

**The University of Texas at Austin  
OCCUPATIONAL HEALTH PROGRAM  
FOR PERSONNEL WITH SUBSTANTIAL LABORATORY ANIMAL CONTACT**

**Purpose:** The health of individuals working in animal care programs is an area of institutional concern. PHS Policy and the Guide identify the need for an occupational health program for all personnel who work in laboratory animal facilities or who have substantial animal contact. The University of Texas Occupational Health Program for Personnel with Substantial Laboratory Animal Contact is designed to meet these requirements and the University's commitment to providing a safe and healthful environment for its personnel. While the University recognizes that health maintenance is **primarily** the responsibility of the individual, it also recognizes that there is a great benefit in contributing to the health of its personnel through an occupationally oriented health program.

**Who's Covered:** Personnel with substantial (**more than once per month**) laboratory animal contact will generally include:

- Those individuals involved in the direct care of animals or their living quarters.
- Those individuals who have daily or periodic contact with animals (live or sacrificed), their viable tissues, body fluids, or wastes.

The individuals which will most likely fall into these two categories are: ARC staff, investigators and laboratory assistants; and on occasion, maintenance, physical plant, security, and housekeeping staff, as well as some students, consultants, and visitors.

**Implementation:** An assessment of risk will be determined by frequency of contact, intensity of exposure, hazards associated with animal handling, hazardous properties of agents used in animal related research, susceptibility of individuals, hazard control measures made available and occupational history of employees.

To accomplish this task a Basic Occupational Health Program will include but not be limited to the following:

- Risk assessment questionnaire
- Medical examination
- Vaccination/tuberculosis screening requirements
- Medical evaluations & recommended treatment

The attached chart outlines the content and frequency of the examinations, immunizations, and tests, which may be offered in this program. Risk exposure will be determined by which (1) category of animal contact an individual is assigned to and (2) a review of the animal protocol you have submitted to the IACUC.

While the UT OH&S Program will be under the direction of Concentra Medical Center (an OH Specialty Organization) the Animal Resource Center will be responsible for the preliminary administration of the program; the following dept/groups will assist with identification of personnel to be included in the program:

- The Department of Human Resources (for new employees)
- Office of Environmental Health and Safety
- The Director of Animal Resources Center
- The Institutional Animal Care and Use Committee
- Principal Investigators (new laboratory personnel); and
- Supervisors of all other personnel with occasional exposure as indicated above.

**The completion of the accompanying forms will greatly assist in assessing your risk category.**

## Confidential Medical Information Animal Contact Health/Assessment Surveillance Questionnaire

**PURPOSE:** The purpose of this health assessment is to protect you from infectious disease and other preventable, job/research related problems. As indicated above, you are at some risk because you work with animals.

**WHAT WILL BE EXPECTED OF YOU:** You are asked to complete this health history form before arriving at you appointment, then you will undergo an assessment which will include a health risk review and, depending on your duties and personal health factors, a physical exam, request for further lab work and specific immunizations.

**DISCLOSURE OF INFORMATION:** The information will be held confidential. You may request that a copy of your records be sent to you personal health care provider. You will be advised of results of your health assessment at the time of your visit. If lab work is requested, you will be notified of any abnormal results by either phone or campus mail.

**HEALTH TEACHING:** You may receive educational materials related to your occupational health risks at the time of your appointment. Let the nurse practitioner know at the time of your appointment if you would like to discuss other health concerns.

