Oklahoma State
Department of Health

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OKLAHOMA STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH LABORATORY
CLINICAL LABORATORY ASSESSMENT OF BIOTERRORISM PREPAREDNESS

1000 NE 10TH ST
OKLAHOMA CITY, OKLAHOMA 73117
PHONE: 405-271-5070 FAX: 405-271-4850

Date

Facility Name:

Name:

Address:

City: State: Zip Code:

Phone Number: Fax Number:

Micro Supervisor: E-Mail:

If not a micro lab enter "no Micro Lab" If not a micro lab enter " none@micro.com

Laboratory Director: E-Mail:

If e-mail is not available for director enter "none@labdir.com"

*******All fields are required on this first page********

GENERAL LABORATORY INFORMATION

1. Which of the following BioSafety Levels apply to your laboratory (BSL descriptions attached-scroll to the bottom of this form for information)?

   ☐ BSL 1 ☐ BSL 2 ☐ BSL 3

2. What level BioSafety cabinets does your laboratory have?

   ☐ BSC 1 ☐ BSC 2

3. What certification does your laboratory operate under?

   ☐ CLIA ☐ CAP ☐ JCAHO

4. Will you be participating in the CAP Laboratory Preparedness Survey (LPS) in 2009?

   ☐ Yes ☐ No

5. Does your laboratory perform Microbiology testing?

   ☐ Yes ☐ No

6. Who is your reference laboratory for Microbiology testing?

   Laboratory

   Contact Info: Name

   Phone Number

7. What is your laboratories notification and referral procedure for a suspected bioterrorism agent?

8. Do you have employees who are trained and whose certification is current in shipping and packaging laboratory specimens?

   ☐ Yes ☐ No

PANDEMIC INFLUENZA CAPABILITES

1. Do you perform rapid influenza testing? ☐ Yes ☐ No

   If no, where are they referred?

2. If yes, do you test for? ☐ Influenza A ☐ Influenza B ☐ Influenza A and B

3. Do you perform DFA influenza testing? ☐ Yes ☐ No

   If no, where are they referred?

4. Do you perform viral cultures for influenza? ☐ Yes ☐ No

   If no, where are they referred?

   If yes, do you subtype the isolates? ☐ Yes ☐ No

   If you subtype, do you have safety/biocontainment protocols in place? ☐ Yes ☐ No

5. Who do you report your rapid influenza testing results to?

6. Do you report culture results to OSDH? ☐ Yes ☐ No

7. Who reports your viral results to OSDH? ☐ *Reported by reference laboratory* ☐ *Reported by your laboratory*

8. If your physician suspected Avian Flu:

   Who would you refer the testing to?

   Do you know the collection criteria? ☐ Yes ☐ No

   Do you know the shipping/packaging requirements? ☐ Yes ☐ No

9. Which of the following do you currently prescribe to?

   ☐ *PT for rapid influenza testing kits* ☐ *PT for viral cultures* ☐ *PT for DFA*

10. When you perform viral manipulations, are they performed on the bench? ☐ Yes ☐ No

    If yes, at what point does it become necessary to perform under a hood?

11. What protocols are in place to monitor employee exposure during influenza testing?

12. Does your laboratory personnel collect specimens for influenza testing?

☐ Yes ☐ No

If yes, what are your current collection protocols?

13. For transfer, what shipping/packaging category would you use?

☐ *Category A* ☐ *Category B* ☐ *Noninfectious/Exempt Human Specimen*

IF THERE IS NO MICROBIOLOGY LABORATORY THIS COMPLETES THE BIOTERRORISM PREPAREDNESS SECTION. ALL OTHERS PLEASE CONTINUE WITH THE SURVEY.

RULE-OUT CAPABILITES

1. Is your Microbiology staff familiar with the cultural and morphological characteristics of these organisms? (check all that apply)

☐ *Bacillus anthracis*

☐ *Brucella spp.*

☐ *Francisella tularensis*

☐ *Yersina pestis*

☐ *Burkholderia mallei*

☐ *Burkholderia pseudomallei*

2. Which of these rapid presumptive tests do you perform routinely? (check all that apply)

☐ Gram Stain

☐ India Ink wet mount

☐ Wayson stain or Giemsa stain

☐ Motility test

☐ Spot oxidase test

3. Which of these culture media do you use or have available? (Check all that apply)

- ☐ 5% sheep blood agar
- ☐ Chocolate agar
- ☐ MacConkey agar
- ☐ Trypticase soy broth
- ☐ Brain heart infusion broth
- ☐ Thioglycollate broth
- ☐ Motility test medium
- ☐ Urea agar
- ☐ PEA agar
- ☐ CVA agar
- ☐ Martin-Lewis agar
- ☐ Cysteine heart agar or BCYE

4. Does your laboratory perform identifications of the following organisms? If yes, what methods are used for each organism?

Salmonella Species	☐ Yes	☐ No	Methods?
Shigella dysenteriae	☐ Yes	☐ No	Methods?
Escherichia coli O157:H7	☐ Yes	☐ No	Methods?
Vibrio cholera	☐ Yes	☐ No	Methods?
Alphaviruses (Venezuela encephalomyelitis or Eastern & Western encephalomyelitis)	☐ Yes	☐ No	Methods
Coxiella burnetti	☐ Yes	☐ No	Methods?

