FLORIDA ATLANTIC UNIVERSITY

Medical Monitoring Program for Animal Use

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# Medical Monitoring Program for Animal Use

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Medical Monitoring Program for Animal Use

Introduction

The National Institutes of Health (NIH) require that each university receiving federal support for research involving vertebrate animals have a Medical Monitoring Program for personnel with animal contact. Following the guidelines of the NIH and the National Research Council (NRC) publication, *Occupational Health and Safety in the Care and Use of Research Animals*, Florida Atlantic University (FAU) has developed a Medical Monitoring Program for Animal Use (MMPAU).

The purpose of the program is to prevent, monitor, and reduce diseases transmitted from animals to humans (zoonotic diseases). In addition, educational programs have been established to educate personnel about zoonotic diseases, personal hygiene, and other related issues.

The program is designed to meet or exceed health and safety requirements established by the NIH/NRC, and protect individuals working with animals. Such individuals are evaluated with respect to the type, and extent of their animal contact, and are advised on the inherent risks involved with animal research and the recommended medical procedures, in an effort to provide a healthy and safe work environment.

Definitions

**Animal contact**: Defined as direct physical contact with one or more animals used for research or teaching at the University.

**Decontamination**: use of physical or chemical means to remove, inactivate or destroy pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the item or surface is rendered safe for handling, use, or disposal.

**Personal protective equipment (PPE)**: special clothing worn by an employee to protect against a hazard. General work clothes (uniforms, pants, shirts, blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

**Zoonotic diseases**: diseases transmitted between animals and humans.

Eligibility in the MMPAU

All faculty, staff, student and visiting researchers who are working with animals owned or used by FAU are required to be enrolled in the MMPAU.

*Note: Students participating in Directed Independent Study (DIS) and student volunteers are not eligible for medical cost coverage provided by MMPAU and should be covered under their student health plan.*
Responsibilities

Environmental Health and Safety

Environmental Health & Safety (EH&S) administers the MMPAU and establishes administering guidelines, coordinates the activities of the program, and maintains records generated by the program. Specific services provided by EH&S include, but are not limited to familiarizing FAU's departmental and laboratory contact representatives with the MMPAU, identifying eligible participants and determining the type of medical monitoring that each participant should receive, providing the necessary forms used in the MMPAU to the departments, coordinating services provided by consulting physicians to participants, and informing participants of these services. Questions concerning administration of the MMPAU should be directed to the Environmental Health and Safety Office at 297-3129.

Departmental and/or Laboratory Contact

Each department and/or laboratory will designate a contact person to coordinate between Principal Investigators or supervisors, individual workers, and EH&S. The contact person will notify EH&S of new individuals working with animals and those who have terminated their animal contact. Each department and/or laboratory will inform EH&S of any changes in the designated contact person, his or her phone number and mailing address at FAU.

Veterinarian Services

Veterinarian Services is responsible for the training in safe handling protocols for animals, provides technical support regarding medical and clinical directives, and interpretations. Questions regarding veterinary aspects of zoonotic diseases should be directed to the University Veterinarian at 297-4233. When necessary, the question will be routed to the medical services provider or to experts in the field of animal research.

Medical Services Provider (MSP)

MSP’s offer professional medical support services for the MMPAU. EH&S has contracts with an MSP’s who will consult with EH&S to determine the risks associated with animal contact for each individual. The MSP’s will provide physical examinations, administer appropriate immunizations, and provide treatment for animal related illnesses or injuries and follow-up services when authorized by the University.

Principal Investigators, Supervisors or Designated Contact Person

It is the Principal Investigator or supervisor’s responsibility to ensure that all individuals working with animals are enrolled in the MMPAU. The Principal Investigator, supervisor, or designated contact person must inform EH&S of new individuals who will begin working with animals and those who no longer work with animals.
Identifying Participants in the MMPAU

When an individual becomes associated with a Principal Investigator or supervisor and will have direct physical contact with laboratory animal(s), the Principal Investigator or supervisor must ensure that a "Medical Surveillance Screening" form is completed and sent to EH&S. Once this form is received by EH&S, the individual is "enrolled" in the medical monitoring program.

