**New Mexico State University**

**Research Integrity & Compliance**

**Institutional Animal Care and Use**

**Ph. (575) 646-4463**

**OCCUPATIONAL HEALTH AND SAFETY PROGRAM FOR ANIMAL WORKERS**

Participant Acknowledgement Form

I have read “Occupational Health and Safety Program for Animal Workers – Overview and Requirements” and understand that I must participate in safety training and follow instructions to minimize hazards. I agree to communicate with my supervisor and the OHSP administrators if I have questions or concerns about training, safety, and my health related to my activities with animals at NMSU.

 Name [please print]

 Position Title (i.e., Faculty, Staff, Student, other):

 Phone: Email:

 Department: Supervisor:

 Animal work (describe briefly):

 **Signature Date**

FACULTY SUPERVISOR: COMPLETE BELOW

What precautions apply to this individual’s work with animals?

 \_\_\_\_\_ Tetanus vaccination is recommended for all animal workers. Available at Aggie Health & Wellness Center at no charge to the Animal Worker, authorized by Research Compliance.

\_\_\_\_\_ Rabies pre-exposure vaccination (required for working with raccoons, bats, skunks, coyotes, and foxes; CDC Compendium of Animal Rabies Prevention and Control, 2016)

\_\_\_\_\_ Rabies serological testing (previous vaccination noted)

\_\_\_\_\_ Respirator use [contact Environmental Health, Safety& Risk Management (EHS&RM) at 646-3327 to arrange the medical evaluation and fit testing]

\_\_\_\_\_ Hearing Conservation - noise exposure exceeding 85 decibels on a regular basis (communication within 2 feet requires shouting) must contact EHS&RM for sound level evaluation.

\_\_\_\_\_ Other:

**PI Signature Date**

***Please return the signed document to NMSU Research Integrity & Compliance, MSC 3RES, P. O. Box 30001, Las Cruces, NM 88003-8001. Email: biosafe@nmsu.edu***

**NMSU Institutional Animal Care and Use Program**

**Occupational Health and Safety Program for Animal Workers**

**WORKPLACE / HEALTH QUESTIONNAIRE**

To be completed by animal worker, and sent to Research Integrity & Compliance. The information contained in this form will be used only by NMSU for the purpose of determining appropriate safety precautions and providing recommendations to the individual listed below.

**Print or Type**

 Name Date

 Position Title (i.e., faculty, staff, student assistant):

 Phone: Email:

 Department: Supervisor:

**Animal Exposure Assessment**

Check all boxes that describe the extent of your animal-related contact.

 I have previous experience working with animals outside of NMSU.

 I do not work directly with animals, but will enter areas where animals are housed.

 I do not conduct procedures on live animals; I work with unfixed animal tissues or fluids.

 I handle, restrain, collect specimens or administer substances to live animals.

 I perform invasive procedures (surgery, necropsy).

 I have family pets.

 I have contact with animals outside of NMSU (at a farm, zoo, veterinary clinic, animal shelter, etc).

 I am a NMSU employee, and do not need occupational health services at this time. IF YOU CHECKED ONLY THIS BOX, **STOP HERE.** YOU DO NOT NEED TO COMPLETE THE REMAINDER OF THIS FORM.

**Please check boxes** to indicate type of animals you work with or near – including if you merely enter the animal holding area for any reason.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Amphibians |  | Poultry |  | Source/Details: |
|  | Birds |  | Rabbit |  |  purpose-bred |
|  | Cattle |  | Rat |  |  transgenic |
|  | Cat |  | Reptile |  |  wild |
|  | Dog |  | Rodents |  |  purchased |
|  | Fish |  | Sheep |  | Healthy |
|  | Goat |  | Swine |  | Diseased |
|  | Horse |  | Bats |  | Unknown health |
|  | Marine mammal |  | Fox, coyote, or raccoon |  | Infectious to animals only |
|  | Mice |  | Other (list):  |  | Infectious to humans |

**WORKPLACE HEALTH ASSESSMENT - continued**

 (Print name & date)

1. Have you had a tetanus immunization/booster in the last 10 years?

 \_\_\_ No \_\_\_ Yes, give date of vaccination and maintain your vaccination records.

 If unable to locate records, we will recommended that you obtain tetanus vaccination now. Return this form to the OHSP Coordinator for instructions to visit Aggie Health & Wellness at no charge to you.

