

Bloomsburg University of Pennsylvania

Occupational Health Program for Animal Care and Use

Effective: February 13, 2017

A. General Overview

1. The health of individuals working in the University's laboratory animal facilities is an area of institutional concern. The following program was written in compliance with the Public Health Service (PHS) Policy, the Guide for the Care and Use of Laboratory Animals, Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) accreditation standards, and all applicable federal, state, local regulations, and Bloomsburg University Institutional Animal Care and Use Committee (IACUC).
2. This program for individuals, who have "significant animal contact", includes medical monitoring and training.
3. Individuals working with animals who do not have "significant animal contact" are asked to contact the IACUC or review their syllabus for recommendations and guidance.
4. The Office of Workplace Safety in cooperation with the Institutional Animal Use and Care Committee (IACUC) will facilitate this program.

B. Covered Individuals

1. All individuals working with live vertebrate animals in a laboratory environment that have "significant animal contact" should be considered at risk from an occupational health standpoint.
2. Faculty, staff and students who actively participate in any of the following activities would be considered to have "significant animal contact";
 - a. Contact and handling with multiple animals including exposure to animal feeding, waste collection, and /or animal facility cleaning;
 - b. Surgical procedures;
 - c. Drug administration via injection;
 - d. Blood and/or tissue collection;
 - e. Euthanasia procedures

C. Medical Evaluations of Covered Individuals

1. All covered individuals are required to participate in a medical evaluation with a medical professional prior to engaging in the care and use of an animal. At the initial evaluation, the medical professional will review the medical questionnaire (which is located in Appendix A). This interaction allows the medical professional to discuss risks for conditions such as allergies, zoonotic diseases, infections or other adverse health concerns he or she may have. At the conclusion of the evaluation, the medical professional determines the individual to be either (1) medically eligible to perform the stated activities without restriction (2) medically eligible to perform the stated activities with additional requirements, or (3) deemed medically ineligible to perform stated activities. The medical

professional will provide the Office of Workplace Safety the disposition for each individual.

2. On an annual basis, the covered individual will complete a medical questionnaire (which is located in Appendix A). The questionnaire will be reviewed by the medical professional. The medical professional will determine the individual to be either (1) medically eligible to perform the stated activities without restriction (2) medically eligible to perform the stated activities with additional requirements, or (3) ask the individual for additional information or request an appointment. The medical professional will provide the Office of Workplace Safety the disposition for each individual.
- D. Monitoring and Immunization
1. All covered individuals working with animals must have a tetanus vaccination prior to beginning work. This vaccination must be renewed at ten-year intervals.
 - a. An employee may choose to decline the vaccine. If the employee declines the vaccine, the employee must sign a waiver stating that fact.
 - b. If at any time, a potentially exposed employee who initially declined to receive the vaccine wishes to receive the vaccine, the University will provide the vaccine at no cost to the employee.
- E. Administration
1. The program will be administered by the Office of Workplace Safety. The Office of Workplace Safety will have the responsibility for collecting and maintaining records of individuals covered by this program. Medical records will be maintained confidential. New faculty and staff with work assignments which include “significant animal contact” will be required to participate in the program as a condition of employment.
- F. Reporting of Incidents
1. Animal bites or other traumas that occur while working with the animals should be treated immediately and reported, as soon as possible, to your supervision and the Office of Workplace Safety. Any illness or accident that is occupationally related should also be reported as soon as possible.
- G. Training
1. The Office of Workplace Safety will provide training on this program to all covered individuals with “significant animal contact”. The program will ensure that all persons working with the animals know how to recognize, prevent, and treat occupational hazards.

Annual Health Status Questionnaire

Completion of this form is an annual requirement for all Bloomsburg University faculty, staff or students who have "significant animal contact". "Significant animal contact" is defined as: contact and handling with multiple animals including exposure to animal feeding, waste collection, and/or animal facility cleaning; surgical procedures; drug administration via injection; blood and/or tissue collection; euthanasia procedures. All information is privileged and confidential. It is to your benefit to answer all questions completely and honestly. If you have questions, please ask the health care provider when you submit this form.

Submission Instructions: This form can be **mailed**, **faxed**, or **submitted in person**

Address: Mid-State Occupational Health Services, Inc., 6850 Lows Road, Suite 325B, Bloomsburg, PA 17815

Phone: 570-317-2763 **FAX:** 570-317-2764

SECTION 1. PERSONAL INFORMATION

Employee/Student Name Sex: M F Date of Birth Today's Date

Employer/Student ID# Department Position Title

Supervising Faculty Work Phone Home/CellPhone Email

Employer: **Bloomsburg University**

BSL 4 BSL 3 BSL 2 BSL 1 N/A Bldg. and Lab Rm. #

SECTION 2. EXPOSURE INFORMATION – To assess your exposure to potentially allergenic or hazardous substances

