Laboratory Animal Research Risk Assessment Questionnaire

Instructions:

- Student must make an appointment with the Health Services (610-896-1089). Note: assume at least 2 weeks’ time frame to complete any necessary medical exam, laboratory tests or required immunizations;
- Student must complete this form prior to arrival for assessment of medical eligibility. Go to www.haverford.edu/healthservices under “forms” to download an electronic copy. Staff members filling out this form should share this form with their primary care provider.
- After medical clearance is received, student must complete lab safety training with Research Supervisor;
- No student is to work in the laboratory until medical clearance is given by the health care provider at Health Services and lab safety training is complete to the satisfaction of Research Supervisor;
- If a student is exposed to any hazard in the laboratory it is the responsibility of the student and the Research Supervisor to report the incident immediately to the Coordinator of Campus Safety (Mark Sweeney, msweeney@haverford.edu (610-896-1111) and refer to the emergency room as appropriate;
- **Student must provide a completed copy of Sections A-F (pages 1-4) of this form to the Research Supervisor and IACUC Chair.**

**Part A: Personal Data (to be completed by student or laboratory employee, and signed by Research Supervisor)**

Preferred name: __________________________ Are you 18 or older?: ___ Yes ___ No

Email: __________________________ Telephone: __________________________

Mailing address: __________________________________________________________

Building and room number(s) in which you will primarily interact with animals: __________________________

Species of animals to which you will be exposed: __________________________

Your signature:________________________ Date __________________________

Name of your Research Supervisor: ______________________________________

Signature of Research Supervisor: __________________________ Date ________
Sections B-E to be completed by student or laboratory employee in consultation with Research Supervisor

Part B: Animal allergy risk factors you should know:

- If you work continually with animals, you are three times more likely to develop allergies and asthma than a person who does not work with animals.
- If you are allergic to grass, ragweed, house dust, or domestic animals such as cats and dogs, you are more likely to develop allergies to laboratory animals. Using a special filtered mask known as a respirator may decrease your risk of developing an animal allergy.
- Surgical-type masks are probably not effective in reducing your exposure to allergens.
- Respiratory protection is available to all students, staff, and faculty.

B1. Which of the following best describes your expected average exposure time to live animals in the research facility:

___ More than 10 hours per week  ____ 2-10 hours per week  ____ Less than 2 hours per week
___ I will not have regular weekly contact. My contact is less than 4 hours per month.
___ I will not have regular monthly contact. My contact is a few times per year.

B2. Do you have current exposure to animals outside the research facility (e.g. house pets, additional employment)?

______

B3. Did you work with animals prior to working in our research facility? __________

B4. Do you currently or have you ever experienced any of the following symptoms when in contact with animals (check all that apply):

___ Watery or itchy eyes  ____ Runny or stuffy nose  ____ Sneeze spells
___ Skin rashes or hives  ____ Wheezing, chest tightness, shortness of breath

B5. Do you experience any of the above symptoms when you are exposed to research animals in the research facility? Yes  No

If “yes,” please list the animal and the symptoms experienced:

___________________________________________________________________

B6. Do you have a known allergy to any animals (pet, research, or other)? Yes  No

If “yes,” please list the animal(s) and the symptoms you experience when exposed to them:
Part C: Your interaction with the animals

Check one of the following:

________ I will be involved with animal work in the field rather than the laboratory.
If you check this option, please describe the nature of your contact with animals in the field:
-OR-
________ I will only enter rooms in which animals are kept. I do not handle animals, their tissues or body fluids, or animal products. (If you checked this, please skip to part E.)
-OR-
________ I will enter rooms in which animals are kept and observe procedures being performed by my supervisor or, with my supervisor’s permission, by students named on an approved protocol, but I do not handle animals, their tissues, or body fluids. (If you checked this, please skip to Part D.)
-OR-
________ I will be involved with animal research or maintenance. (If you checked this, please complete the rest of this section.)

Indicate the animal / tissue / body fluids used or handled by you by checking the appropriate entries (check all that apply):

Rodents:  ___ Animal  ___ Tissue  ___ Body Fluids
Fish:    ___ Animal  ___ Tissue  ___ Body Fluids
Other: ___________  ___ Animal  ___ Tissue  ___ Body Fluids  ___ NA

Part D: Exposure to hazardous agents.

IMPORTANT: For each of the following, please respond “yes” only if you use the agent in rooms where live animals are housed, handled, or experimented with. If you are working under the supervision of a faculty member doing animal research at Haverford or the Rodent Facility Manager, please check with your supervisor that you have listed all of the hazardous agents to which you are exposed.

