

# USDOT Special Permit for Operation Swiftbox

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# Communication - Packaging & Specimen Shipping Exercise

## Operation Swiftbox

- An **exercise**, coordinated by the NJDHSS, Public Health and Environmental Laboratories (PHEL), in response to the Centers For Disease Control and Prevention (CDC) **Public Health Emergency Preparedness Cooperative Agreement, Preparedness Goal 3 (Detect and Report), Target Capability 3A ( Public Health Laboratory Testing) required critical task (1d)**

**United States Department of  
Transportation (USDOT)  
Special Permit Authorization**

Special Permit

DOT-SP 14599

Expires: February 28, 2010

## Why do we need a permit?

USDOT does not allow transport of non-hazardous materials marked as hazardous materials as per  
49 CFR 171.2 (k)

# (USDOT) PERMIT DOT-SP 14599

1. Grantee: NJDHSS, Trenton, N. J. 08625
2. Purpose and Limitation:
  - a. Authorizes the transport in commerce of packages of non-hazardous material identified as “**Biological substance. Category B**”, for packaging & shipping drills to evaluate bioterrorism and chemical terrorism. Only applies to “Biological Substances, Category B”

# (USDOT) Permit DOT- SP 14599

3. **Regulatory System Affected:** 49 CFR Parts 106 (Rulemaking), 107 ( HM Program Procedures) and 171-180 ( Shipping requirements)
4. **Regulations Exempted:** **49 CFR 171.2 (k)**  
In that packages of inert materials may not be marked as containing hazardous materials, except as provided within this permit.
5. **Basis:** Special permit issued to New York State.

# (USDOT) Permit DOT-SP 14599

## 6. Hazardous Materials (49 CFR 172.101)

### Hazardous Materials Description

Proper Shipping Name	Hazard Class / Division	ID #	Packing Group
Biological Substance, Category B	6.2	UN3373	N/A

# (USDOT) Permit DOT- SP 14599

## 7. Safety Control Measures:

a. Packaging: Prescribed packaging as in HMR

b. Operational Controls:

i. **Statement** that the materials contained within are not hazardous materials

ii. Current copy of this **special permit** must  
Both be **placed between the secondary/outer packaging** so as to be readily visible when the package is opened.

# Non-Hazardous Materials Statement (Placed between Secondary/Outer Packaging)

Special Permit Authorization

DOT-SP 14599 (Expiration : February 28, 2010)

**“The Materials Contained Within the Primary  
Receptacle (s) Are Not Hazardous Materials”**

(As per section 7(b), Operational Controls, of this permit)

# (USDOT) Permit DOT- SP 14599

## 7. Safety Control Measures: (continued)

c. Each **outer packaging** must be **marked with the phone number of a representative of state government** that is a party to this special permit, and **who is familiar with the terms of this special permit** and able to provide appropriate information to Federal, state or local officials.

# “From”- “To” Package Labels

- **“From” Label:** Will contain your facility information (Name, Street Address, City, State, Zip code, name and telephone number of a person to answer questions about the package.
- **“To” Label:** Will contain the following :

New Jersey Department of Health & Senior Services  
Environmental and Chemical Laboratory Services  
380 Scotch Rd.  
Ewing, NJ 08628

**State Representative: Marilou Palencia, 609-530-3000**

# REAL SITUATIONS

New Jersey Department of Health & Senior Services

Environmental and Chemical Laboratory Services

380 Scotch Rd.

Ewing, NJ 08628

**State Representative: Marilou Palencia, 609-530-3000**

# (USDOT) Permit DOT-SP 14599

8. **Special Provisions:** Current **copy of this permit must be maintained at each facility** where the package is offered or reoffered for transport.
9. **Modes of Transportation Authorized:** You may **NOT** use FedEx, UPS or DHL or other air carriers for **THIS EXERCISE**
10. Consider using a hospital representative for transport (ie security or hospital courier) so samples arrive in Ewing as soon as possible
11. Air Transport **WILL NOT** be utilized for this exercise

# (USDOT) Permit DOT-SP 14599

10. Modal Requirements: None
11. Compliance: Failure to comply with any of the following may result in suspension or revocation of this special permit and **penalties** prescribed by the Federal hazardous materials transportation law, 49 U.S.C. 5101 et seq:
  - a. All terms and conditions prescribed in this special permit and Hazardous Materials Regulations, **49 CFR Parts 171-180**

# (USDOT) Permit DOT-SP 14599

## 11. Compliance: (continued)

b. Persons using this permit must comply with the **security plan requirement** in Subpart I of Part 172 of the HMR, when applicable

( **Personnel Security-Unauthorized Access-En-Route Security**)

c. Registration required by 49 CFR 107.601

( Does not apply for our purposes.)