*Important instructions: Document your total animal contact considering all of the research protocols with which you are currently working. You must specify the number of hours you work with each type of animal species. You will be required to update this form annually. You must also update this form if: 1) your work with animals changes, 2) you experience health changes from those you identify in this survey, 3) you become pregnant. The information you provide on this form is maintained in confidential occupational health files. If you have any questions, please call ARC (512) 471-7534.*

Name/DOB	
Gender	Male <span style="margin-left: 150px;">Female</span>
Employee ID or Student ID	
UTEID	
Usual Health Care Provider/Phone #	
Date of Last Visit	
Department Name	
Supervisor Name	
Your Work/Home Phone #	Work <span style="margin-left: 150px;">Home</span>
E-mail Address	
Protocol Number(s)	

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ARC Work/Health History of Personnel with Animal Contact (continued)

Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_ Date \_\_\_\_\_

NO	YES	# Hours Per Week	Animal species (or tissue) contact related to employment/work at ARC:
			AMPHIBIANS
			BIRDS
			CATS
			DOGS
			FISH
			NON-HUMAN PRIMATES
			PIGS
			RABBITS
			REPTILES
			RODENTS
			OTHER ANIMALS (list here)
			WORK WITH THE ABOVE INDICATED ANIMAL TISSUE ONLY
			INVOLVED WITH RECOMBIANT DNA TECHNOLOGY INVOLVING TECHNIQUES IN WHICH VIABLE, RECOMBIANT DNA - CONTAINING MICRO-ORGANISMS ARE USED TO INFECT ANIMALS THAT REQUIRE BSL3 CONTAINMENT.
NO	YES	DESCRIBE YOUR WORK WITH ANIMALS (CHECK ALL APPLICABLE)	
		Husbandry/Animal Care	
		Vivarium employee	
		Research, Teaching	
		I am an undergraduate student/this is course related	
		Other (Describe here)	
NO	YES	Have you had employment-related/research or other animal contact prior to your work at ARC?	

If you answered yes above, please describe here (give species of household pet when applicable):

NO	YES	Prior injury/illness related to animal contact
		In the past have you ever had a work-related injury or illness from an animal? If you mark "yes", please describe below:

List: Date, Employer/Location, Circumstances, Injury/Illness, Outcome

NO	YES	Work related with or to:
		Heavy machinery
		Noisey environment
		Heavy lifting
		exposure to animal waste
		needles/scapels/sharps

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Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_ Date \_\_\_\_\_

<b>NO</b>	<b>YES</b>	Please answer the following:			
		<b>Will your work at ARC involve contact with human blood or tissue?</b>			
		<b>Will your work involve hazardous chemicals or radioactive material? If yes, check off the list below.</b>			
		Recombinant DNA Diethylstilbestrol Dihydrotestosterone (DHT)	Plasemid DNA Anabolic Steroids Luteinizing Releasing Hormone	Estradiol -17B Testosterone	cDNA for NMDAR2A B&C Progesterone Gonadotropin Releasing Hormone (GNRH)
		Tritium Labeled Camp H <sup>3</sup> 2-Deoxyglucose Gamma-Irradiation	P <sup>21</sup> - Activated Kinase H <sup>3</sup> 3-0 Methylglucose Tridiem I125	H <sup>3</sup> Phenylalanine Mannitol C <sup>14</sup> Labeled H <sub>2</sub> O	H <sup>3</sup> -MK801 C <sup>14</sup> - Flurodeoxyglucose Radioisotopes P <sup>32</sup> , P <sup>33</sup> , S <sup>35</sup> , H <sup>3</sup>
		Wangiella Dermetidits Cholera Toxin Retrovirus Vectors Inactivated M.TB.H37 RA	V. Cholerae Salmonella Brucella Melitensis Mammlian Expression Vectors	Botulinum Toxin A Yersina Cholera Toxin Subunit B Adjuvant Retroviral Expression Vectors Rev Tet/off, Rev TRE	E. Coli Strain 16M (heat treated)
		Midazolam Equithesin Alphazalone Tricaine Acepromazine Morphine	Hypnorm Ketamine Chlorohydrate Nicotine WIN55,212 Avertin	Ethanol 20% Xylazine Oxotremorine MS222 Quinaldine Sulfate	Halothane Etomidate Pentobarbital (Sodium) Clonidine Brevital
		Dihydroztryptamine Cyclophosphamide 4-Nonpylphenol DMBA (Carcinogen) Permethrin Rotenone Freunds Adjunct PEGFP & Derivatives Lipopolsacaharids Bicuculline PBS Vector Cryproterone Parachlorophenylalanine (PCPA) MEHP- Mono-(2-Ethylhexyl) Phthalate Methylenedioxyamphetamine (MDMA) 4N-Methyl-D-Aspartate (NMDA) 1 Methyl-4-Phenyl-1,2,3,6Tetrahydrixyridine (MPTP)	Diethylmaleate (DEM) Lead o,p,-DDT Ethyl Nirosourea (ENU) Streptozotocin DMSO Glutaraldehyde MMTV Ricin Pentylene tetrazole dNTP Angiotensin II	Cyproterone Acetate Aroclor p,p,-DDD Deltamethrin Medabolites Dieldrin Formaldehyde Murine IL-2 & IL-12 Strychnine Cocaine Nucleotides 17 alpha 20,B,21 Trihydroxy-4-Pregnen 1,4,6- Androstatrein 3-17 Dione (ATD) Methylenedioxyamphetamine (MDA) 2,3,5-Tris (Glutathionyl) Hydroquinone 1-Methyl-1—Nitrosurea (MNV)	Oligonuelcotides Methyl Mercury p.p.-DDE Chlorpyritos Formalin Paraquat Osdupdel Ether Amphetamine Methamphetamine Androstenedione
		List Others: _____			

