

**External Laboratory Safety Workgroup (ELSW)
Meeting Summary
Monday, November 3, 2014
11:00 A.M. – 1:00 P.M.**

Attendees

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| ✓ Joseph Kanabrocki, PhD, CBSP – <i>Co-Chair</i> | ✓ Kenneth I. Berns, MD, PhD – <i>Co-Chair</i> |
| ✓ Thomas V. Inglesby, MD | ✓ Elaine Baker, MPH, <i>Designated Federal Officer*</i> |
| ✓ Patty Olinger, RBP | ✓ Michael A. Pentella, PhD, D(ABMM) |
| ✓ Fred Sparling, MD | Debra L. Hunt, DrPH, CBSP |
| ✓ Jill Taylor, PhD | David A. Relman, MD |
| ✓ Domenica (Dee) Zimmerman | |
| ✓ Heather J. Sheeley, BA, MS, CBiol, MSB,
CMIOSH, FISTR | |

- ✓ *In attendance*

Summary of Meeting Notes

Roll Call and Call to Order

Elaine Baker, Designated Federal Officer (DFO), ELSW

Update from the Laboratory Safety Improvement Workgroup (LSIW)

An update from the LSIW was not provided because Michael Bell, the Interim Director for Laboratory Science, was unable to attend the meeting. However, Ms. Elaine Baker noted that LSIW recommendations were submitted to the CDC Director.

Discussion Points

ELSW Members and LSIW Members

- Update on NIH and FDA Reviews
 - The Chairs drafted and delivered letters to Dr. Francis Collins, NIH Director, and Dr. Margaret Hamburg, FDA Commissioner, on behalf of the ELSW, outlining the ELSW's charge and request clarity on what this external group can do for these other agencies.
 - The point of contact at NIH, Dr. Deborah Wilson, Director of Environmental Health and Safety, requests that the ELSW conduct a review similar to the one completed for CDC.
 - ELSW's efforts will be in a linear fashion. CDC recommendations will be complete by the end of the calendar year. Reviews and recommendations at NIH and FDA will begin in January 2015.
- NIH Review
 - The ELSW proposes January 2015 as a suitable time to conduct a visit at NIH.

Discussion of CDC Recommendations

ELSW Members

Dr. Kanabrocki developed topic areas for ELSW's recommendations to CDC based on fundamental observations during the on-site visit, which included the following:

- Observation: CDC Organization is complex
 - Recommendation: Establish standardized lab safety training curriculum across CDC.
- Observation: Governance structures are not optimal; ESHCO and IBC/IACUC are outside the chain of command of Centers/Divisions
 - Recommendation: Strengthen ESCHO by staffing with scientists rather than/in addition to compliance officers.

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- Observation: ESHCO is undervalued, is seen as an office with focus on compliance and is seen as an office with inadequate expertise in lab safety;
 - Recommendation: Broaden the scope of the IBC to include work with pathogenic microorganisms or establish a centralized, standardized mechanism for consistent and thorough review and risk assessment of proposed research activities.
- Observation: Laboratory safety training is inadequate and is viewed as somewhat irrelevant. The majority of training is now conducted on-line. Training is no longer under the domain of ESHCO. Lab-specific training and competency observations are conducted at program level and therefore the quality is not consistent. Observational competence occurs at the local lab, however, except for clinical labs, competency skills mapping and refresher training is not consistent.
 - Recommendation: Establish standardized lab safety training curriculum across CDC.
 - Recommendation: Establish standardized methods for competency skills mapping and refresher training.
 - Recommendation: Positive reinforcement of good behavior.
- Observation: Leadership commitment toward safety is variable and is needed at multiple levels. Safety, including lab safety, is viewed by many as something separate from and outside the primary missions of public health and research. Safety is not integrated into strategic planning and is not currently part of the CDC culture, enterprise-wide. Individual Divisions, Teams and lab groups have taken it upon themselves to build in safety programs, but this is not done in a consistent manner across the CDC.
 - Recommendation: Establish and communicate, from the top down, a “CDC-Way, a CDC-Brand of Excellence” in the realm of lab safety. This should be an expectation and all persons should be held accountable. This should be a performance issue.
 - Recommendation: Funding for laboratory safety programs and laboratory safety training should be established from a central funding source and should be considered a fundamental mission for the CDC.
- Observation: Security has been given priority over safety.
 - Recommendation: Investment in safety should equal the investment in security.

Discussion Points

- CDC Brand of Excellence or “The CDC Way,” needs to relay high expectations of a transparent culture that seeks to do things right.
- Agency may lack adequate funding resources to implement these recommendations.
- Attention to biosafety should be at the same level as security.
- “The CDC Way” and the confidence of the nation in the agency right now is at an all-time low; the workgroup believes that its recommendations will be perceived as very important.

Wrap up and Adjournment

Dr. Joseph Kanabrocki, Co-Chair, ELSW