

SUBJECT: Medical and Security Incident Plan

1. **PURPOSE:** The purpose of this plan is to describe actions to be taken in the event of a cardiac arrest or other health-related incident.

2. **DEFINITIONS:**

ACOS/R	Associate Chief of Staff for Research
AED	Automated External Defibrillator
AO/R	Administrative Officer for Research
ECOMP	Employees' Compensation Operations & Management Portal
HRM	Human Resources Management
IACUC	Institutional Animal Care and Use Committee
IRB	Institutional Review Board
ORO	Office of Research Oversight
OSHA	Occupational Safety and Health Administration
PI	Principal Investigator
RCO	Research Compliance Officer
RDC	Research and Development Committee
RSC	Research Safety Coordinator
SAE	Serious Adverse Event
SOP	Standard Operating Procedure
SRS	Subcommittee on Research Safety
WOC	Without Compensation Employee

3. **POLICY AND PROCEDURE:**

a) Treatment/aid for medical case(s):

- i) In the event someone has lost consciousness, or if you, as the person in distress are unable to proceed to the Emergency Department (ED, First Floor by Outpatient Entrance, 1V area):
 - 1) Call 1-911 to summon a Medical Emergency Response Team. Give exact location of the individual in distress (building, floor, area, and room number) to the operator.
 - 2) Send an individual (if possible) to hallway to meet and direct the response team.
 - 3) Send someone else (if possible) to retrieve the AED and/or crash cart/stretchers if needed.
 - 4) Inform immediate supervisor of incident.
- ii) In the event of medical distress in which you are capable of getting yourself aid, call 1-911, and follow their instructions. Conditions for which you should contact the emergency team include, but are not limited to:
 - 1) Severe chest pain or pressure
 - 2) Seizures
 - 3) Uncontrolled bleeding
 - 4) Major injury with obvious deformity of limb, joint or eye
 - 5) Acute respiratory distress needing oxygen or treatment.

- iii) In cases of a lesser nature, proceed to Occupational Health (4M-123; Ext. 31-2985). Conditions for which you should proceed directly to Occupational Health include, but are not limited to:
 - 1) Actual or potential exposure to bodily fluids (including blood borne pathogens)
 - 2) Mild chest pain which intensifies with deep breathing or change in body positioning.
 - 3) Other mild/lesser injuries.
- b) Incident Reporting in Research
 - i) A category of incidents that require reporting are Serious Adverse Events (SAEs), these include death, a life-threatening experience, inpatient hospitalization, prolongation of hospitalization, persistent or significant disability or incapacity, congenital anomaly or birth defect, or any event that requires medical, surgical, behavioral, social, or other intervention to prevent the above outcomes. SAEs don't have to be related to the subject's participation in research to require documentation as a SAE.
 - ii) Immediately (within one hour) upon becoming aware of any local research death associated with VA laboratory research VA personnel must give oral notification to the appropriate body (IRB, IACUC, or SRS), and ACOS/R. A written follow-up to the same parties must be sent within one business day.
 - iii) The ACOS/R will report to the VA medical facility Director and ORO by email or telephone within one (1) business day after receiving the initial notification.
 - iv) Written notification must be made to the SRS within five business days of becoming aware of any apparent serious accident, injury, illness, or exposure (other than those that result in death) that may be the result of a research activity in a VA research laboratory; or any apparent serious or continuing noncompliance with applicable laws, regulations, policies, and agreements pertaining to the conduct of VA laboratory research.
 - v) For further information on reporting incidents related to VA research, see [MVAHCS RDC SOP 005 -Reporting](#) under R:/All_Staff/Research SOPs.
- c) Incident reporting procedures: Employers are required to report ALL work-related injuries and illnesses involving employees, WOCs, students, contractors, and visitors through the [ECOMP Portal](#).
 - i) Employee Responsibilities:
 - 1) To immediately inform their supervisor of the incident.
 - 2) Call 1-911 to report any medical emergencies.
 - 3) Complete a report through the ECOM Portal (ECOMP) located on the home page of the Minneapolis VA Health Care System Intranet within 5 business days of the incident.
 - 4) If an employee will be missing work and/or require compensation, they will need to fill out specialized forms through ECOMP.
 - a. OSHA 301 (Incident Report)
 - b. If the injured person would like to file a workers compensation claim:
 - 1. CA-1 (Single Event Trauma) **or**
 - 2. CA-2 (Repeated Exposure)
 - c. Guidance for this process can be found in references G-L
 - 5) Ensure their supervisor has all the necessary information to complete their section(s) of incident documentation.
 - ii) Immediate Supervisor Responsibilities:

