

ATTACHMENT A

## ANIMAL HANDLERS SURVEILLANCE PROGRAM

**From:** Chief of Staff  
**Subj:** Animal Handlers Surveillance Program  
**To:** All Research Personnel

The VHA Animal Handlers Surveillance Program is designed to protect your health and ensure the safety of all personnel while working in Research Service. All Research personnel have the option of enrolling in the VHA Animal Handlers Surveillance Program. It is mandatory for all Veterinary Medical Unit (VMU) employees. It is free and will include a physical exam and an annual health survey.

Participation by everyone is encouraged.

**To enroll** in the Animal Handlers Surveillance Program, check the Accept box below and follow instructions.

**To decline** to enroll at this time check the Decline box below. You will still be required to fill out the Animal Handlers Questionnaire before employment and annually thereafter. If you decide to Decline at this time, **you can Accept at any time.**

**Accept** -  By checking this box you acknowledge that you have agreed to participate in the VHA Animal Handlers Surveillance Program. Fill out the attached questionnaire, **return it to Leon Bargo, APRN (11E-LD)** and schedule your physical exam by calling the Occupational Health Clerk at 859-233-4511 Ext. 2638.

**Decline** -  By checking this box you acknowledge that you have declined enrollment into the VHA Animal Handlers Surveillance Program. By declining, you also acknowledge the potential risks of working in Research Service. These risks include:

1. Developing allergies against research animals.
2. Potential exposure to diseases that affect both animals and humans.
3. Possible animal bites and scratches.
4. Possible exposure to hazardous chemicals and agents.
5. Potential injury in operating research equipment.

Refer questions to the Supervisor, Veterinary Medical Unit, at 859-233-4511 Ext. 5946.

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**Signature**

**Print Name**

**Date**

### 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. Routing Symbol: \_\_\_\_\_ Building and Room #: \_\_\_\_\_
6. Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

7. Animal contact within VAMC (check all that apply):

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Dogs              | <input type="checkbox"/> Pigs        |
| <input type="checkbox"/> Cats              | <input type="checkbox"/> Sheep       |
| <input type="checkbox"/> Nonhuman Primates | <input type="checkbox"/> Rodents     |
| <input type="checkbox"/> Rabbits           | <input type="checkbox"/> Guinea Pigs |
| <input type="checkbox"/> 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.

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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?

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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 stuffy nose
- Sneezing spells
- Frequent dry cough
- Wheezing in chest
- Rash or hives
- Shortness of breath
- Trouble swallowing

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?  Yes  No

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: \_\_\_\_\_

## **ANIMAL HANDLERS SURVEILLANCE PROGRAM**

**1. PURPOSE:** To establish a high level of occupational safety for all individuals involved in Research Service including those involved in the use and care of research animals in the Veterinary Medical Unit (VMU).

**2. POLICY:** In addition to complying with the guidance provided in VA Handbooks 1200.07, 5019 and 7701.01, we have established the following additional responsibilities, requirements and procedures. This policy applies to all personnel in Research Service at risk of exposure to research animals, animal products and human samples. This includes VMU staff, investigators, research technicians, students, trainees as well as VA maintenance staff, engineering staff and police. All Research employees will receive a pre-employment evaluation and physical examination along with an annual questionnaire. An “employee” is defined as all VA paid and Without Compensation personal and does not include outside contractors.

**3. RESPONSIBILITIES:** In addition to the responsibilities outlined in Handbooks 1200.07, 5019 and 7701.01, the following responsibilities are implemented.

a. The VHA Institutional Officer (IO) and Research Office are responsible for ensuring the implementation of Occupational Safety and Health policy in all facilities under their control.

b. VHA Research Department Heads, Research Principal Investigators and all other Research managers and supervisors are responsible for compliance with this Policy as it relates to operations under their control in carrying out their day-to-day responsibilities.

c. All VHA employees and WOC employees are responsible for adherence to this Policy in carrying out their day-to-day responsibilities.

**4. PROCEDURES:** In addition to the procedures outlined in Handbooks 1200.07, 5019 and 7701.01, the following procedures are implemented and apply to all Research Service employees.

a. **Accept or Decline VHA-AHS Program participation:** Employees and outside contract workers will be offered the opportunity to accept or decline participation at their entry into Research Service. All VA employees and other non-federal personnel who work in Research Service have the opportunity to participate in the VHA Animal Handlers Surveillance Program at no charge. This includes but is not limited to all individuals that enter the VMU, all individuals that work in research labs and all individuals with intermittent duties in Research Service. All employees have the option to accept or decline participation in the VHA-AHS Program which must be done in writing (Attachment A). Individuals declining participation may accept participation at any time. Participation is encouraged.

b. **Access to Research Service:** Access to VHA Research Service laboratories and the VMU will be granted after accepting or declining VHA-AHS Program participation. The VA Institutional Animal Care And Use Committee (IACUC) requires all VMU employees to participate in the VHA-AHS Program as a condition of their employment. Access to research laboratories and the VMU is controlled by assigning individual access code numbers to the security system. Those without an access number must be escorted into the facility and complete the log-in, log-out form.

