not sure if that's a real word but I've seen it used and we'll use it here.

These are then - have the Triple A categories -- the Double A, B, C, D. And this then is the rank-order of the essential functions that you described in the

first two steps. And this is based on the time the operation or the laboratory can go without actually doing this.

And then finally, the last two steps regarding essential laboratory function is to delineate the tasks required to accomplish each function you identified. So you have the functions, and now what are tasks that are required?

And along with that, you have to delineate the resources required to accomplish each of the task you have identified.

So you can see that this becomes very extensive, even intensive but it's an essential thing to be able to do because you may have a very limited staff, you may have to transfer the functions to another laboratory. So you want to make sure you're only going to be focused on the ones that are essential for the laboratory to function.

Another aspect of planning, and this is Slide 35, is to identify alternative lab site or sites. And there are a variety of issues that have to be considered, things like, does the alternative lab have the required certification? And we are required, you know, a laboratory, if they're going to do diagnostic testing, certainly has to be CLIA certified.

Does the alternative lab have necessary security? This can be important if you're working with certain kinds of agents - select agents, for example. Does the alternative laboratory LRN and select agent approved, if that's a requirement?

What will the financial arrangement be? Will there be a liability - will there be any liability issues that need to be addressed? Will the alternative lab retain or return test samples after the fact, after they have sampled and tested. Often,

we archived this in our laboratories for possible future testing. And we need to know if they're going to be returned.

And what are the risks in using a particular lab? For example, if the lab is nearby, they might also be impacted by the same disaster that brought down the state public health laboratory or the public health laboratory. So that becomes important.

Other issues -- and now I'm on Slide 36 -- includes what essential test need to be outsourced? And of course, you'll look at your essential function list.

What methods of testing will the alternative lab use? If they're using testing for infectious agents of some kind, they're using a testing system or tests that are entirely different than the ones that have been used in the laboratory, that might be problematic in recording the interpretation of the results for the clients that your particular lab have.

How will the results be reported by the alternative lab? What will be expected - what will be the expected turnaround time for the results? I mean, if these are essential services, you need to have it arranged with another laboratory so you can get appropriate turnaround time.

Does alternative lab's capacity - what is the alternative lab's capacity for testing and is it sufficient for the need that you have in your own laboratory? How will the specimens or samples be transported? That's a very, very large issue. How are you going to get them to the alternative lab?

And then, what are the advantages and disadvantages of particular laboratories? You have to weigh that in deciding what laboratories might be used if the COOP gets activated.

Slide 37 goes on to talk more about identifying alternative lab sites. And it's important to consider local reference laboratories for some essential diagnostic testing and this would be outsourcing certain functions that could be picked up by local reference laboratories, for example.

Of course, you have to be careful that you don't pick all these laboratories to do these essential diagnostic tests that are in the same proximity or they're proximal to the state public health laboratory that is having an ensuing disaster because then, you've also lost your alternative lab.

It's very important when you consider identifying alternative labs that you create a database for each of the possible alternative laboratories. And that database should include contact information so you can contact the right people immediately. You need to know what their capabilities are and what their capacities are as you activate your COOP and determine what needs to go where.

Slide 38 continues with planning. And this talks a little bit - I want to talk a little bit about arrangements for assistance.

And it's very important and this is an essential part of having a COOP plan or COOP. And that is to have all of these arrangements for assistance done up front or pre-arranged so that you don't have to try to put in place formal documents during the time of the disaster or situation.

And these can be memoranda of understanding and sometimes these are used for short-term assistance. And these are understandings that the alternate laboratory may provide certain services.

And in some cases, there are no funds involve, but they can be converted into a contractual kind of MOU where you describe the need for funding in an exchange of fund.

So an MOU might not have or might not be contractual but if it's going to be something that can be enforced, then it does have to have - and they're are going to be funds involve for example, then it also needs to be contractual.

Memoranda of agreement sometimes are used for longer term assistance and these are agreements in which the alternate laboratory has agreed that it will provide defined services and usually there's an agreed upon funding situation or mechanism which would involve contracts.

So MOUs and MOAs may or may not be contractual. But if they're going to have - if they're going to be enforceable, obviously they'll - I need to have a contract associated with that.