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ARC Work/Health History of Personnel with Animal Contact (continued)

Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_ Date \_\_\_\_\_

<b>NO</b>	<b>YES</b>	<b>Have you ever been diagnosed with any of the following?</b>	
		Asthma	
		Allergies	
		Hepatitis	
		Tuberculosis	
		Immune Disorder	
		Chicken Pox	
		Arthritis-like disease	
<b>NO</b>	<b>YES</b>	<b>YEAR</b>	<b>Have you completed any of the following? If yes, put date of completion.</b>
			Tetanus immunization
			Varicella Vaccine (Chicken Pox)
			Rabies (series of 3 immunizations)
			Hepatitis A & B vaccine series (A) (B)
<b>NO</b>	<b>YES</b>	<b>YEAR</b>	<b>Have you had any of the following tests done? Please list most recent dates/results.</b>
			TB Skin Test Results: ( ) Negative ( ) Positive
			Pulmonary Function Test
			Any blood tests with abnormal results during past 2 years.
			Any X-rays, CT scans, MRI with abnormal results during past 2 years.
			<b>Allergies to:</b> Animals - Which ones?
			Trees, grasses, molds - Which ones?
			Medication - Which ones?
			Latex
<b>SYSTEMS REVIEW</b>			
<b>NO</b>	<b>YES</b>	<b>GENERAL:</b>	<b>OTHER PROBLEMS OR COMMENTS</b>
		recent weight changes	
		fever or sweats	
		fatigue	
		fainting or dizziness	
<b>NO</b>	<b>YES</b>	<b>SKIN</b>	<b>OTHER PROBLEMS OR COMMENTS</b>
		rashes or hives	
		eczema	
		bruising	
<b>NO</b>	<b>YES</b>	<b>HEAD</b>	<b>OTHER PROBLEMS OR COMMENTS</b>
		headaches	
		seizures	
<b>NO</b>	<b>YES</b>	<b>EYES</b>	<b>OTHER PROBLEMS OR COMMENTS</b>
		trouble seeing	
		redness	
		itching	
<b>NO</b>	<b>YES</b>	<b>EARS</b>	<b>OTHER PROBLEMS OR COMMENTS</b>
		difficulty hearing	
		infection	
		ringing	

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ARC Work/Health History of Personnel with Animal Contact (continued)

Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_ Date \_\_\_\_\_

NO	YES	NOSES, SINUSES, THROAT, MOUTH	OTHER PROBLEMS OR COMMENTS
		frequent infections	
		hay fever/allergies	
		hoarseness	
NO	YES	RESPIRATORY	OTHER PROBLEMS OR COMMENTS
		cough (dry or with phlegm or blood)	
		wheezing	
		shortness of breath	
		tuberculosis (TB)	
		asthma, bronchitis	
NO	YES	CARDIAC	OTHER PROBLEMS OR COMMENTS
		heart trouble	
		chest pain	
		high blood pressure	
		valvular heart disease or murmur	
		palpitations	
NO	YES	GASTROINTESTINAL	OTHER PROBLEMS OR COMMENTS
		trouble swallowing	
		vomiting, heartburn or indigestion	
		abdominal pain	
		bleeding from mouth or bowels	
		liver disease or hepatitis	
		hernias	
NO	YES	URINARY	OTHER PROBLEMS OR COMMENTS
		Pain with urination or blood in urine	
		change in urinary habits	
		kidney disease	
NO	YES	MUSCULOSKELETAL	OTHER PROBLEMS OR COMMENTS
		back pain	
		joint pain or stiffness	
		limitation of motion	
		weakness	
NO	YES	EXTREMITIES	OTHER PROBLEMS OR COMMENTS
		varicose veins	
		numbness or swelling	
		pain in walking	
NO	YES	ENDOCRINE	OTHER PROBLEMS OR COMMENTS
		thyroid disease	
		diabetes	
NO	YES	IMMUNE	OTHER PROBLEMS OR COMMENTS
		cancer	
		immunosuppression	

OHS REVIEWER \_\_\_\_\_

Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_ Date \_\_\_\_\_

**OCCUPATIONAL HISTORY** - Types of prior employment you have had: \_\_\_\_\_

**HOSPITALIZATIONS** - Please list the surgeries you have had: \_\_\_\_\_

List any hospitalizations (other than above) during the past 5 years: \_\_\_\_\_

**For female only:** Are you currently pregnant? YES NO, Are you considering pregnancy in the near future? YES NO

**INJURIES** - Have you ever been treated for low back pain? If so, please list details: \_\_\_\_\_

**MEDICATIONS** - Please list any prescription drugs you take and the reason for taking them: \_\_\_\_\_

Please list any over the counter drugs you take and the reason for taking them: \_\_\_\_\_

**HABITS** - Please indicate how much and what type of tobacco you use: cigarette/cigar \_\_\_\_\_  
Pipe \_\_\_\_\_ Chew \_\_\_\_\_

Please indicate if you have ever had an alcohol problem: **YES NO** If so when? \_\_\_\_\_

<b>Acknowledgment and Waiver Statement</b>	<p>1. ( ) I have received/reviewed and understand the Animal Hazard Program.</p> <p>2. ( ) I understand that the following immunizations may be required:</p> <p>(1) Tetanus - All individuals having recurrent animal contact.</p> <p>(2) Rabies</p> <p>(3) Varicella (Chicken Pox Vaccine)</p> <p>(4) Measles - in accordance with University of Texas policy, for all students; also required for all personnel working with non-human primates.</p> <p>(5) Hepatitis A and B - also required for all personnel working with non-human primates.</p> <p>3. ( ) I understand that tuberculosis screening is a condition for employment by ARC policy and other personnel working directly with non-human primates may be required to be screened every 6 months.</p> <p>4. ( ) I understand that my recurrent animal contact may be high health risk exposure and I am advised to have a health assessment. I also understand that there are health risks associated with not accepting the health assessment.</p> <p><b>5. In full recognition of the above:</b></p> <p>( ) I accept participation in the health assessment.</p> <p>( ) I am not aware of any existing medical condition that creates an animal contact health risk.</p> <p>( ) I decline participation in the health assessment.</p>
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**I CERTIFY THAT I HAVE READ AND UNDERSTAND ALL PARTS OF THIS FORM, AND TO THE BEST OF MY KNOWLEDGE, I HAVE TRUTHFULLY AND COMPLETELY ANSWERED ALL QUESTIONS.**

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**OHS REVIEWER** \_\_\_\_\_