

Name: Occupational Health Program **Created:** 8/14/17
Number: FSU-SOP-400.01 **Revised:** --
Category: Occupational Health & Safety **Author(s):** T. Schoenfeld

1.0 Purpose

This SOP describes key elements of the FSU Occupational Health Program that is part of the University's Animal Care and Use Policy.

2.0 Policy

- 2.1 The University has put in place a program of protection for individual faculty, students and staff from the health risks associated with research or teaching activities involving contact with vertebrate animals in independent projects.
- 2.2 All faculty, students and staff having either direct or indirect contact with animals in independent research or teaching projects, whether in the laboratory or in the field, are obliged to participate in the program.
- 2.3 The key elements of this program include:
 - 2.3.1 Protection from the hazards associated with contact with animals
 - 2.3.2 Education and training about those hazards and how to manage them
 - 2.3.3 Provision of medical services for the prevention and treatment of illness or injury associated with contact with animals
 - 2.3.4 Assessment of the physical ability of individuals to be in contact with animals, based on their medical history
- 2.4 Implementation of the program involves:
 - 2.4.1 Completion of the Occupational Health Survey and filing it with either FSU Health Services (students) or Health Alliance (faculty and staff)
 - 2.4.1.1 This establishes the individual's medical history and suitability for contact with animals.
 - 2.4.1.2 This verifies that immunizations are up to date, typically for tetanus.
 - 2.4.2 Training via CITI modules and with experienced PI's about the health risks associated with particular kinds of work with particular animals, along with strategies for mitigating those risks through best practices for safe handling of animals and animal tissues.
 - 2.4.3 Provision of personal protective equipment (PPE) appropriate for the activities to be undertaken, as well as guidance on their use.
- 2.5 Didactic laboratory exercises involving use of vertebrate animals by an entire class of students may be judged exempt from several aspects of this policy.
 - 2.5.1 Such exercises must present only minimal health risks to participating students.
 - 2.5.1.1 There is a minimal risk of exposure to serious pathogens.
 - 2.5.1.2 There is minimal risk of injury from contact or handling, such as in contact dermatitis or bites.
 - 2.5.2 Students will have the choice to not handle animals in these exercises.
 - 2.5.3 Students will be fully advised of any health risks, and will be fully trained in best practices for handling the animals involved.

- 2.5.4 Students who do choose to participate will be provided with all relevant PPE for the activity.
- 2.5.5 In these cases, students will be exempt from:
 - 2.5.5.1 completing the Occupational Health Survey;
 - 2.5.5.2 completing specialized training via CITI modules.

3.0 Materials

- 3.1 Occupational Health Survey (see section 6.1)
- 3.2 CITI training modules
(<https://www.citiprogram.org/index.cfm?pageID=14&languagePreference=English®ion=1>)
- 3.3 PPE

4.0 Procedure

- 4.1 Health assessment and care
 - 4.1.1 The Occupational Health Survey should be completed annually, to assess the current risk of contact with animals and secure a physician's approval for animal work.
 - 4.1.1.1 The completed survey, signed by a physician, should be filed with FSU Health Services (students) or Health Alliance (faculty and staff), to establish a health record should medical treatment for an animal-related injury be necessary.
 - 4.1.1.2 The examining physician will validate whether the most relevant immunizations are up to date, which typically includes tetanus but could also include rabies.
 - 4.1.1.3 PI's are responsible for ensuring that students and staff working under their direction are up to date on this health assessment.
 - 4.1.2 Animal caretakers and researchers should be trained in how to handle medical emergencies involving animal-related injury (see SOP 410).
- 4.2 Education and training
 - 4.2.1 Each individual working with animals is expected to have completed and be up-to-date on the appropriate CITI training modules for the species of animal with which they will be working.
 - 4.2.2 PI's are responsible for making sure that students and staff working under their direction have been fully apprised of the risks involved in the work with animals they undertake and been provided with instruction in safe methods to avoid such risks.
 - 4.2.3 The outcome of this combined approach to training will result in:
 - 4.2.3.1 Proper, safe handling of animals by caretakers and researchers;
 - 4.2.3.2 Effective use of engineering devices such as ventilated caging, biosafety cabinets and other ventilated

workstations that are designed to minimize exposure of personnel to airborne particles arising from animals.