# (USDOT) Permit DOT-SP 14599

## 11. Compliance: (continued)

d. Anyone who performs a function subject to this permit must receive **training on the requirements/conditions of this permit**, in addition to the training required by 49 CFR 172.700 through 172.704

e. **Once expired**, the permit **may not be used**.

# (USDOT) Permit DOT-SP 14599

## 12. Reporting Requirements:

- a. Shipments or operations conducted under this permit are subject to the requirements specified in **49 CFR 171.15** - Immediate notice of infectious substance incidents and **49 CFR 171-16-** detailed hazardous materials incident reports. (**Applies to infectious substances – breakage-spillage- suspected contamination**)

**Notify NJDHSS immediately,**

**DO NOT CONTACT THE USDOT**

**CONTACT:** Marilou Palencia 609-530-3000

# (USDOT) Permit DOT-SP 14599

## 12. Reporting Requirements: (continued)

**b.** In addition to (a) above, the **NJDHSS** (grantee of this permit) **must notify the Associate Administrator for Hazardous Materials Safety, in writing, of any incident involving a package, shipment or operation** conducted under the terms of this permit.

13. **Copies of this permit are permitted**

14. **Alterations of this permit are prohibited**

# DOCUMENT REVIEW

## NJDHSS LAB-5 (SEP06) Form

- Completed by Laboratory Submitting Sample(s) to:

**New Jersey Department of Health and Senior Services  
Environmental and Chemical Laboratory Services  
380 Scotch Rd.  
Ewing, NJ 08628  
Attn: Marilou Palencia 609-530-3000**

# NJDHSS LAB-5 (SEP06) Form

## Four Part Form

1. Clinical Specimens/Referred Culture (**Upper Left Section**)  
**For patient's name: "see shipping manifest"**
2. Environmental/Other Samples (**Upper Right Section**)  
**Fill in as per example provided during training**
3. Specimen Retrieval (**Center Section**)  
**Signature of submitter required and dated.**
4. Sample Receiving/Chain of Custody (**Bottom Section**)  
**SUBMITTER MUST COMPLETE:**  
name/signature/date/time/initials/action sections.

# Specimen **Transported by Hospital Courier** – Chain of Custody Requirement

LAB-05, Section 4 (Chain of Custody)

- **COURIER COMPLETES** “Person Making Delivery”  
name/signature/date/time/initials/action sections
- **LAB-5 Form** should **remain OUTSIDE** the **packaging** and hand carried by the courier to the State laboratory
- Upon arrival at State lab., **the person receiving the delivery will complete** name/signature/date/time/initials and action sections
- A copy will be created at NJDHSS and supplied to the courier

**New Jersey Department of Health and Senior Services  
Public Health and Environmental Laboratories**

**REQUEST FOR TESTING OF SUSPECTED SELECT AGENTS AND CHAIN OF CUSTODY**

*Please provide the following information on each sample submitted for testing.*

CLINICAL SPECIMENS/REFERRED CULTURE	ENVIRONMENTAL/OTHER SAMPLES
NJDHSS Case Number: _____	NJDHSS HIPER Case Number: _____
<i>(Lab Use Only)</i> PHEL Accession Number: _____	<i>(Lab Use Only)</i> PHEL Accession Number: _____
Name of Requesting Agency/Institution: _____	Name of Requesting Agency/Institution: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Patient Name: _____ <i>(Last) (First)</i>	Sample Collected By: _____
DOB or Age: _____ <i>(MM/DD/YYYY)</i>	Collection/Pickup Site: _____
Collection Date: _____ <i>(MM/DD/YYYY)</i>	Collection Date: _____ <i>(MM/DD/YYYY)</i>
Describe Sample: _____	Describe Sample: _____
Culture Growth Temperature (if applicable): <input type="checkbox"/> 37° <input type="checkbox"/> Other: _____	
Analysis Requested (Suspected Select Agent): _____	Analysis Requested (Suspected Select Agent): _____

**NOTE: ALL SPECIMENS THAT TEST NEGATIVE FOR SELECT AGENTS MUST BE RETRIEVED 30 DAYS AFTER WRITTEN RESULT NOTIFICATION. ALL NEGATIVE SPECIMENS NOT CLAIMED AFTER 30 DAYS WILL BE DESTROYED.**

Signature of Submitter: \_\_\_\_\_ Date: \_\_\_\_\_

Sample Receiving (Chain of Custody / Official Use Only)				
Name	Date	Time	Initials	Action
Person Submitting Specimen for Delivery <i>(Print)</i>				
Person Submitting Specimen for Delivery <i>(Signature)</i>				
Person Making Delivery <i>(Print)</i>				
Person Making Delivery <i>(Signature)</i>				
Person Receiving Delivery <i>(Print)</i>				
Person Receiving Delivery <i>(Signature)</i>				

Approval (NJDHSS Case Number) is required for testing to proceed. To obtain case numbers for clinical specimens and suspect cultures, call CDS: 609-588-7500 (Monday-Friday, 8:00 AM to 5:00 PM; 609-392-2020 all other times). For environmental samples, call HIPER: 609-588-3572 (Monday-Friday, 8:00 AM to 5:00 PM; 609-392-2020 all other times).

