

February 1, 2011

## HEALTH PROGRAM FOR PERSONNEL WITH EXPOSURE TO RESEARCH ANIMALS

1. **PURPOSE:** To establish South Texas Veterans Health Care System policy, procedures, and responsibilities for an occupational health program for employees exposed to research animals.

2. **POLICY:** Personnel who may have direct physical contact or routine exposure to live animals, animal tissues or body fluids while actively participating in research endeavors, or personnel who have exposure to animal housing areas because of their institutional responsibilities, will be included in a program designed to meet the accepted occupational safety requirements of this type of work.

3. **ACTION:**

a. **Personnel who have direct or routine exposure to research animals:** Personnel with direct physical contact or routine exposure to live animals, animal tissues or body fluids will participate in a Preventive Medicine Program (PMP) through the Occupational Health Clinic. The PMP for employees with direct contact or routine exposure to research animals contact will include:

(1) **A pre-placement medical evaluation** and medical history to ensure that a prospective new employee is capable of safely performing the functional requirements of the position and is sufficiently protected from physical hazards of the work.

(2) **Annual Tuberculosis screening.** If the test is positive, further tests or follow-up will be determined by the Occupational Health Physician.

(3) **Protective immunizations** (e.g., tetanus, rabies) will be provided at appropriate intervals in accordance with CDC recommendations. Booster tetanus immunization shall be given every ten years or promptly as indicated for an animal bite. Personnel exposed to and other animals susceptible to rabies shall receive pre-exposure rabies immunization. Follow-up titer tests should be performed as deemed necessary by the Occupational Health Physician.

(4) **Baseline Review by the Occupational Health Physician.** The individual with direct contact or regular exposure to research animals will complete the base line survey (See Attachment 1) and supervisor or principal investigator certification (See Attachment 2). The individual will be evaluated by the Occupational Health physician who will review the baseline survey and determine the individual's risk for problems related to animal exposure and any potential protective measures that must be implemented. Compliance with the baseline review will be tracked by the Research and Development office.

(5) **Annual Review by the Occupational Health Physician.** Annually, a periodic animal exposure questionnaire (See Attachment 3) will be completed by personnel who have directed contact or routine exposure to research animals. This questionnaire will be reviewed by the Occupational Health Physician who will determine if an appointment is necessary, and if any intervention is warranted.

b. **Personnel with incidental exposure to animal housing areas:** Personnel that have incidental exposure to animal housing areas, such as Engineering or Environmental Management Services

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personnel, will receive an educational sheet (See Attachment 4) that informs them of the potential for allergy to animal dander. The information sheet, which will be provided by the Research Service office prior to the individual being given access to the restricted Veterinary Medical Unit (VMU) area, will instruct personnel who have pre-existing animal allergies, or who develop allergy symptoms after exposure to the animal housing area, to seek help from the Occupational Medicine physician. Employees with significant pre-existing animal allergies have the option to be counseled as to how asthma and allergies may affect their health. Upon the employee's request, the Occupational Health physician will determine whether he/she need further intervention.

c. **Occupational Safety Training.** Personnel who have contact with experimental animals should receive training in the proper handling of the animals to minimize the risk of animal inflicted injuries. Personnel are instructed to avoid unnecessary risk when working with animals, and to seek expert assistance when in doubt. Training includes the use of protective clothing, equipment, practicing good hygiene, and standard precautions, where applicable. Personnel whose work responsibilities require that they lift heavy objects should be trained in proper lifting technique. Supervisors must insure employees receive the required annual safety training. STVHCS and Research Service safety policies will be available in the VMU and all laboratories.

d. **Special procedures:**

(1) **Animal Bites:** If an individual is bitten by an animal, the animal should be immediately identified to VMU personnel for a 10-day observation for development of rabies. If the animal dies or develops signs without sufficient evidence for a definitive diagnosis, it will be sent for rabies diagnostic procedures. The Infection Control Program Manager shall be notified at the time of occurrence and the Occupational Health Physician consulted as necessary.

(2) In the event that **specific hazards** (biological, radiation, or chemical) are to be introduced into the areas served by VMU or into the animals themselves, specific additional procedures must be implemented for personnel protection. All research procedures must be approved by the IACUC and Subcommittee for Research Safety, and the research investigator is responsible for providing education related to these procedures prior to initiation of their activities.

(3) Employees assigned to work with animals that are administered **chemical carcinogens or radioactive substances** are required to attend training sessions on the handling and safety precautions of these agents and substances.

(4) Research involving **Animal Biosafety Level 3 (ABSL3) infectious agents** will not be conducted at the STVHCS.

e. **Program responsibilities:**

(1) **Chief, Human Resources Management Service (05)**, will establish appointment for initial health screening.

(2) **Occupational Health Physician (05)** will establish and coordinate appropriate follow-up, referral, or treatment for each employee.

