

Occupational Health & Safety Program - Animal Exposure Report

Reporting Requirements

IACUC, as part of its **Occupational Health & Safety Program**, requires that all people who work with **or in the close proximity** of animals be assessed for any risk that this may expose them to.



1. Anyone who will be in contact with animals must report a **History of Animal Exposure**.
 - 'Anyone' includes researchers, laboratory assistants, students and all supporting staff, including cleaning crews and other maintenance personnel who, as part of their regular or occasional duties, will be in contact with animals or animal products.
 - It is the responsibility of Supervisors, Principal Investigators, and ORA Managers and Administrators to assure that, in addition to themselves, all their staff and students comply with this reporting requirement.
 - The IACUC Administrator and select others have access to review **whether** you have complied with this requirement.
Note that these persons will have no access to your animal exposure history, thereby complying with HIPAA restrictions on privacy.
2. Reporting on your History of Animal Exposure is done so that only the medical history reviewer will have access to any medical information that requires review.
 - The medical reviewer, currently an occupational health doctor, contracted to the UMSL IACUC for this duty, (Registered Nurse for students) will receive the filled out form that is ready for review.
3. Reviews that do not reveal any significant risks associated with working with animals will result in a report to the IACUC Administrator to that effect.
4. You will be contacted by the medical reviewer in the event that your information reveals the existence of significant risk associated with working with animals. This information, depending on its medical nature, characteristics, circumstances and risks, will be provided to you by one of the following methodologies, solely at the discretion of the medical reviewer:
 - You may receive an **email** with information about precautions that you should take in working with animals.
Such an email may instruct you to **tell your supervisor of specific instructions or precautions** that should be taken (without any disclosure of the medical grounds for such actions).
 - You may receive a **phone call** requesting additional information that is necessary to assess risk, if any.
 - Other precautionary or preventative actions may be taken by the medical reviewer if deemed necessary based on the information you have provided, fully complying with HIPAA restrictions.
5. Irrespective of the conclusion of the medical review, the IACUC Administrator and others in administratively responsible positions for IACUC compliance, have **no access** to any of the confidential information you provide in the Animal Exposure report.

Their access is limited to your name, restrictions if any, and the date that it was reviewed.
(i.e. the last page of this document)

This access will allow IACUC to demonstrate that you are fully compliant with OH&S Program regulations, while complying with HIPAA restrictions.

Students: Submit your exposure form in person to University Health Services 131 Millennium Student Center
You will be asked to review your information with a Registered Nurse.

All Others: Mail to **Concentra Medical Centers**, UMSL OHSP Forms, 463 Lynn Haven Drive Hazelwood, MO
63042 Attention: Jaqueline Tate

Animal Exposure History Form

Name, phone & Email: _____ Date: _____

Name of PI or supervisor you work with : _____

Birth date: _____ Sex: Male Female

1. Have you lived or worked on a farm? no yes
If yes, list the animals worked with and how long: _____

2. Have you lived or do you live with domestic animals? no yes
If yes, list the animals and how long: _____

3. Have you worked or do you work with animals? no yes
Rats no yes
Mice no yes
Other Rodents no yes
Birds no yes
Other (list below) no yes

4. Have you had any problems or reactions with any animals? (**nasal symptoms** (allergic rhinitis), **itchy eyes** (allergic conjunctivitis), and **rashes** (contact urticaria, atopy)). If you have any questions about whether a reaction should be reported, please contact the University Health Services, at (314) 516-5671. no yes
If yes, explain fully: _____

5. Do you have any problems, which would prevent or interfere with the wearing of mask, gloves, respirators, or other personal protective equipment (PPE) that you are aware of? no yes
If yes, explain: _____

6. Do you have any chronic skin conditions (dermatitis, eczema) that you are aware of? no yes

If yes, explain: _____

7. Do you have any respiratory conditions, (allergies, rhinitis, or asthma) that you are aware of? no yes

If yes, explain: _____

8. Do you have any immune deficiencies or autoimmune diseases that you are aware of? no yes

If yes, explain: _____

9. Have you taken allergy injections or medications (prescription or over-the-counter), or used an inhaler for any respiratory/breathing problems? no yes

If yes, for how long and when? _____

10. Do you know if you will be exposed to excess noise? no yes

If yes, explain: _____

11. Do you know if you will be exposed to chemicals? no yes

If yes, explain: _____

12. Do you know if you will be exposed to anesthetic gases? no yes

If yes, explain: _____

13. Will you conduct procedures that involve repetitive motion? no yes

If yes, explain: _____

14. Please indicate the date of your last rabies prophylaxis or injections (mm/dd/yy) _____

15. Please indicate the date of your last tetanus immunization. (mm/dd/yy) _____

16. Please indicate the date of your last physical. (mm/dd/yy) _____

17. Please describe in detail any injury, accident or exposure that you have experienced working with animals. _____

Name: _____

FOR OFFICE ONLY:

In accordance with the IACUC Occupational Health & Safety program requirements listed at the beginning of this document, the information provided by the employee/student in the medical history form, has been reviewed and the following are recommendations the employee/student and employee's/student's supervisor should take in working with animals in order to minimize animal-related health and safety risks.

_____ The individual has no medical history that constitutes risk(s) that suggests a need for extraordinary precautions in working with animals.

_____ Aspects of the person's medical history indicate extraordinary health risks that s/he may face as a result of contact with animals, and that specific extraordinary precautions should be implemented to protect against these risks.

Comments: _____

Reviewer: _____

Date of Review _____

Confidential