4.3 Personal protection and hygiene

- 4.3.1 Individuals working with animals are obliged to observe high standards of cleanliness for both themselves and the facilities in which they work, in order to minimize the spread of infections amongst animals and human caretakers.
- 4.3.2 Disposable or disinfectable PPE will be supplied as needed to caretakers and researchers, including:
 - 4.3.2.1 Nitrile gloves
 - 4.3.2.2 Face masks
 - 4.3.2.3 Lab coats
 - 4.3.2.4 Sleeve covers
 - 4.3.2.5 Head covers
 - 4.3.2.6 Shoe covers
 - 4.3.2.7 Goggles
- 4.3.3 Hands should be routinely washed after handling animals or equipment having been in contact with animals, even if gloves have been worn.
- 4.3.4 No food or drink should be brought into or consumed in the vivarium.

5.0 References

- 5.1 Occupational Health Program (McGill University)
<http://www.mcgill.ca/research/files/research/707 - occupational health program - march 2016.pdf>

6.0 Attachments

- 6.1 Occupational Health Survey (A.01)

SOP REVISION HISTORY

VERSION #	APPROVED	DETAILS
400.01	12/20/17	Authored by T. Schoenfeld

Fitchburg State University Animal Care Program Occupational Health Survey

NOTE: This must be completed prior to working with animals and when any changes in medical conditions or animal exposure intensity occur.

Name: (Last) _____ (First) _____

Campus/home Mail Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone #: (_____) _____ E-mail Address: _____

Department: _____

Birth Date: _____ Sex: M F

Ethnicity: White/Caucasian Black Asian Indian Hispanic Other _____

Personal Physician: Name: _____ Telephone number: _____

Area where handling animals:

- Animal Facility Classroom only
 Field Only Other _____ (please specify)

Status (check all that apply):

- Faculty/staff Undergraduate student Graduate student
 Other: _____ (please specify)

Please check all circumstances that apply. ("Contact" means direct handling or care)

- Contact with invertebrate animals. Specify: Common name: _____
 Contact with vertebrate animals. Specify: Common name: _____
 Contact with animal tissues/fluids not treated with chemical preservatives.
 No direct animal contact, but working in the same facility with animals or their non-preserved tissues.

Estimate animal contact time in **hours per week:** _____

Estimate non-animal contact time in **hours per week:** _____

Have you had a tetanus booster in the past 10 years?

- Yes (attach documentation if record is not in the medical record of the examining physician. Health Services has the tetanus record from admission files for current students)
 No (Current tetanus required).

Rabies Vaccine

NOTE: Rabies vaccination is recommended for individuals working with wild caught mammals only (e.g., Raccoons, Skunks, Bats, Ferrets, other flesh eating carnivores that do not receive rabies vaccination. Rabbits and rodents do not normally carry the rabies virus.):

Does not apply. I will not be working with wild caught mammals.

I have previously been vaccinated against Rabies:

Date of Dose 1: _____ Date of Dose 2: _____

Date of Dose 3: _____ Date of most recent titer: _____

Name of administering physician or clinic: _____

I would like to be vaccinated against Rabies by Fitchburg State University Health Services. I understand that this vaccine will be provided free of any charge to me. *(Access to the pre-exposure vaccine for rabies virus has been restricted by the CDC due to a disruption in the global supply. Vaccination will be provided as vaccine is available through the CDC approval system.)*

I would like to be vaccinated against Rabies by the physician or clinic of my choice. I understand that I will be responsible for any charges incurred for obtaining this vaccine.

I am declining to be vaccinated against Rabies. I have received a copy of the Center for Disease Control and Prevention's Vaccine Information Statement regarding the rabies vaccine, as indicated by my initials here: _____. This handout explains the risks and benefits of receiving the vaccine. I have been given the opportunity to be vaccinated free of charge, but I am declining the vaccination at this time. I will immediately report any bite, scratch or similar contact with a wild mammal and seek appropriate medical treatment. I hereby agree to hold harmless Fitchburg State University and its employees, agents, members or officers from any liability for damages of any kind resulting from my failure to obtain a rabies vaccine at this time.