(3) **ACOS for Research and Development (151)** through the Research Office and Veterinary Medical Unit supervisor will monitor employee and investigator compliance with health program policy.

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4. **REFERENCES:** MP-5, Part I, Chapter 792, Change 7, June 30, 1980; Public Health Service National Institute of Health "Guide for the Care and Use of Laboratory Animals;" "Biosafety in Microbiological and Biomedical Laboratories;" National Research Council "Occupational Health and Safety in the Care and Use of Research Animals," 1997; and DVA VHA Handbook 1200.7, Appendix C, Occupational Health and Safety for Research Personnel with Animal Contact, 2005.

5. **RESPONSIBILITY:** Associate Chief of Staff for Research and Development (151).

6. **RESCISSION:** STVHCS Policy Memorandum No. 151-06-05, October 26, 2006.

7. **RECERTIFICATION:** February 2016



MARIE L. WELDON, FACHE  
Director

Attachment: (4)

DISTRIBUTION: A

## Animal Exposure Baseline History

1. Name: \_\_\_\_\_ S.S. # (Last 4): \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Male  Female  Pregnant
3. Service: \_\_\_\_\_ Job Title: \_\_\_\_\_
4. Extension: \_\_\_\_\_ Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_
5. Location Building and Room #: \_\_\_\_\_
6. Principal Investigator's name: \_\_\_\_\_ PIs Phone #: \_\_\_\_\_
7. Animal Contact with VA VMU or UTHSCSA facilities (check all that apply):
- Dogs  Pigs  Cats  Sheep  
 Nonhuman Primates  Rodents  Rabbits  
 Guinea Pigs  Other: \_\_\_\_\_
8. Total amount of contact time with animals (include contact with animal tissues, waste, body fluids, carcasses or animal quarters):
- More than one hour / week  
 One or less hour / week  
 Other (explain): \_\_\_\_\_
9. Does your work with animals involve any human or animal pathogens or infectious diseases?
- Yes  No
- If yes, please list pathogens or diseases: \_\_\_\_\_
10. If you are in contact with nonhuman primates:
- a. Have you ever had Tuberculosis (TB)?  Yes  No
- If yes, please list medications and how long you took them: \_\_\_\_\_
- b. Have you been vaccinated with BCG for TB?  Yes  No  
Year \_\_\_\_\_
- c. Have you ever had a positive reaction to a TB test (Tine Test, PPD, Mantoux)?  Yes  No
- If yes, please name any medications you took and the length of time you took them: \_\_\_\_\_
11. Are you receiving immunosuppressive therapy such as prednisone, steroids or anti-cancer drugs?
- Yes  No

12. How often do you wear Personal Protective Equipment when working with animals? (Check the appropriate responses)

<u>Type of PPE</u>	<u>Sometimes</u>	<u>Always</u>	<u>Never</u>	<u>Rarely</u>
Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goggles/Glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Do you smoke, eat or drink in the animal areas?  Yes  No

14. How often do you do the following after handling animals at work?

	<u>Sometimes</u>	<u>Always</u>	<u>Never</u>	<u>Rarely</u>
Wash Hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Do you have a history of the following conditions? (Check those you have or have had)

- Hay fever     Asthma     Allergic skin problems     Eczema  
 Sinusitis     Other Chronic Respiratory Infections

16. Has anyone in your family ever had hay fever, asthma, eczema or allergic skin problems?

Yes  No

17. Do you have sneezing spells, runny or stuffy nose, watery or itchy eyes, coughing, wheezing, or shortness of breath, skin rash or hives, or difficulty swallowing after working with laboratory animals or their cages? (Circle those you have)

Yes  No

18. Which animals cause the above problems?

19. How frequently are you bothered by the symptoms below?

<u>Symptoms</u>	<u>Never</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Daily</u>
Watery, itchy eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runny or stuff nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sneezing spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent dry cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheezing in chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rash or hives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble swallowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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20. Do you have any house pets?  Yes  No

If yes, what type of animals do you have?

21. Do you have any symptoms with your pets?

If yes, what type of symptoms do you have?

22. Do you have a chronic respiratory disease?  Yes  No

If yes, please explain:

23. Have you ever had a hernia (rupture)?  Yes  No

If yes, please explain:

24. Have you ever had back trouble or pain that required treatment, surgery or loss of time at work?

Yes  No

If yes, please explain:

25. Do you have joint problems or any form of arthritis?  Yes  No

If yes, please describe:

26. Do you work with chemicals?  Yes  No

Do you have symptoms from the chemicals?  Yes  No

Comments:

27. Please note any other health history you consider significant:

28. Immunization / TB Screening History:

<u>Vaccine/Test</u>	<u>Date</u>	<u>Side Effect/Reaction</u>	<u>Other</u>
Tetanus (most recent)			
Rabies Series, Initial			
Rabies Booster			
Rabies Immune Globulin			
Hepatitis B Series, Initial			
Hepatitis B, 2 <sup>nd</sup> Series			
Tuberculin Mantoux (PPD)			
Other:			
Chest X-ray			

Signature of Employee: \_\_\_\_\_ Date:

Print Name:

Signature of Interviewer: \_\_\_\_\_ Date:

Print Name:

**SUPERVISOR/PI CERTIFICATION**

By signature, I certify that I have provided \_\_\_\_\_ with information regarding STVHCS Research Service Animal Care and Use Program, Occupational Health and Safety for Research Personnel with Significant Animal Contact operating instruction and the availability of Learning Management System Occupational Health training, course 32755. I have provided necessary training and a printed copy of the above program guide.