Slide 38 talks a little bit more about arrangements for assistance and let's call it contracts. And as I pointed out, if you need to be sure that these document arrangements are going to be enforceable, then certainly, contracts need to be considered.

And these are used for routine assistance, sometimes are used for very long-term kinds of arrangement - contractual arrangement. And funding is well-established in those kinds of agreements.

And then finally, just a few words about the Emergency Management Assistance Compact. And in the slides I presented from the Louisiana situation with Katrina, it was commented in their evaluation at the end of the

whole thing that while EMAC was involved, it was rather slow and that could be problematic.

But the idea behind EMAC is that it provides interstate mutual aid. And for requests, it can be received and assistance can be received from other member states.

So if a state has a dire need for assistance, the governor can arrange to get assistance through the EMAC.

Now, this resolves two key issues right up front, that's an important part of this EMAC arrangement. And those issues are liability and reimbursement. That's all taken care off because of prearrangement.

In Slide 40, going on with planning, I mentioned that it's important to have in place supplies and workstations so if an event occurs, you've got a place to go and you have what you're going to need to get the COOP activated and move forward.

You need to determine a number of workstations offsite, how many would you need to have offsite. You need to create an inventory for each of these stations that are accessible offsite. And these might be things like computer access, printers, fax machines, phone, Internet access, things like paper, pen, those kinds of supplies.

And you might have workstation-specific materials such as packaging and shipping supplies, various forms you might need to continue to receive and report tested samples, and a bar code reader, and those kinds of pieces of equipment that might be important to have in place.

Slide 41 is planning to have a goal pack as part of the planning process for COOP. And this is to have a pack located at an offsite location so if something happens and you have to leave your public health laboratory facility quickly, you can go somewhere where you've got this goal pack that will contain a hard copy of the COOP, it could contain a jump - electronic copy of the COOP and a jump drive, a copy of relevant standard operating procedures, contact information for all the special COOP staff and contact information also for all the laboratories that you might want to - you might need to contact.

You want to have that up front and have that in place so that's not lost because of the disaster. It's accessible and available to you so that you can begin the process of implementing the COOP.

And you may also have some of this information maintained on an external Web site.

In Slide 42, now we're talking - we've gone from planning the part - planning parts of the COOP or the operation of the COOP, and there really are three phases. I'm not going to say in much about any of these phases but just to describe them briefly.

Phase 1 is activation and relocation; Phase 2, alternate facility operation and Phase 3, recovery and reconstitution.

Slide 43 refers to Phase 1, the activation and relocation. The COOP should include all activation and relocation procedures. But you've got all of this pre-planned. So if you need to activate it, you know what you need to do.



So you first have to determine the extent of the emergency and the level of activation needed. You may not need to activate the whole plan, maybe just part of them.

So the decision to activate is made by a special lab COOP team that I mentioned, that it might be the management team that you've identified - pre-identified.

And the decision of what to do is got to be based on the lab capabilities that are still remaining after the disaster, the length of time the lab is expected to be down -- sometimes that is fairly easy to predict, many times it's not.

And another part of that would be what safety and security issues exist that need to be addressed and might impact the activation of the COOP.

The next step would be to conduct internal and external notification. The internal would be all the folks that are going to be involved in the COOP, all the special teams that you put in place.

And then of course, you have to also contact the - and notify all of the non-COOPs laboratory staff. Externally, you need to, of course, contact the health officer, clients, couriers, alternate labs that you might need to use as part of the plan activation, and other kinds of or other entities that might - I've notified.

Slide 44 is also activation and relocation. Part of - an important part of -- consider it a thing to consider is evolution. And this is a consideration of the worst case scenario.

I mean, it's possible that the disaster result in the loss of all the COOP leadership that you put into place, all of those special teams, particularly the management team that they're just not available to activate and put the whole process in place.

And so, there needs to be a plan for transferring all essential functions to a different site. So that sort of - that's the worst case scenario so that you actually could continue the stage or the jurisdiction could continue with public health laboratory activities, those essential activities but at an entirely different site you have pre-arranged for that possibility.

Phase 2 then in operation is to look at alternate facility operations. You need to determine the essential function capabilities and capacities needed. And that stem from looking at what is the situation or what is missing and what do we have to replace in terms of essential functions.

After you identify the appropriate alternate site for - from the COOP database, activate predetermined arrangements or assistance from site, those MOUs, or MOAs, or contracts, or EMAC, start considering that.