1. Select the animals you have contact with at work and at home.

Work	Home	
<input type="checkbox"/>	<input type="checkbox"/>	Rodents (mice, rats, hamsters, gerbils, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Small animals (rabbits, chinchillas, guinea pigs, other): <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	NHP (Macaque)
<input type="checkbox"/>	<input type="checkbox"/>	Pigs
<input type="checkbox"/>	<input type="checkbox"/>	Fish, frogs, or other aquatics
<input type="checkbox"/>	<input type="checkbox"/>	Field studies
<input type="checkbox"/>	<input type="checkbox"/>	Other: <input type="text"/>

2. Select other potentially hazardous materials that you routinely work with.

- | | |
|---------------------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Recombinant DNA (rDNA) | <input type="checkbox"/> High hazard chemicals |
| <input type="checkbox"/> Radioactive material | <input type="checkbox"/> Class 3b or 4 laser |
| <input type="checkbox"/> Human cells, tissue, or blood | <input type="checkbox"/> Patients/Human subjects |
| <input type="checkbox"/> Unfixed NHP tissue | |
| <input type="checkbox"/> Unfixed tissue (Species): <input type="text"/> | |
| <input type="checkbox"/> Biological agents
Please list: <input type="text"/> | |

3. Do you have any of the following symptoms below that you feel are caused by or made worse by your work animals?

- | | | | |
|---------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Watery, burning, or itchy eyes | <input type="checkbox"/> Sneezing or coughing | <input type="checkbox"/> Skin rash or hives | <input type="checkbox"/> Chest tightness |
| <input type="checkbox"/> Runny nose | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Shortness of breath | Do you wear respirator protection? <input type="radio"/> YES <input type="radio"/> NO |
| <input type="checkbox"/> New allergies (List): <input type="text"/> | <input type="checkbox"/> Other: <input type="text"/> | | |

SECTION 3. TREATMENT AND COUNSELING

Have you experienced any NEW physical or psychological symptoms in the past year? YES NO

1. Risk Counseling

	Date
<input type="checkbox"/> Allergy risk counseling	<input type="text"/>
<input type="checkbox"/> Reproductive health counseling	<input type="text"/>
<input type="checkbox"/> Respiratory fit testing	<input type="text"/>
<input type="checkbox"/> Other: <input type="text"/>	<input type="text"/>

2. New Immunizations or titers received within the last year

	Date(s)
<input type="checkbox"/> Tetanus (Tdap– every 10 yrs)	<input type="text"/>
<input type="checkbox"/> MMRV (2-shot series)	<input type="text"/>
<input type="checkbox"/> Hepatitis B (3-shot series)	<input type="text"/>
<input type="checkbox"/> Other: <input type="text"/>	List: <input type="text"/>

SECTION 3. continued

3. Tuberculosis Testing – (Bi-annual TST required if working with NHPs or Mycobacterium tuberculosis)

Skin Test (TST) Date: Result: POS NEG If positive, did you get an x-ray or receive treatment? YES NO

Do you have any questions concerning your health as it relates to the workplace that you would like to discuss with an occupational health professional? YES NO

SECTION 4. EMPLOYEE/STUDENT SIGNATURE

Employee Signature **Date**

SECTION 5. IMPORTANT INFORMATION

The medical records created as a result of services performed by the health care professionals contracted by the Bloomsburg University are the property of Bloomsburg University. Mid-State Occupational Health Services is contracted by Bloomsburg University to provide medical services as part of the Occupational Health Program for Animal Care and Use. Mid-State Occupational Health Services on behalf of Bloomsburg University will maintain your medical records. Your consent will be requested when medical records are needed by other medical institutions to perform diagnostic tests or examinations related to fitness for duty or medical surveillance.

Certain disclosures of your protected medical records such as records relating to drug and alcohol treatment, mental health, AIDS/HIV, and genetic testing requires a separate written authorization by you. Prior authorizations for disclosing such records may be withdrawn by written request.

SECTION 6. CONSENT FOR EXAMINATION AND AUTHORIZATION FOR DISCLOSURE

I hereby authorize the health care professionals contracted by Bloomsburg University to examine me and maintain medical records created as a result of such medical examination. This authorization includes:

(a) Permission to obtain routine diagnostic tests, if necessary, to provide me with any immunizations, which may be required, and to perform a physical examination to assess my ability to perform my job.

I understand that this evaluation has been requested by Bloomsburg University and hereby authorizes the health care professionals contracted by Bloomsburg University to provide a report to my employer relating to my fitness for duty. I understand that such a report may include information on my medical history and medical conditions to the extent this information is relevant to an assessment of my ability to safely perform the duties of my position. I acknowledge that my health information may also be released to others for purposes of treatment, payment, or health care operations and for other purposes as required or permitted by workers compensation law or other applicable law. I understand that I may request a copy of my medical record by submitting a written request.

Employee/Student Signature **Date**

FOR CLINIC USE

Provider Signature: _____ **Date:** _____

Provider Notes: _____