5. Does your laboratory perform shigatoxin testing? If yes, what methods are used?

☐ Yes ☐ No Methods?

6. Does your laboratory perform serotyping on any of the following organisms? If yes, what methods are used for each organism?

Salmonella species	☐ Yes	☐ No	Methods?
Shigella dysenteriae	☐ Yes	☐ No	Methods?
Escherichia coli O157:H7	☐ Yes	☐ No	Methods?
Vibrio cholera	☐ Yes	☐ No	Methods?

7. Does your laboratory test for *Cryptosporidium species*? If yes, what methods are used?

☐ Yes ☐ No Methods?

8. Does your laboratory perform testing for any of the following toxins? If yes, what methods are ysed for each organism?

Ricin toxin	☐ Yes	☐ No	Methods?
Staphylococcus enterotoxin B	☐ Yes	☐ No	Methods?
Clostridium perfringens Epson toxin	☐ Yes	☐ No	Methods?

9. Does your laboratory perform blood cultures using standard commercially available systems?

☐ Yes ☐ No

10. Does your laboratory perform antimicrobial susceptibility testing?

☐ Yes ☐ No

11. Which of these Select Agent Catagory A & B organisms have you successfully completed PT's for (check all that apply)?

Category A

☐ *Bacillus anthracis*

☐ *Yesinia pestis*

☐ *Francisella tularensis*

☐ *Clostridium botulinum*

Category B

☐ *Salmonella species*

☐ *Shigella dysenteriae*

☐ *Eschericia coli O157:H7*

☐ *Coxiella burnetti*

☐ *Burkholderia mallei*

☐ *Venezuelan encephalomyelitis*

☐ *Eastern & Western encephalomyelitis*

☐ Ricin Toxin

☐ *Clostridium perfringens epsilon toxin*

☐ *Staphylococcus enterotoxin B*

☐ *Cryptosporidium parvum*

Submit via submit button on first page of survey, mail or fax to:

Public Health Laboratory
Oklahoma State Department of Health
P.O. Box 24106
Oklahoma City, OK 73124-0106
Attn: John Murray
Fax: (405) 271-4850 Phone: (405) 271-5070

Thank you very much for your participation in this survey on Clinical Laboratory Assessment of Bioterrorism Preparedness.

If you have any questions concerning the survey please contact me.

John Murray, Laboratory BT Program Advisor
Oklahoma Public Health Laboratory Service
(405) 271-5070
johnfm@health.ok.gov

Biosafety Level 1 (BSL-1)

Biosafety Level 1 is suitable for the work involving well-characterized agents not known to consistently cause disease in health adult humans, and of minimal potential hazard to laboratory personnel and the environments. The laboratory is not necessarily separated from the general traffic patterns in the building. Work is generally conducted on open bench tops using standard microbiological practices. Special containment equipment or facility design is neither required nor generally used. Laboratory personnel have specific training in the procedures conducted in the laboratory and are supervised by a scientist with general training in microbiology or a related science.

Biosafety Level 2 (BSL-2)

Biosafety Level 2 is similar to Biosafety Level 1 and is suitable for work involving agents of moderate potential hazard to personnel and the environment. It differs from BSL-1 in that (1) laboratory personnel have specific training in handling pathogenic agents and are directed by competent scientists; (2) access to the laboratory is limited when work is being conducted; (3) extreme precautions are taken with contaminated sharp items; and (4) certain procedures in which infections aerosols or splashes may be created are conducted in biological safety cabinets or other physical containment equipment.

Biosafety Level 3 (BSL-3)

Biosafety Level 3 is applicable to clinical, diagnostic, teaching, research, or production facilities in which work is done with indigenous or exotic agents which may cause serious or potentially lethal disease as a result of exposure by the inhalation route. Laboratory personnel have specific training in handling pathogenic and potentially lethal agents, and are supervised by competent scientists who are experienced in working with these agents.

All procedures involving the manipulation of infectious materials are conducted with biological safety cabinets or other physical containment devices, or by personnel wearing appropriated personal protective clothing and equipment. The laboratory has special engineering and design features.

It is recognized, however, that some existing facilities may not have all the facility features recommended for Biosafety Level 3 (i.e., double-door access zone and sealed penetrations). In this circumstance, an acceptable level of safety for the conduct of routine procedures, (e.g. diagnostic procedures involving the propagation of any agent for identification, typing, susceptibility, etc.), may be achieved in a Biosafety Level 2, providing 1.) the exhaust air from the laboratory room is discharged to the outdoors, 2.) the ventilation to the laboratory is balanced to provide directional airflow into the room, 3.) access to the laboratory is restricted with work is in progress, and 4.) the recommended Standard Microbiological Practices, Special Practices and Safety Equipment for Biosafety Level 3 are rigorously followed. The decision to implement this modification of Biosafety 3 recommendations should be made only by the laboratory director.

Source: Biosafety in Microbiological and Biomedical Laboratories, CDC 4th Edition, 1999. For further guidance go to: http://www.cdc.gov/od/ohs/biosfty/bmbl4s3.htm.