The "Medical Surveillance Screening" form can be found on EH&S web site. Principal Investigators can also get the form from EH&S or the designated contact representative for MMPAU. EH&S or the Principal Investigator can assist the individual working with animals in completing the "Medical Surveillance Screening" form.

It is important to give all requested information on the form so that the appropriate tests and procedures are offered to the participants. For example, if you work in a room that houses two or more species, you will be exposed to all species. Mail, FAX or hand-deliver the completed form to EH&S before the individual's initial association with animal(s). Please note, whenever a participant uses a different species, a new animal contact form must be completed and sent to EH&S.

As an animal user, you are highly encouraged to participate in the medical monitoring program and to take advantage of the medical screenings offered. The medical screenings are provided to University employees at no cost.

Medical Screening

Individuals working with vertebrate animals will be sent a "Medical Monitoring Authorization Packet". The packet includes the following forms:

- "Medical Surveillance, Referral and Approval";
- "Waiver of Medical Screening";
- “Risk Assessment Health Statement”; and
- “Risk Assessment Health Questionnaire”

The "Medical Monitoring Authorization Packet" authorizes the MSP to perform appropriate medical screening procedures. The individual working with animals should make an appointment with the MSP listed on the "Medical Surveillance, Referral and Approval" form and then report to the MSP and present the "Medical Monitoring, Authorization Packet" to the MSP to verify enrollment in the program and receive the appropriate medical screenings. The University will be billed directly for the services rendered, so there is no cost to University employees.
Follow-up Medical Screenings

Certain medical screenings will be repeated on a periodic basis. For example, the TB screening could be done annually if deemed necessary, and a rabies titer may be taken every two years, depending upon the recommendation of the MSP. When an individual working with animals is scheduled for such screenings, a "Medical Surveillance, Referral and Approval" form will be sent to the person to review. The individual working with vertebrate animals should make an appointment with the MSP listed on the form and then report to the MSP and present the form to verify enrollment in the program and receive the appropriate medical screening(s).

Records

The MSP will maintain permanent medical records for each animal user. An individual may request a copy of their medical information by completing the necessary forms.

Waiver of Medical Procedures

Individuals working with animals can choose to waive any or all medical screenings. The individual may selectively waive a particular medical procedure listed on "Waiver of Medical Screening" form found in the "Medical Monitoring Authorization Packet". The form(s) should be completed, and signed by the animal user, and returned to EH&S for processing.

Whether an individual working with animals chooses to waive medical screenings entirely or selectively, an animal user can later decide to participate in those medical services at any time. The animal user should notify EH&S immediately and the appropriate forms will be issued.

Termination of Animal Use

The Principal Investigator, supervisor, or the designated contact person for MMPAU must notify EH&S whenever an individual working with vertebrate animals is about to terminate his or her association with the Principal Investigator, supervisor, or ceases vertebrate animal contact.

Accident and Illness Related to Animal Users

Individuals should promptly report any illnesses, bite or scratch wounds that result from animal contact to the Principal Investigator, or supervisor. The Principal Investigator, supervisor, or injured employee must then inform the Workers' Compensation Administrator (currently Amerisys – 800-455-2079) of this information. Medical services would then be provided as determined by the MSP.

Contact Workers' Compensation Office at 297-0319 or on the web at FAU - Workers' Compensation for procedures on reporting illnesses and injuries.
Health History Questionnaire

All individuals working with vertebrate animals who choose to participate in MMPAU will be asked to complete a "Risk Assessment for Animal Contact: Health Questionnaire" to facilitate the MSP evaluation of the participant. The information generated would help to identify existing conditions that may influence the health of persons with animal contact. If necessary, additional supplemental health history forms may be used by the MSP.

