To be completed by employee and supervisor for discussion with a healthcare provider ***before working in the animal facility and every 3 years thereafter.*** A signed copy of section I (pages 1-2) is returned to the [Ingrid.Tulloch@morgan.edu](mailto:Ingrid.Tulloch@morgan.edu) or Animal Facility supervisor. A copy of section I & II (pages 1-3) is returned to Human Resources attention [Monica.Waters@morgan.edu](mailto:Monica.Waters@morgan.edu)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Laboratory Animal Facility User:** | |  | | | | | | |
| **Department/School:** |  | | | **Job Title:** | |  | | |
| **Responsibilities:** |  | | | | | | | |
| **Authorized Supervisor:** |  | | **Signature:** | |  | | **Date:** |  |
| **Date Submitted:** |  | | |  | |  | |  |

The occupational health plan is a risk-based plan that provides information to personnel on the hazards of working with animals or animal tissues/fluids, and provides protection from those hazards by immunization, monitoring and education. It consists of three components: a pre-employment physical, a triennial physical, and provision for medical care in the event of an accident or injury on the job.

# Criteria for Enrollment

Includes all employees who have job-related exposure to laboratory animals or animal tissues/fluids (including exposure to animal allergens through work on animal facilities). It includes faculty staff and students who work with animals or animal tissues and IACUC members who conduct semiannual facilities inspections.

# RISK ASSESSMENT (To be filled out by safety or your supervisory personnel)

|  |  |  |
| --- | --- | --- |
| **1. Purpose of examination** | **YES** | **NO** |
| Initial |  |  |
| Periodic |  |  |
| Other (specify) |  |  |

|  |  |  |
| --- | --- | --- |
| **2. Animal Category (indicate species when checked YES)** | **YES** | **NO** |
| Biological tissues (1) |  |  |
| Rodents, rabbits, aquatics (2) |  |  |
| Wild animals (3) |  |  |
| Work with infectious diseases (4) |  |  |

|  |  |  |
| --- | --- | --- |
| **3. Physical Issues** | **YES** | **NO** |
| Noise > 85dB (e.g. loud cagewash, swine, dogs) (specify daily duration if checked YES) |  |  |
| Ocular splash (e.g. handling concentrated detergents and acids, use of pressure wash) |  |  |
| Lifting and carrying heavy weights (indicate weight) |  |  |
| Reaching above shoulder, |  |  |
| Standing > 1 hour per day, bending > 1 hour per day |  |  |
| Use of fingers in constant repetitive movement |  |  |
| Heat (above 870F) |  |  |
| Working with hands in water or solutions |  |  |
| Working with gas anesthesia(specify) |  |  |
| Latex contact |  |  |

|  |  |  |
| --- | --- | --- |
| **4. Biological Issues** | **YES** | **NO** |
| Infectious organisms (specify) |  |  |
| Recombinant DNA |  |  |
| Human blood, tissues or body fluids |  |  |
| Biosafety training? (list date if applicable) |  |  |
| Blood borne pathogen training. (list date if applicable) |  |  |

|  |  |  |
| --- | --- | --- |
| **5. Radiation Issues** | **YES** | **NO** |
| X-Ray, fluoroscopy |  |  |
| Radioactive materials |  |  |
| Radiation safety training (list date if applicable) |  |  |

The User Risk Animal Category is determined by the responses to Section 2 of the Risk Assessment Animal Category. If you have multiple risk categories, include both risk numbers (e.g., if you work with biological tissues - risk 1 and infectious agents - risk 4, your risk category is 1 & 4). The category numbers determine the requirements for individuals working in the laboratory, as shown in the table below. A check (X) indicates the requirement to be met for each category. As an example, someone with a risk category of 1 & 4 would need a pre-employment and a periodic physical, education on special risks, proof of tetanus, zoonosis education, and biosafety and bloodborne pathogen education as well as TB testing, a safety committee review for all protocols, and post-employment physical.

|  |  |
| --- | --- |
| **User Risk Category (1-4)** |  |

“X” indicates required training for each user risk category

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **User Risk Animal Category (1-4)** | **Pre-employment and periodic physical** | **Education on special risks** | **Proof of Tetanus immunization** | **Proof of Rabies titer /immunization** | **TB testing** | **Zoonosis Education** | **Disease (committee review)**  **infectious** | **Biosafety and bloodborne pathogen education** | **Post-employment physical** |
| **1.**  Work with biological tissues with no introduced infectious disease | **X** | **X** | **X** |  |  | **X** |  | **X** |  |
| **2.** Work with Laboratory Rodents and aquatics | **X** | **X** | **X** |  |  | **X** |  | **X** |  |
| **3.**  Work with wild Animals | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| **4.** Work with infectious agents/diseases | **X** | **X** | **X** |  | **X** | **X** | **X** | **X** | **X** |

☐ Approved with no exceptions

☐ Approved with exceptions and accommodations as follows:

|  |
| --- |
|  |

☐ Not approved for academic or clinical animal laboratory setting

|  |  |  |  |
| --- | --- | --- | --- |
| Health Care Provider Signature: |  | Date: |  |

# MEDICAL HISTORY (Do not share with anyone other than patient and Monica Waters)

To be signed by qualified healthcare professional and returned to [Monica.Waters@morgan.edu](mailto:Monica.Waters@morgan.edu)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Laboratory Animal Facility User:** | |  | | |
| **Department/School:** |  | | **Job Title:** |  |
| **Responsibilities:** |  | | | |
| **Animal Facility Authorization:** |  | | **Date:** |  |

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| History of Immunosuppressive medical conditions, including chronic conditions (e.g. renal failure, diabetes mellitus), corticosteroid use, immunosuppressive agents, splenectomy, and immunosuppressive diseases |  |  |
| Current tetanus immunization |  |  |
| Current rabies immunization |  |  |
| Current MMR |  |  |
| History of allergies, including food, drugs, atopy, dermatitis, eczema, allergic rhinitis, asthma, and sensitivity to latex products (specify) |  |  |
| History of allergies to animals, including laboratory animals (state species) |  |  |
| Current pregnancy for female workers |  |  |
| History of valvular or congenital heart problems |  |  |
| Other |  |  |

(Note N/A if not applicable)

**Health Care Provider Recommendations (select one):**

☐ Approved with no exceptions

☐ Approved with exceptions and accommodations as follows:

|  |
| --- |
|  |

☐ Not approved for academic or clinical animal laboratory setting

**Health Care Professional Name & Qualifications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | | |
| Office Address: | |  | Phone: |  |
| Signature: | |  | Date: |  |

MSU’s Occupational Health Care Provider is Concentra

|  |  |  |  |
| --- | --- | --- | --- |
| Animal User Signature: |  | Date: |  |

**Please attach proof of immunization according to User Risk Animal Category.**