Assure vital files such as records, files - record databases are secure and usable. Determine what testing is complete and what needs to be reported. I mentioned that there might be testing that's been going on that's setup in the laboratory, what is the status of that and how do you complete that testing and how are the results get reported?

You need to need notify submitters about samples being tested before the event happened. Can the testing be completed and if the samples - will the samples be referred to an alternate site for testing?

And then of course, implement - you need to implement a mechanism for the test results by the alternative laboratories.

And so those are all the important things to consider in the alternative laboratories' facility operation.

Slide 46 is recovery and reconstitution. And this involves the process of returning to the original facility if possible, or it may be the process of replacing the original facility when necessary. And obviously, that's going to be a very long-term kind of process.

And then it's always very important to develop a formal after action report to assess the COOP. That is important when you do training and exercising of COOP, but also, at the end of a situation where you've had to activate the COOP, see what works, what didn't work, what needs to be...

Slide 47 in conclusion, the COOP is a critical document to assure essential functions of the public health laboratory. And usually, I said about the importance of the public health laboratory to the state jurisdiction. We need to be operational in those situations.

There are many examples of past need and I described a little bit Katrina, and I hope I did that some justice. And thanks again to Louisiana for letting me do that.

Our public health laboratories need to be prepared. If we're going to be analogous to the police department, we need to be prepared so that we can respond.

In view of that, the IPHL Board of Directors feels that there is a need for all public health laboratories to develop a COOP. And consequently, they've charged the APHL Emergency Preparedness and Response Committee with the job of putting together a COOP to serve as guidelines for the development of a COOP in all of the states and that will be forthcoming. That is currently being developed.

The last slide, Slide 48, just shows us what the current status of COOP is throughout our states.

The public health laboratory issues a brief on bioterrorism capacity that was put out in May of 2006. We have this table in it.

There are 19 state public health laboratories that have a laboratory COOP in place. There are 14 other state laboratories that have their COOP as part of the state COOP. And there are 17% or 34% of the state public health laboratories who do not have a COOP in place at all.

So there are at least a third of the laboratories that don't have this kind of process in place so that if a disaster happens, they've got a way to deal with it that's already pre-arranged, pre-determined and certainly, facilitate implementation of what needs to be done in order for the state laboratory to continue to function.

Thank you very much. I think that's all I need to say at this point. If there are any questions, we'll have some time.

Josh Rowland: Thanks, Dr. Crouch. This is Josh again.

Yeah, that was an outstanding presentation. I think, hopefully, states that do not have a COOP plan or maybe want to strengthen their COOP plan will get great information from your presentation today.

It looks like now we're going to turn it back over to the operator to see if there are any questions.

Coordinator: Thank you.

If you would like to ask a question, please press star-1. To cancel you question, please press star-2.

Once again, that is star-1 to ask a question and star-2 to cancel.

One moment while the questions register.

Josh Rowland: Dr. Crouch, if I just ask one question during the time that we're waiting here.

Norman Crouch: Sure.

Josh Rowland: When you talk about alternative labs, what should labs consider when they're thinking about alternative labs for use during an emergency as far as proximity? Are there any guidelines as far as how far away those labs should be or...?

((Crosstalk))

Norman Crouch: Well, as I mentioned in my presentation, you have to be very careful about proximity because depending on what the risk is in terms of vulnerability, for example a hurricane, that's going to cover a broad area so you want to make

sure that the laboratories that you're going to have as alternative laboratories are not going to be in the path of the hurricane.

So there - you need to seriously consider, at least for some essential functions, that you may need to look at laboratories that are - have the capability and capacity that may be (not) even adjacent states, but states - other parts of the country. Of course, that's going to make getting samples and specimens to them and reporting more difficult.

But that needs to be seriously considered. Don't take a laboratory that's just next door because it's convenient, it might be - that might be disastrous. It depends on what the threat is.

Josh Rowland: Thank you.

Are there any other questions, operator?

Coordinator: Our first question comes from Ms. (Sue Luckenbaugh).

(Sue Luckenbaugh): Yes. This is an excellent, excellent presentation. We're enjoying it. When I first register, I was only the one person here; now, there are four of us. So I need that to be recorded.