1. Have you had a rabies vaccination or titer within the last 2 years?

 \_\_\_ No \_\_\_ Yes, give date:

 If required for your work at NMSU (signature of PI is required), return this form to the OHSP Coordinator for directions for instructions to visit Aggie Health & Wellness at no charge to you.

1. Do you have allergies either to animals or their bedding or to dust, plants, molds, pollen, or food that you feel may be impacted by your work?

 \_\_\_ No \_\_\_ Yes, list relevant workplace items:

 If yes, are workplace controls sufficient to manage your symptoms? \_\_\_ Yes ­\_\_\_ No \_\_\_ Unknown

 Would you like a referral to a physician before beginning work?

1. Do you have a personal or family history of asthma, asthma-like symptoms, hayfever, or eczema that you feel may be impacted by your work??

 \_\_\_ No \_\_\_ Yes, list relevant workplace items:

 If yes, are workplace controls sufficient to manage your symptoms?

 \_\_\_ Yes ­\_\_\_ No \_\_\_ Unknown

 Would you like a referral to a physician before beginning work?

Note for items 3 and 4: report any new or worsening symptoms to your supervisor or to Aggie Health & Wellness. NMSU has a respiratory protection program that will evaluate your workplace and identify appropriate controls.

1. Will you be subjected to noise exposure exceeding 85 decibels on a regular basis (communication within 2 feet requires shouting)?

 \_\_\_ No \_\_\_ Yes; if yes, have you been given training on the workplace safety controls

1. Are you immunosuppressed, post-splenectomy, or taking immunosuppression drugs?

 \_\_\_ No \_\_\_ Yes – recommend evaluation with Occupational Medicine based on the work hazards

1. Do you have any disabilities/limitations which would affect your ability to perform work duties (bend, lift, carry, walk, read, speech), to be discussed with Student or Employee Services for accommodations?

 \_\_\_ No \_\_\_ Yes - recommend evaluation only if requested by you or based on the work hazards

1. Other: Do you have any health or workplace concerns not covered by the questionnaire that you feel may affect your occupational health and would like to confidentially discuss with a physician?

 \_\_\_ No \_\_\_ Yes – recommend referral to Occupational Health for confidential evaluation

I have answered the questions on the OHSP form to the best of my knowledge. I understand that the IACUC-OHSP coordinator may contact me to request more information or recommend a clinic visit, and it is my responsibility to follow-up with the IACUC-OHSP coordinator after completing the health actions so that I can receive clearance to begin animal work at NMSU.

I understand that due to responsibilities of my job as an animal worker, I may be at risk of exposure to disease-causing organisms carried by animals, or potential health and injury hazards that are specific to the animal species and environment. I will be provided training for safety precautions related to my work, and agree to follow instructions given by my supervisor.

By signing below, I agree to participate in the Occupational Health & Safety Program, which consists of training on recognizing the hazards, using safe work practices, and communicating with NMSU administrators for the purpose of protecting my occupational health.

**This is not a health insurance enrollment form. Students should maintain personal medical insurance for healthcare coverage in the event of an injury or illness.**

I will be given the opportunity to receive immunization(s) and/or additional medical evaluation at no charge to me. I understand that I can decline the recommended vaccine(s) and/or services, and can indicate my preference by checking the option below.

\_\_\_\_\_\_\_ I wish to participate in the Occupational Health and Safety Program for Animal Workers and will communicate with the OHSP coordinator for the purpose of health-related recommendations.

\_\_\_\_\_\_ I wish to participate in the Occupational Health and Safety Program for Animal Workers but decline the vaccine(s) and/or medical evaluation at this time. Declination may result in a change of duties and/or job description at the discretion of Program Director. I understand that I may change my decision by contacting the OHSP coordinator.

Signature Date

Name (print) Email:

Department: Supervisor:

**PROTECTED PERSONAL INFORMATION**

**The information on this form will be viewed only by the OHSP coordinator for the purpose of guidance to the participant for workplace safety. For additional information, contact Research Integrity & Compliance by email to ovpr@nmsu.edu or by phone (575) 646-2481.**

**For Office Use Only:**

PI assessment:

Respirator use:

Other referral:

WorkMed:

Immunization: \_\_\_ date listed, current \_\_\_\_ Declined ­­ Aggie HWC

 **Cleared by RIC:**

 Signature, Title Date

Notifications sent: Individual \_\_\_\_ Supervisor \_\_\_\_ EHS&RM