D1. Biosafety: I use infectious agents, recombinant vectors, or toxins: Yes  No

If “yes,” please list agent and indicate frequency of use (several times per day, week, month, or year):
1. Agent: __________________________ Frequency of use: several times per___________
2. Agent: __________________________ Frequency of use: several times per___________
3. Agent: __________________________ Frequency of use: several times per___________
4. Agent: __________________________ Frequency of use: several times per___________

D2. Chemotherapy agents: I use antineoplastic agents (chemotherapy agents): Yes  No

If “yes,” please list agent and indicate frequency of use (several times per day, week, month, or year):
1. Agent: __________________________ Frequency of use: several times per___________
2. Agent: __________________________ Frequency of use: several times per___________
3. Agent: __________________________ Frequency of use: several times per___________
4. Agent: __________________________ Frequency of use: several times per___________
D3. Other hazardous chemicals: I use hazardous chemicals other than antineoplastic agents: Yes  No
If “yes,” please list chemical and indicate frequency of use (several times per day, week, month, or year):

1. Chemical: __________________________ Frequency of use: several times per_________
2. Chemical: __________________________ Frequency of use: several times per_________
3. Chemical: __________________________ Frequency of use: several times per_________
4. Chemical: __________________________ Frequency of use: several times per_________

D4. Other hazards:
List other hazards in your workplace and frequency of exposure (several times per day, week, month, or year):

1. Hazard: __________________________ Frequency of exposure: several times per_________
2. Hazard: __________________________ Frequency of exposure: several times per_________
3. Hazard: __________________________ Frequency of exposure: several times per_________
4. Hazard: __________________________ Frequency of exposure: several times per_________

Part E: Personal protective equipment

I use the following protective equipment in rooms where live animals are housed, handled, or experimented with (check all that applies):

___Disposable gown  ___Respirator (Type: _______ Have you been fit tested? Yes  No)
___Disposable shoe coverings  ___Eye protection  ___Gloves
___Hearing protection  ___Surgical mask ___with or ___without face shield

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Part F: To be completed by the Healthcare Provider at Haverford College or Bryn Mawr College

Student name: __________________________

These reports have been submitted and reviewed as noted by check:

___ Report of Medical History and Clinical Record
___ Current immunization status
___ Listed Exposures

Costs incurred due to meeting medical eligibility requirements (such costs will be borne by the relevant academic department in consultation with Health Services): $____

Student Status as noted by check:

___ Medically eligible to perform the stated activities without restriction
___ Medically eligible to perform the stated activities with additional requirements as noted:

___ Deemed Medically NOT eligible to perform the stated activities

________________________________________  __________________________  ___________
Health Care Provider (printed)  Health Care Provider (signature)  Date

Please detach Sections A-F above and submit these Sections to the Research Supervisor and IACUC Chair.
To be completed by student or laboratory employee.

The following information is confidential, and will be reviewed only by Health Services. Please detach this section before providing the information contained above to Research Supervisor and IACUC Chair.

Part G: Immunizations
G1. I have had a tetanus vaccine within the last 10 years: ___ Yes ___ No Date: ____________
G2. All my immunizations are up to date: _____ Yes _____ No if No, will complete by ____________

Part H:
H1. Do you have any questions or concerns regarding your work with animals that you would like to discuss?
H2. Please add any remarks you feel are relevant.________________________________________

Part I: Medical History
Do you have any of the following health considerations? (Check all that apply)
___ Asthma or other chronic respiratory disease
___ Cardiac disease
___ Hypertension
___ Chronic health conditions such as diabetes (Explain: _____________________________)
___ Kidney or liver disease
___ Valvular heart disease
___ History of spleen problems or absence of spleen
___ Deafness
___ Skin conditions such as eczema, psoriasis, dermatitis
___ Allergic skin reaction such as hives, rash, itches (Explain: __________________________
___ Known or suspected allergies to chemicals, latex, food, or environment (explain ______)
___ Pregnant or planning to become pregnant
___ Immune system deficiency or other limitation to your ability to fight off disease or infection; for example, cancer, lupus, organ transplant, HIV infection, chronic infections (please list:
   _________________________________)
___ Current medication or treatment that may suppress your immune system; for example, high-dose steroids, prednisone, cancer therapy or radiation therapy (please list: _____________________________)
___ Other

Note: For laboratory employees, please deliver your completed form to your primary care provider.

RF:11_18_2020