My question is about the external Web site. Dr. Crouch, do you have any suggestion of an external Web site? Where can we go to have an external Web site?

Norman Crouch: Well, thank you for the question. Actually, we don't at this point, but when we are - we are in the process -- as I mentioned, we're in the process - APHL is in

the process of developing COOP guidelines. And that is going to be an important part of that.

And what I was referring to in terms of a Web site is if you have a disaster, if you have a COOP in place, you might have an external Web site which you can access then to get the information you have a need of to activate your plan.

So I was just thinking locally there. I wasn't thinking - I think maybe you're thinking of some kind of a nationally accessible Web site that would give you a COOP plan or tell you what to do.

I was not referring to that, I was referring to just a local Web site where you might store the data and information you might need when you activate your plan.

(Sue Luckenbaugh): Yeah, I was thinking of the local Web site. But the nature of our information, you know, this Web site, how -- I don't know -- how secure will this Web site be?

Norman Crouch: Well, that's an important consideration because the disaster might be the fact that you've lost all your information technology capabilities, your Web site capabilities, your computer capabilities. Is that what you're referring to?

(Sue Luckenbaugh): Yes.

Norman Crouch: Yeah.

(Sue Luckenbaugh): Thank you.

Coordinator: Once again, that is star-1 to ask a question.

Josh Rowland: Dr. Crouch, I can just ask another question.

Norman Crouch: Sure.

Josh Rowland: When does - you said the APHL has a committee working on this, when do you expect those guidelines out from that committee?

Norman Crouch: I would hope they will be out before the annual meeting next year, hopefully, sooner than that. But that would be about June.

Josh Rowland: Okay.

Norman Crouch: I hope it will be out before then. But certainly, that would be the (layout).

Coordinator: We have a follow up question from Ms. (Sue Luckenbaugh).

(Sue Luckenbaugh): Yeah. I have a question on the structure of the COOP. You were talking about operational, financial, et cetera. These people, can you -- the staff, can you use the people outside of the lab or it has to be people inside of - the staff inside of the lab?

Norman Crouch: You could use people outside of the lab. That will be up to your own discretion. It's just that, you know, that they would need to know what their role was.

And in fact, you probably would use people outside the lab in terms of finance, for example, you might use your financial services and your health department or whatever as part of that.



(Sue Luckenbaugh): Okay, thank you.

Norman Crouch: Thank you.

Coordinator: It appears there are no further questions.

Josh Rowland: Okay. Dr. Crouch, do you have any final comments or...

Norman Crouch: Well, just one.

When we talk about developing guidelines for COOP, that APHL is developing these guidelines and we refer to this as guidelines more than a COOP itself because each state when they consider their vulnerabilities, their risks and how they're setup and what their needs are and such, they're going to have to customize their COOP for their own situation.

So what we are striving to do is put together an extensive guideline that will help them develop their customized COOP.

So it's not going to be a final COOP that's going to be usable by all the laboratories out there, but rather guidelines that then - that can be used then to develop their own COOP.

Josh Rowland: Great. Okay, thank you, Dr. Crouch.

Norman Crouch: Certainly. Thank you.

Josh Rowland: Okay. At this time, if there's no other questions, I think we'll go ahead and close the call.

If you do have other questions that you've not thought of or you think of something later, you can email your question to [neoffice@nltn.org](mailto:neoffice@nltn.org). Dr. Crouch will then answer your question by email.

Again, that email address is N-E O-F-F-I-C-E@nltn.org.

Again, I would like to remind all participants listening into our program today to register and complete an evaluation form by November 17. When you have completed the registration and evaluation form, you will be able to print your continuing education credit certificate.

The directions for this are on your confirmation letter and general handout. Documenting your participation helps us to continue to bring high quality, cost-effective training programs in a variety of formats.

That concludes our program.

Our next teleconference will be on November 15. This topic or the topic is "Laboratory Detection of Food and Waterborne Viruses."

The co-sponsors of today's program would like to thank our speaker, Dr. Norman Crouch, and thank you for joining us. I hope that all of you will consider joining us for future programs and that you will make the National Laboratory Training Network your choice for laboratory training.

From the Nebraska Public Health Laboratory in Omaha, Nebraska, this is Josh Rowland.

Have a good day.

Coordinator: Thank you for participating in today's conference. You may disconnect.

END