

Name: _____

Today's Date: _____

Occupational Health and Safety Program Enrollment Packet For Personnel Working with Animals

***** Records are maintained by the LSU Student Health Center and will remain confidential.*****

The LSU IACUC, through the Division of Laboratory Animal Medicine (DLAM) operates an Occupational Health & Safety Program (OHSP). Participation in this program is **mandatory** for all personnel working with LSU-owned animals utilized in teaching, research, and testing. Program participants include facility services personnel, animal caretakers, principal investigators, scientific technical staff, graduate students, student workers, and post-doctoral and visiting scientists.

You may choose to use your personal physician or the LSU Student Health Center. The University will pay for your appointment and any associated tests and vaccines required if you use the LSU Student Health Center. If you choose to use your personal physician you will bear all associated cost.

For detailed information about the Occupational Health and Safety Program, please visit the DLAM [website](#).

INSTRUCTIONS:

1. **Download and print the Risk Assessment Questionnaire.**
2. **Complete the questionnaire in its entirety.**
3. **Include the Participation Form in your packet to the SHC.**
4. **Return the completed form and Participation Form in a sealed envelope directly to:**

**Denise Bouvier, FNP
LSU Student Health Center
16 Infirmary Lane
Baton Rouge, LA 70803**

*****Do not send the completed form to the IACUC office*****

The IACUC Manager will be notified regarding the participant's completion of the program requirements and will notify the participant of the status.

NOTE: The OH&S physician/nurse practitioner may request additional medical information through completion of a medical health questionnaire, and consultation with the program participant, and may perform a physical examination, diagnostic tests, and/or administer immunizations.

When infected animals are to be housed in ABSL3 facilities, then all personnel working with the animals must complete the Medical Questionnaire and schedule a physical examination with the OH&S physician/nurse practitioner at the LSU Student Health Center. Please contact the IACUC office via email (IACUC@lsu.edu) to request detailed information.

**Occupational Health and Safety Program Enrollment
Risk Assessment Screening Questionnaire**

Information in this questionnaire is confidential. You are being asked to complete this questionnaire to help us evaluate risks to your health from exposure to animals and biohazards while at work. After reviewing your responses to this questionnaire, the OH&S physician will notify the IACUC Manager regarding the participant's completion of the program. Additional information may be requested by the OH&S Physician.

If your health status changes at any time, please notify your supervisor and complete a new questionnaire.

Date Form Completed: _____

Have you previously completed this assessment questionnaire? Yes No

If yes, has any of the information changed since your last submission? Yes No

If yes, please explain: _____

Section 1

Name:	LSU ID, as applicable:
Job Title/Dept. Name:	DOB:
Email:	Phone Number:
PI/Supervisor:	Protocol Number, if any:
If you are being named to a protocol, have you discussed the risks with your PI?	
Please Check One: <input type="checkbox"/> Faculty / Research Associate <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Grad Student/Postdoctoral Associate/House Officer <input type="checkbox"/> DVM Student <input type="checkbox"/> Vivarium Staff <input type="checkbox"/> Administrator <input type="checkbox"/> Maintenance/Custodial Staff /Security	

Section 2

Known Hazards Associated Directly with the Animals: (check all that apply)
<input type="checkbox"/> Unsure <input type="checkbox"/> Chemical (e.g., MS222, carcinogens, gas anesthetics) <input type="checkbox"/> Biological (e.g., bacteria, viruses, fungus/yeast/mold, prion, protist) <input type="checkbox"/> Physical (e.g., needles, bites, large animals, cords) <input type="checkbox"/> Radiation, laser <input type="checkbox"/> Other:
Are you participating in a Field Study? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach a copy of your Field Research Safety Plan.
Attach IBRDS packet if required for IACUC Protocol.

Section 3

Animal Handling as it is Anticipated: (check one)
<input type="checkbox"/> Extensive (daily or over 30 hours/month) <input type="checkbox"/> Quite a bit (~3X/week or 10-30 hours/month) <input type="checkbox"/> Minimal (<10 hours/month) <input type="checkbox"/> Observer (no direct contact) <input type="checkbox"/> Other:

Name:	LSU ID:
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EXPOSURE TO ANIMALS

Check all that apply.

- I will have direct contact with animals used in research or teaching in this position.
- I have worked directly with laboratory animals in other positions.
- I will work or be present in the same areas as animals but without direct animal handling or contact.
- I will be working with unfixed animal tissues, cells, or body fluids in research or teaching.
- I will be providing care for animals used in research or teaching.
- I will be working with human specimens (cells, tissues, etc.) in conjunction with animals.
- I will be conducting an ongoing field study with species in location: _____

Section 4

Please indicate all animal species/animal tissues used/handled and the frequency of contact. <i>The question may be answered in the context of what you anticipate will be done.</i>				
Animal Species or Tissue Used or Handled <i>(Check all that apply)</i>	Daily	Weekly	Monthly	Infrequently
<input type="checkbox"/> Mice or Rats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gerbils, Hamsters or other Rodents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dogs and/or Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Horses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reptiles and/or Amphibians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Birds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cattle, Swine, Sheep and/or Goats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5

Do you have any of the <u>medical conditions</u> as listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check those that apply.)	
<input type="checkbox"/> known or suspected allergies to animals <input type="checkbox"/> lung problems <input type="checkbox"/> chronic health problems such as diabetes <input type="checkbox"/> renal or liver disease <input type="checkbox"/> diagnosed with sickle cell disease <input type="checkbox"/> valvular heart disease <input type="checkbox"/> pregnant or planning to get pregnant	<input type="checkbox"/> immune system deficiencies or other limitations to your ability to fight off disease <input type="checkbox"/> current therapy with high dose steroids, radiation therapy or cancer therapies <input type="checkbox"/> history of problems with your spleen or absence of your spleen

Section 6

Immunizations. Have you had a tetanus or rabies vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
<input type="checkbox"/> tetanus vaccination If yes, date of last booster _____ Series _____ <input type="checkbox"/> rabies vaccination If yes, date of last booster _____ Series _____

Applicant's Signature: _____ Date: _____

Return completed form and the Participant Form on the next page in a sealed envelope to:
 Denise Bouvier, FNP, LSU Student Health Center, 16 Infirmary Lane, Baton Rouge, LA 70803

A medical information file for each participant will be permanently housed at the Student Health Center or your personal physician's office. The completed Risk Assessment Survey Questionnaire will be maintained in that file. Confidential information will NOT be maintained in the DLAM office.

Occupational Health and Safety Program

PARTICIPATION FORM (LSU Student Health Center)

Date: _____

I have reviewed the completed Risk Assessment Questionnaire for the following individual as it concerns to the health risks involved with working with or around laboratory animals.

Program Participant Information:

Full Name:
Email:
Protocol # or PI Name:

This letter serves as confirmation of completion of the program requirements and clearance of the program participant(s) to perform their assigned animal-related duties.

Physician Signature:

Date:

Denise Bouvier, FNP

To IACUC Office:

Please notify participant to schedule an appointment for a physical exam and to complete the Medical Questionnaire. _____

Denise Bouvier, FNP

Date _____

This form is to be provided to the IACUC Manager. Email to kadams11@lsu.edu or fax to 225-578-9649.

A medical information file for each participant will be permanently housed at the Student Health Center or your personal physician's office. The completed Risk Assessment Survey Questionnaire will be maintained in that file. Confidential information will NOT be maintained in the DLAM office.