c. **Animal workers:** Employees with research animal contact including VMU staff, Principal Investigators, co-investigators, post docs, research technicians, students, and trainees that have accepted participation in the VHA Animal Handlers Surveillance Program will receive a pre-employment medical evaluation including a physical exam. They will undergo individual risk assessment, be supplied with the appropriate personal protective equipment free of charge and VHA employees will be offered appropriate immunizations as required. WOC's and other contract workers will rely on their place of employment to provide their immunizations as needed. They will receive training in 1) the proper handling of the animals they will work with, 2) the risks of working with research animals (Appendix B) 3) hygiene practices, and 4) the proper use of equipment. Medical review through a questionnaire will be done at least annually.

d. **Intermittent animal workers:** Intermittent animal workers without significant animal contact, including, but not limited to IACUC committee members, VHA Engineering staff, EMS staff and Police will have the option to accept or decline enrollment in the VHA-AHS Program. Upon accepting enrollment, the employee will receive a pre-employment medical evaluation (Attachment B) including a physical exam. They will undergo individual risk assessment, be assigned the appropriate personal protective equipment free of charge and VHA employees will be offered appropriate immunizations as required. WOC's and other contract workers will rely on their place of employment or their primary care provider to provide proof of vaccinations or immunity to diseases of concern. They will receive appropriate training in 1) hygiene practices, 2) equipment use and 3) the risks of working around research animals (Attachment B). Medical review through a questionnaire will be done at least annually.

e. **Non animal workers:** Employees with no animal contact including Principal Investigators, co-investigators, post docs, research technicians, students and trainees that accept enrollment in the VHA-AHS program will receive a pre-employment medical evaluation including a physical exam. The Principal Investigator will be responsible for individual risk assessment, assigning the appropriate personal protective equipment, requiring appropriate immunizations and training in 1) hygiene practices, 2) proper equipment use and the risks of working with the specific protocols in the PI's research program.

f. **Outside contractors:** Outside contract personnel will be covered by their company's OS&H program. Proof of immunity to Measles, Mumps, Rubella and Varicella is required. These requirements will be specified in their contract.

g. **Employee Classification:** After the pre-employment medical evaluation is complete, the employee is classified according to risk factors for the development of complications of exposure to animal allergens. These risk level based requirements are mandatory for the employee when they are in areas with potential exposure to animals.

Stratification of Research Workers							
Risk Level	Gloves	Gown	Goggles	N-95 Respirator	Hood/filter	Decreased Exposure	Follow-up Exam
3 (High)	x	x	x	x	x	x	1 year or new symptoms
2 (Medium)	x	x	x	x		x	1 year or new symptoms
1 (Low)	x	x	x				1 year or new symptoms

**h. Reporting Injuries**

(1) **VHA Employees:** Injuries incurred from animal bites, scratches, cuts, or other injuries that occur with direct animal or tissue contact must be reported immediately to the employee’s supervisor and the Research Office. The incident must be entered into the ASISTS program by their supervisor. They should then be referred by their supervisor to Occupational Health by contacting the Occupational Health Medical Support Assistant at ext. 4659. If injury occurs during non-business hours the person should be referred to the VA Emergency Department at the Cooper Drive Division.

(2) **Non-VHA employees (WOC’s, contract workers):** Any injury incurred must be reported immediately to the employee’s supervisor and the Research Office. They should follow their employment facilities policies and procedure for injuries.

i. **Departing Employees:** Employees leaving or transferring out of Research should have a departure examination by the Occupational Health nurse.

**5. REFERENCES:** VHA Handbook 1200.07: Use of Animals In Research, November 23, 2011; VHA Handbook 7701.01: Occupational Safety and Health (OSH) Program Procedures, August 24, 2010; Lexington VAMC Safety Policy Statement, November 22, 2011; Clinical Occupational Health Guidebook 5019 (Updated January 2010).

**6. FOLLOW-UP RESPONSIBILITY:** Chief, Research Service (151).

**7. RECERTIFICATION:** On or before August 17, 2017.



DeWayne Hamlin  
Director

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\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

## **ATTACHMENT B**

### **ANIMAL HANDLERS SURVEILLANCE PROGRAM**

The major health risk to individuals working with research rodents is the development of an allergy from exposure to the animal or its waste products. The risk of developing an allergy depends on several parameters including the employee's "base-line" health status, the employee's work practices, the proper use of personnel protective equipment (PPE), the animal species used and the degree of exposure to animal allergens. It is important to minimize exposure to all animal allergens including animal fur, dander, blood, tissue, urine, feces, bedding and dirty cages.

Employees working with rodents must be trained in proper animal handling techniques and in the use of personnel protective equipment prior to working with animals.

#### **Response to Injury**

- All bites and scratches that result in bleeding should be immediately and thoroughly scrubbed and cleansed with soap and running water for at least 15 minutes.
  - Control bleeding by applying direct pressure with a sterile gauze or bandage.
  - Do not discard or disinfect any object which has caused the injury; hold it for analysis.
  - Notify your supervisor and seek medical attention immediately after any accident or exposure.
- There are some potential hazards inherent in any work environment. These include poor ergonomics, slips, trips and falls, burns, crushed appendages, electrical safety hazards, hazardous chemicals, toxins, viral and bacterial pathogens.