CLINICAL SPECIMENS/REFERRED CULTURE

NJDHSS Case Number: \_\_\_\_\_

*(Lab Use Only)*

PHEL Accession Number: \_\_\_\_\_

Name of Requesting Agency/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient Name: **See shipping manifest**  
\_\_\_\_\_  
*(Last) (First)*

DOB or Age: \_\_\_\_\_  
*(MM/DD/YYYY)*

Collection Date: \_\_\_\_\_  
*(MM/DD/YYYY)*

Describe Sample: \_\_\_\_\_

Culture Growth Temperature (if applicable):

37°  Other: \_\_\_\_\_

Analysis Requested  
(Suspected Select Agent): \_\_\_\_\_

**ENVIRONMENTAL/OTHER SAMPLES**

**MICHAEL HIPE R. CROSS HURD:** \_\_\_\_\_

**LEAD USE ONLY  
PHIL. ADDRESS HURD:** \_\_\_\_\_

**Name of Requesting  
Agency/Institution:** \_\_\_\_\_

**Name of Hospital**

**Address:** \_\_\_\_\_

**Fill in Address and  
contact information**

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Sample collected by:** \_\_\_\_\_

**Fill in collected by**

**Collection group site:** \_\_\_\_\_

**Fill in collection  
date and time**

**Collection date:** \_\_\_\_\_

**(month/day)**

**Collection time:** \_\_\_\_\_

**Describe sample:** \_\_\_\_\_

**10 patient samples in 2 boxes**

**CHEMICAL TERRORISM  
ANALYSIS**

**Are you requesting**

**(suspected agent):** \_\_\_\_\_

NOTE: ALL SPECIMENS THAT TEST NEGATIVE FOR SELECT AGENTS MUST BE RETRIEVED 30 DAYS AFTER WRITTEN RESULT NOTIFICATION. ALL NEGATIVE SPECIMENS NOT CLAIMED AFTER 30 DAYS WILL BE DESTROYED.

Signature of Submitter: \_\_\_\_\_

Date: \_\_\_\_\_

↑  
↗  
**Sign and Date**

Sample Receiving (Chain of Custody / Official Use Only)				
Name	Date	Time	Initials	Action
Person Submitting Specimen for Delivery <i>(Print)</i>				
Person Submitting Specimen for Delivery <i>(Signature)</i>				
Person Making Delivery <i>(Print)</i>				
Person Making Delivery <i>(Signature)</i>				
Person Receiving Delivery <i>(Print)</i>				
Person Receiving Delivery <i>(Signature)</i>				

- **Person Submitting Specimen completes information**
- **Person Making Delivery: completes information -  
Hospital couriers ONLY - Hospital Couriers ONLY**
- **Person Receiving Delivery completes information**

A completed copy of the LAB-05 will be provided to the courier

# Document Review

- **CDC manifests for blood and urine** - complete as per CDC instructions provided during training – **INSIDE SECONDARY PACKAGING**
- **Copy of permit** – Between secondary and outer
- **Copy of non-hazardous materials statement**  
Between secondary and outer
- **Lab 05** – hand carried by courier

# General Information

# General Information

- **Shipping Papers are NOT required** for Biological substance, Category B, (UN3373)
- **Exercise is guided by the scenario** that will be **provided**/indicates the start and end of the exercise.
- There will be 4 separate drills between January 09 and June 09. Each laboratory will participate in one drill

# General Information

- **Couriers will be used for transport – DO NOT VIOLATE MOTOR VEHICLE LAWS**
- Transport costs will be borne by each participating hospital (gas, tolls)

# General Information

- NJDHSS has provided packaging to your facility for use in Operation Swiftbox
- **CAUTION:** Make sure you **follow** labeling requirements for **Biological Substance, Category B (UN 3373)** and **Dry Ice (UN1845)** as outlined in 49 CFR 173.199 and the CDC guidance
- **DO NOT USE Infectious Substance Label** for **Category A Infectious Substance (UN2814)**

# Dry Ice

- List of vendors of dry ice in New Jersey
- Pelletized form

[dry ice in New Jersey - Google Maps](#)

Conclusion

Questions?