In addition to the Health Questionnaire, an individual's medical history may be requested as well as questions about the following:

Allergies

Animal care staff and others who handle animals may be sensitized to animal dander or other proteins. Individuals at risk of developing allergies or experiencing the onset of existing allergic reactions include those with preexisting allergies, asthma, seasonal rhinitis or eczema. Individuals with preexisting allergies are encouraged to seek help from a private physician. Individuals with work-related allergies are encouraged to seek advice from the MSP. Preventing exposure to the allergies may require the use of personal protective equipment such as gowns, gloves, and respiratory protection.

Allergic reactions to animals are among the most common conditions that adversely affect the health of workers involved in the care and use of animals in research. Of the 90,000 laboratory animal workers in the United States, up to 46% develop allergies to laboratory animals. Of those who develop symptoms, more than 10% eventually develop occupational related asthma with symptoms that persist even after exposure ceases. The manifestations of animal allergies, which range from rhinitis and itchy eyes to respiratory distress, have caused more than one third of laboratory animal workers at the National Institutes of Health to lose time from work.

Pregnancy Status and Toxoplasmosis Screening

Toxoplasmosis is a widespread disease of animals and humans. In both, the disease is usually asymptomatic and of no serious consequence. However, the fetus of a pregnant woman is at great risk. Infection during pregnancy may result in miscarriage, stillbirth, or severe disease in newborns. It is thought that an important mode of transmission is by human exposure to oocytes (a form of the infectious agent) in cat feces. There is no practical, simple test to determine which cats may be shedding the organism. As a result, the participant should consider exposure to any cat a potential threat to the pregnant woman. Pregnant researchers are advised to speak to their Principal Investigators or supervisors about working with cats during their pregnancies. All persons, regardless of sex, who normally work with cats, will be offered the opportunity to have their blood checked for antibodies against the disease.

Impairment of the Immune System
The risk of contracting a disease from animals is minimal. However, individuals with an impaired immune system, due to medication or disease, may be at significantly greater risk. It is important for animal users to understand this and provide the MSP with any information related to such risk factors.

**Medical Vaccinations, Screening and Examinations**

In order to ensure animal users' health and safety, the following medical vaccinations, screening and/or examinations may be offered. This list is not exclusive.

**Tetanus Vaccination**

A tetanus vaccination will be administered to all vertebrate animal users at ten-year intervals. Tetanus is normally associated with wounds contaminated with dirt or the feces of some animals. All bite wounds carry the risk of tetanus and should be reported to EH&S (refer to Accident and Illness Related to Animal User). If a contaminated wound occurs (including all animal bites or cuts and/or scratches in contact with dirty surfaces) and it has been five or more years since vaccination, a booster may be administered at the time the person is seen for evaluation.

**Physical Examination**

Individuals who have daily contact with any species located at the University will be offered a physical examination at the time of initial animal association. The physical examination is performed by the MSP. The examination includes obtaining a medical history; examination of the patient; laboratory tests which may be comprised of a dip urinalysis, complete blood count and multi-chemistry blood panel; and evaluation of test and exam results. Note that it is recommended that no eating or drinking occur within a twelve hour period before the examination for the purpose of an accurate analysis of the complete blood count. A physical examination needs to be performed only once unless the Medical Services Provider determines it should be done periodically.

**Tuberculin Skin Test**

Individuals who have contact with non-human primates may receive a tuberculin skin test and/or a chest x-ray as clinically indicated. Testing is done with the Mantoux (PPD) technique that measures hypersensitivity to tuberculin. The appearance of inflammation at the site of injection is measured to indicate past or present tuberculosis infection.

**Rabies Vaccination**

Individuals who have contact with any species that might be exposed to rabies or who work in wilderness areas will be offered the rabies vaccination. This is a pre-exposure vaccination consists of a series of three injections given on days 0, 7, and 28. Every two years a rabies titer may be drawn to check for immunity against rabies. A rabies booster will be administered if necessary.
Hepatitis B Virus Screening

Individuals, who have occupational exposure to human or simian blood, tissue or other potentially infectious materials while working on animal research, will be offered the Hepatitis B vaccination.