Printed Supervisor/PI Name:

Signature: \_\_\_\_\_

Date:

**OCCUPATIONAL PHYSICIAN**

By signature, I verify that I reviewed and discussed, with the participant , the submitted Occupational Health Questionnaire and potential risks associated with the involvement in animal-related research. The participant was offered medical services appropriate to the risks.

Printed Occupational Health Physician Name:

Signature: \_\_\_\_\_

Date:

Periodic Animal Exposure Questionnaire

Name: \_\_\_\_\_ SS#: (Last 4) \_\_\_\_\_  
Job Title: \_\_\_\_\_ Extension: \_\_\_\_\_ Bldg/Room #: \_\_\_\_\_

1. I no longer work with animals (including animal tissues, waste, body fluids, carcasses or animal quarters) at the VMU. YES  NO  (If YES, skip to #4)

2. Show any CHANGE in animal contact within the VMU in the past year. Write a plus (+) for continuing contact; (++) for new animal contact; (-) for animals no longer working with.

_____ Dogs	_____ Pigs
_____ Cats	_____ Sheep
_____ Rabbits	_____ Rodents
_____ Guinea Pigs	_____ Nonhuman Primates
	_____ Other

3. Check total amount of contact time with animals in the past year (include contact with animal tissues, waste, body fluids, carcasses or animal quarters):

- More than one hour / week
- One hour or less / week
- Other (explain)

4. List any additions or deletions of human or animal pathogens or infectious diseases you have worked with in the past year:

Additions:

Deletions:

5. List the date of your last TB screening: (Mantoux or TB Symptoms Checklist):

6. List date of Hepatitis B, Tetanus or Rabies immunizations received this past year:

Tetanus	Rabies	Hepatitis B
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7. Check any condition(s) you have developed over the past year:

- Hay fever  Asthma
- Sinusitis  Other Chronic Respiratory Infection
- Allergic skin Problems  Eczema

Comments:

8. Check symptoms you developed this past year and how often you have them:

Symptoms	Never	Monthly	Weekly	Daily
Water, Itchy eyes				
Runny, Stuffy Nose				
Sneezing Spells				
Frequent Dry Cough				
Wheezing in chest				
Rash or hives				
Shortness of Breath				
Trouble Swallowing				

9. Do animals cause the above symptoms? If so, please list the animals:

10. List any NEW pets you obtained in the past year and symptoms you have with them.

New Pet	Symptom

11. List any medical problems, pregnancies, hospitalizations or surgeries:

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

Signature of Reviewer \_\_\_\_\_

Print Name \_\_\_\_\_

Physical : Recommended \_\_\_\_\_ Not Recommended \_\_\_\_\_

### **Information Sheet: Risks of Exposure to Research Animals**

The South Texas Veterans Health Care System Research Service maintains a veterinary medical unit (VMU), for the support of research studies. The VMU houses mice, rats, and hamsters used in the conduct of medical research. This information sheet is directed to those hospital employees that only occasionally or intermittently need to enter the VMU as part of their work.

Animals produce dander, which is the loose scales of skin and dried secretions that are shed from the animal's fur. The dander gets into the air in small quantities, but can cause allergic reactions in people who are susceptible. Allergic reactions can occur without direct contact with animals, for instance by walking in the hallways of the VMU. If you have a history of allergies to animals, or you had an adverse reaction after having entered the South Texas Veterans Health Care System animal facility in the past, you should discuss this with your supervisor and the Occupational Health Physician (Room 127; extension 14116) prior to entry into the VMU.

Allergic symptoms can include:

- Itchy or burning eyes
- Runny nose
- Congestion
- Sinus pressure
- Coughing
- Sore or scratchy throat
- Wheezing and chest tightness
- Breathing problems
- Itching skin
- Skin rash

If your work in the VMU will require entry into an animal housing room, you should also be aware that some animal rooms are identified as biohazard and require appropriate personal protective equipment to be donned before entry. The Veterinary Medical Unit Supervisor is available in U235 (extension 14687) will assist you with the appropriate PPE and entry into the restricted access room as needed.

If you have any questions, please contact the Associate Chief of Staff for Research and Development (extension 15123) or the Occupational Health Physician (extension 14116)