- 1) Ensure that an incident report is entered into the ECOMP (Note: for an employee to receive compensation for lost time and/or medical expenses the incident report must be entered in the ECOMP as soon as possible, but no later than 30 days of the incident)
 - 2) Investigate the incident and provide corrective action.
 - 3) Counsel the employee with regards to the corrective action.
 - 4) Guide employee through their reporting responsibilities.
 - 5) Certify and fill in supervisor portion of forms in ECOMP (guidance for this process can be found in references G-L).
- iii) You may contact the Compensation Assistant (ext. 31-4348) in HRM before completing Employee Compensation forms in the ECOMP. Employee and supervisor may be encouraged to complete their respective sections in the office of the Worker's Compensation Assistant (4M-109A).
- iv) It is the responsibility of the employee to immediately report an incident to their supervisor. The supervisor is subsequently responsible for ensuring that the accident is logged into the ECOMP within 30 days of the incident. **Tardiness in submission of incident report may impact employee benefits and their timeliness in returning to work.**
- d) Safety and Security in Research Spaces
- i) Access to VA research laboratories must always be controlled and meet appropriate standards as determined by the facility police service, all applicable regulatory agencies, and VA oversight offices.
 - ii) Vendors, contractors, visitors, and employees without authorized access are required to sign in and out at the Research Visitor's Logbook (Research Office Bldg. 70 3M-112) or at the VMU's Visitor Logbook for Building 49 (at time of each entry and exit). Visitors must be accompanied at all times by an authorized VA staff member.
 - iii) All individuals who require authorized access to VA research areas must complete specific training before being given authorized access. The Research Office can assist in guiding people through this process.
 - iv) Physical security: Doors must be locked when leaving the lab or office, and at end of the day. Certain materials must be double-locked when not in use. Investigators are responsible for ensuring that this policy is enforced for the space assigned to them.
 - v) Laboratory employees should have an awareness of what materials are being brought into or taken out of the laboratory and be aware of appropriate material handling.
 - vi) Employees should immediately report to the VA Police, and the Research Safety Coordinator or Laboratory Coordinator any situations that affect the physical security of research areas (ex: doors or keypads not functioning properly, break-in or intrusion).
 - vii) Do not allow tailgating. Do not let unknown individuals enter secure research areas. If unauthorized individuals are found within a secure research area, please inform the VA Police, and the Research Safety Coordinator or Research Office as soon as possible.
 - viii) PIs should notify the VA Police, and IRB, IACUC, SRS, or RDC, as appropriate, about concerns related to research laboratory safety, or any other deficiency that substantively compromises the effectiveness of the facility's research laboratory security program.
 - ix) Providing written notification to the VA Police and IRB, IACUC, SRS, or RDC, as appropriate, within five business days after becoming aware of any apparent information security or privacy incidents.

- x) Providing written notification to the VA Police and RDC within five business days after becoming aware of any apparent systemic deficiency that has a reasonable likelihood of substantially compromising the VA medical facility's research protection programs (ACUP, HRPP and RSSP) or information security processes, including persistent failure by any research review committee relied upon by the VA medical facility to adhere to the requirements governing VA research. Upon receipt of the notification the RDC will:
- 1) Review the notification at its next convened meeting, not to exceed 30 calendar days after the date of written notification.
 - 2) Decide what, if any, remedial actions are needed to ensure the effectiveness of research programs or information security processes.
 - 3) Determine whether an actual systemic deficiency exists. If it does, they must notify the VA medical facility Director, the RCO, and the ACOS/R in writing of this determination within five business days. The VA medical facility Director will report to ORO within five business days of receiving this notification.

4. REFERENCES:

- 1) Occupational Safety and Health Standards. 29 CFR Part 1910.
http://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_part_number=1910
- 2) Emergency Operations Plan, Minneapolis Veterans Affairs Medical Center, August 5, 2022.
<https://dvagov.sharepoint.com/sites/min/SiteDirectory/emergencymanagement/SitePages/Emergency%20Operations%20Plans.aspx>
- 3) VA Comprehensive Emergency Management Program, VA Directive 0320.00-.09, 0320.12.
<https://www.va.gov/vhapublications/publications.cfm?pub=1>
- 4) Research Reporting and Compliance VA Directives 1058.00-1058.04.
<https://www.va.gov/vhapublications/publications.cfm?pub=1>
- 5) The Joint Commission Standards. <https://www.jointcommission.org/>
- 6) Emergency Preparedness General Response Pamphlet.
<https://dvagov.sharepoint.com/sites/min/SiteDirectory/emergencymanagement/SitePages/EM.aspx>
- 7) Response to Medical Emergencies that Occur on Minneapolis VA Medical Center Grounds, in Medical Center Buildings and in the Community Based Outpatient Clinics (CBOC) (Care of Patients: TX-11). <https://dvagov.sharepoint.com/sites/vhaminmcpso/MCP/Forms/TX.aspx>
- 8) OSHA Recordkeeping Forms and Guidance (including OSHA 301 Incident Report).
<https://www.osha.gov/recordkeeping/forms>
- 9) US Department of Labor ECOMP Guide – Employee.
https://www.ecomp.dol.gov/content/help/IW/chapter_1_page_1.html
- 10) US Department of Labor ECOMP Guide - Supervisor.
https://www.ecomp.dol.gov/content/help/Supervisor/chapter_1_page_1.html
- 11) NIH Guide to Federal Workers' Compensation Program.
<https://hr.nih.gov/benefits/pay/workers-compensation>
- 12) NIH Guide to Workers' Compensation Program – Employee Resources.
<https://hr.nih.gov/benefits/pay/workers-compensation/presentation/employee-resources>
- 13) NIH Guide to Workers' Compensation Program – Supervisor Resources.
<https://hr.nih.gov/benefits/pay/workers-compensation/presentation/supervisor-resources>
- 14) ECOMP. <https://www.ecomp.dol.gov/>

5. **Subcommittee on Research Safety (SRS) Approved:** August 29, 2023

6. **RESCISSION:** SRS-001 - Security of Research Facilities. February 4, 2020; Medical Emergency Plan - February 2018, SRS-006 Equipment Failure and Management Plan – September 2016, SRS-008 Security and Violence Plan – February 2016

7. **EXPIRATION DATE:** N/A

8. **FOLLOW-UP RESPONSIBILITY:** Subcommittee on Research Safety (SRS)