Q-Fever

Q-fever is a zoonosis caused by the rickettsia Coxiella burnetti. Domestic ungulates such as dogs, pigs, sheep, cattle and goats usually serve as the reservoir of infection for humans and shed the organism in their urine, feces, and milk. Humans acquire the infection by inhaling infectious aerosols and dusts. A single inhaled organism can cause infection. The clinical features of Q-fever are diverse and may vary from subclinical infection to pneumonia, hepatitis or endocarditis.

Preventive Measures

In order to ensure animal users maintain their highest level of health and safety, the following preventive measures are required.

Personal Hygiene

There are a number of personal hygiene issues that apply to all workers who are exposed to animals. There must be no eating, drinking, or applying of cosmetics in areas where animals are housed. All work surfaces must be decontaminated daily and after any animal-related spills or contacts. Laboratory coats must be worn over street clothes or employees can change into special designated clothing when working with animals. Personal protection must be used appropriately. Most importantly, thorough hand washing must be done after handling the animals and prior to leaving the laboratory.

Education and Training

Initial training will be provided to all individuals who will use or be exposed to animals. Follow-up training will be provided as needed. For training, contact FAU Division of Research Veterinary Services. Instruction will include precautionary procedures available to prevent accidents or contraction of any illness, the proper handling of animals and an overview of the administrative procedures for the MMPAU. EH&S will provide training on all other health and safety topics.

Personal Protective Equipment (PPE)

Appropriate PPE should be provided at no cost to the individual with vertebrate animal contact. Appropriate PPE includes gloves, face shields or masks, eye protection, scrubs, gowns, aprons, laboratory coats, or any other appropriate PPE. The department, laboratory, Principal Investigator, or supervisor is also responsible for cleaning, laundering, disposal and replacement of PPE at no cost to the individual with vertebrate animal contact.
PPE should be used accordingly whenever animals are handled, transported, or restrained, cages are cleaned, or whenever animal contact could occur. For more information on the proper use of PPE, consult the Occupational Health and Safety in the Care and Use of Research Animals guide and the Guide for the Care and Use of Laboratory Animals, published by the National Research Council. Both of these guides are available online at: http://www.nap.edu/books/0309052998/html and http://www.nap.edu/catalog.php?record_id=12910.

Failure to use appropriate PPE may increase the chance of being exposed to potentially hazardous materials from animal contact, so the use of proper PPE is required.
APPENDICES
Animal Contact Safety Links

Nat'l Academies Press, Occupational Health and Safety in the Care and Use of Research Animals (1997), Table of Contents

Centers for Disease Control and Prevention

Centers for Disease Control - Biosafety

Biosafety in Microbiological and Biomedical Laboratories (BMBL) 5th Edition

Training Materials - OFFICE OF LABORATORY ANIMAL WELFARE

NIOSH/Asthma in Animal Handlers Alert
Waiver of Medical Screening

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INSTRUCTIONS: Employees working with animals must use this form to decline the medical screening procedures offered by the university to protect their health.

I understand that due to my occupational exposure to animals or other potentially infectious materials I may be at risk of contracting certain Zoonotic diseases. I have been given the opportunity to receive certain medical procedures and/or to be vaccinated with the vaccines listed below, at no charge to myself. However, I decline the procedures checked-off below at this time. I understand that by declining these vaccines/procedures, I continue to be at risk of acquiring the associated serious diseases. If in the future I continue to have occupational exposure to animals or other potentially infectious materials and I want to be vaccinatedcreened with the following vaccines/procedure, I can be treated at no charge to me.