Signature: _____ **Date:** _____

Medical History

Do you have any current medical problems? Yes No

If yes, explain. _____

Do you have any chronic medical problems? Yes No

If yes, explain. _____

Have you had any of the following? (Check all that apply and **indicate when**)

- Pneumonia Restriction on lifting limit _____ Specify lbs
 Recurrent Bronchitis Arthritis Chronic Back or Joint Pain Heart Disease
 Carpal Tunnel Syndrome or Repetitive Motion Injury

Allergy History:

List all medications that you are presently on. (Especially all asthma/allergy medications including inhalers): none

_____ (press enter to add more lines)

List any allergies to medications: none

_____ (press enter to add more lines)

Do you have any of the following symptoms or conditions? (Check all that apply that **are not associated with a cold.**)

- | | |
|-------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Chronic cough | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Skin rash | <input type="checkbox"/> Chronic allergies (food, mold, dust) |
| <input type="checkbox"/> Runny nose, sinus congestion | <input type="checkbox"/> Itchy, irritated eyes |
| <input type="checkbox"/> Shortness of breath/wheeze | <input type="checkbox"/> Hay fever or other environmental seasonal allergies (pollen) |
| <input type="checkbox"/> None | |

Are you allergic to any of the following? (Check all that apply)

- | | | | |
|--------------------------------|---------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> Mice | <input type="checkbox"/> Rats | <input type="checkbox"/> Rabbits | <input type="checkbox"/> Raptors/Birds |
| <input type="checkbox"/> Weeds | <input type="checkbox"/> Trees | <input type="checkbox"/> Grass | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Food | <input type="checkbox"/> Pollen | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Dogs | <input type="checkbox"/> Cats | | |

None

I would like to be seen by the medical staff.

Please be informed that certain medical conditions increase your risk of potential health problems when working with animals, these can include: animal-related allergies, chronic back injury, pregnancy and immunosuppression. If any of these conditions apply, inform your personal physician/health care professional of your work.

Other conditions: _____

I agree to have the above information reviewed by the appropriate party listed on the Clearance Recommendation Page. If I have taken this document to my personal physician, I understand that I am responsible for all associated costs.

Signature

Date

IF YOU ARE A STUDENT: Please call Health Services to make an appointment for an exam (no cost) or take this form to your personal physician (you are responsible for any associated costs). Bring the completed or partially completed form (clinician will assist in completing as needed prior to physical exam) at the time of your physical examination appointment.

**Health Services Office
Ground floor of Russell Towers
(978) 665-3643/3894**

IF YOU ARE FACULTY OR STAFF: Bring or send the completed form to your personal physician (you are responsible for any associated costs).

This questionnaire may become part of your medical record at the clinic you visit. Only the next page (Clearance Recommendation Page), however, should be sent to the IACUC chair via IACUC@fitchburgstate.edu.

Office Use Only:

Clearance Recommendation Page

Patient's Consent and Authorization

(Note to medical staff – This page only should be returned by the patient to the FSU Institutional Animal Care and Use Committee (IACUC). ... The remainder of this document should remain in the patient's medical record at the medical facility)

I consent to and authorize _____ to release my approval status for work with animals and any applicable restrictions to the Fitchburg State University Institutional Animal Care and Use Committee and, if applicable, my supervising investigator. I understand this consent is revocable except to the extent action has already been taken. Authorization is not valid beyond one year from date of signature. Further disclosure or release of my health information is prohibited without specific written consent of person to whom it pertains.

Print Patient name:	
Patient's signature	Date

Practitioner's Recommendations (Choose one from each table)

(Choose one from table 1)

	I am not aware of any contraindications toward participation in Animal Care or Handling.
	Physical examination required for determination. Please make an appointment.
	I believe the applicant can participate in Animal Care or Handling with the restrictions detailed below.
	I recommend the applicant not participate in Animal Care or Handling.

(Choose one from table 2)

	Re-evaluation required when any changes in medical conditions or animal exposure intensity occur.	
	Re-evaluation required annually.	
Practitioner's signature	Date:	
Practitioner's name (print)	Phone:	Fax:
Clinic Address	City:	State & Zip

Once signed, the patient should scan **this page only** to pdf and send it to the IACUC chair via IACUC@fitchburgstate.edu.