☐ Tetanus immunization
☐ Rabies immunization
☐ Other ________________________
☐ Other ________________________

____________________________________  __________________________
Employee Name (print)                   ID No.

____________________________________  __________________________
Employee Signature                      Date

____________________________________
Supervisor Name (print), Signature and Date

____________________________________
Department Name, Location (campus, building, room #), and Phone Number

Copy to Employee's Departmental File
Risk Assessment for Animal Contact: Health Statement
Florida Atlantic University

<table>
<thead>
<tr>
<th>Name</th>
<th>ID #</th>
<th>Date of Birth</th>
<th>Sex (circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Male     Female</td>
</tr>
<tr>
<td>Title</td>
<td>Department</td>
<td>Work Phone</td>
<td></td>
</tr>
<tr>
<td>Campus</td>
<td>Supervisor/PI</td>
<td>Supervisor’s Phone</td>
<td></td>
</tr>
</tbody>
</table>

Describe your duties as it involves your potential exposure to animals:

____________________________________________________________________________________________
____________________________________________________________________________________________

ANIMAL/TISSUE USE Check boxes that apply to you:

☐ I am an approved animal user, but will not be handling animals.
☐ I am not handling animals but will be working in areas where animals are housed.
☐ I am involved with veterinary care and/or animal husbandry.
☐ I will handle or have contact with animals.

Animal/Tissue/Body Fluid Exposure: Immunization/Screening History Date
Check all that apply

| Mice/Rats | Tetanus immunization (Required of everyone) |
| Rabbits | Rabies immunization (Required for all in contact with unvaccinated carnivores) |
| Cats | TB Screening |
| Dogs | “Q” Fever |
| Sheep | Toxoplasmosis Titer |
| Goats | Other |
| Other:__________________________ | Other |

I have answered the questions on this form truthfully and to the best of my recollection. I have received and understand information about the Animal Contact Program, and am aware that it is available on the EH&S website at http://www.fau.edu/facilities/ehs

____________________   ______________________ ___________  ______________________
Employee signature  Date   Supervisor’s signature  Date

PHYSICIAN’S STATEMENT

1. __ No restrictions   2. __ Specific restrictions   3. __ NOT CLEARED
Restrictions:______________________________________________________________

_________________________ ______________________
Employee signature  Date

COPIES

Original:   EH&S
Copy:     Supervisor
### Risk Assessment for Animal Contact: Health Questionnaire

**Medical Monitoring Program for Animal Use**  
**Florida Atlantic University**

<table>
<thead>
<tr>
<th>Allergies/ Asthma/ Skin Problems</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physician</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. Are you allergic to any animal(s)? If yes, list animals that cause your allergy symptoms: ________________________________________________________________

2. Do you have any other known allergies? If yes, what? ________________________________________________________________
   List causes of allergies: ________________________________________________________________

3. List symptoms that occur when you are suffering from your allergies: ________________________________________________________________

4. List any treatment that you received to relieve your allergies: ________________________________________________________________

5. Are you allergic or possible allergic to the animals that you currently work with? If yes, have you been seen by a physician? ________________________________________________________________

6. Do you have asthma? If yes< list cause(s) (if you don’t know write “unknown”) ________________________________________________________________

7. Do you have asthma related to the animal that you currently work with? If yes, have you been seen by a physician for this? ________________________________________________________________

8. Do you experience shortness of breath at work? If yes, explain: ________________________________________________________________

9. Do you have any skin problems related to work? (e.g. reactions to latex, dry/cracked skin, rashes) If yes, describe: ________________________________________________________________

10. Have you developed any systems or illnesses as a result of your exposure to animals? If yes, describe: ________________________________________________________________

11. Do you have any chronic medical condition? If yes, describe: ________________________________________________________________

12. Do you have a history of heart disease? ________________________________________________________________

13. Do you wear a respirator to perform any activities at work? (If yes, please contact EH&S for annual training and fit-testing). ________________________________________________________________

I have answered the questions on this form truthfully and to the best of my recollection.

________________________________________________________________________

Signature        Date