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VIRGINIA POLYTECHNIC INSTITUTE
AND STATE UNIVERSITY

Occupational Health and Safety Program for Animal Handlers



Environmental, Health and Safety Services
540-231-4034

Occupational Health and Safety Program for Animal Handlers

Environmental Health and Safety Services
Health and Safety Building
459 Tech Center Drive
Blacksburg, VA 24061
Phone 540-231-4034 Fax (540) 231-3944

<http://www.ehss.vt.edu>

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Revision Status

Contact(s)	Implementation Date	Revision Number	Comments
S. Owen	March 2009	1.0	Initial written program created and published.

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Program Overview

The *Guide for the Care and Use of Animals* (Guide) (Institute of Laboratory Animal Resources, National Research Council) states that "An occupational health program is mandatory for personnel who work in laboratory animal facilities or have substantial animal contact." All persons who have contact with animals, unfixed animal tissue, or infectious organisms must be made aware of the potential hazards of working with animals and of the procedures available at the university to prevent and treat such hazards. It is the responsibility of the principal investigator (PI) of each Institutional Animal Care and Use Committee (IACUC) approved protocol to assure the IACUC that all workers under their supervision (co-investigators, staff, students and volunteers) who have contact with animals have been informed of the potential dangers involved and are aware of the procedures available to prevent and treat such hazards. Completing the tasks laid out in this program will fulfill that responsibility.

All animal handlers must be informed that occupational health services are available through Environmental, Health and Safety Services (EHSS). Animal handlers may:

- Receive counseling about the availability of pre-exposure vaccines;
- Have routine tuberculosis testing performed when necessary;
- Have pre-contact and post-employment serum samples collected for titer evaluation when appropriate; and
- Receive treatment for symptoms or injury related to animal allergens, bites, scratches, etc.

Any individual who has been bitten or scratched while working with an animal, is experiencing signs and symptoms consistent with a work related exposure to an animal or an infectious organism being studied, or who has a known exposure to a zoonotic disease must report this information to his/her supervisor and to the appropriate health officials (EHSS and any medical personnel providing treatment for the injury/exposure). In addition, the injured employee, or his or her supervisor, must fill out the Employer's Accident Report. Human Resources prefers online submission of [this form](#). The form can also be downloaded from www.hr.vt.edu, or the copy in Appendix A can be used if an online submission cannot be completed.

While an IACUC protocol may be approved before all the requirements of this program are fulfilled, no animals may be ordered for use with the protocol until the PI is in full compliance with the provisions of the program. Furthermore, at each annual review of a protocol, PI's will have to certify that, to the best of their knowledge, all animal handlers working under that protocol are in compliance with the provisions of this program.

Program Implementation

Responsibilities of Principal Investigators/Lab Supervisors

- Read this Occupational Health and Safety Program for Animal Handlers. Contact EHSS or the Office of Research Compliance with any questions about this program.
- Maintain this document readily available in your laboratory and the laboratories of any second investigators and make its contents available to all animal handlers working in those labs and for biannual IACUC laboratory inspections.
- Make sure all animal handlers working in your laboratory and the laboratories of any second investigators working under your protocol read this document.
- Complete the Personal Protective Equipment (PPE) [Hazard Assessment form](#). This form can be downloaded from www.ehss.vt.edu.
- Complete the [Medical Survey Questionnaire](#). The purpose of this questionnaire is to obtain an individual health history for employees working with animals and/or potentially infectious material, including toxins of biological origin, unfixed tissue and microorganisms. It will be used in conjunction with individual protocol risk assessments to evaluate appropriate medical services needed and to determine appropriate individual personal protective equipment (PPE) needs. The link to the online form can be found at www.ehss.vt.edu under 'online forms'. If you need a hard copy of this form, please contact EHSS at 231-4034 for assistance. Once the questionnaire has been reviewed by EHSS and the Occupational Health Physician, you will be notified about the recommendations for any testing or vaccinations to ensure your safety at work.
- Train animal handlers on the signs and symptoms related to the infectious disease work you are doing or the zoonotic diseases that could potentially be transmitted by the species of animals that employees are working with. Notify EHSS if any employees report any suspicious signs and symptoms.
- Complete the Notice of Understanding and Compliance with the Occupational Health and Safety Program For Animal Handlers. This notice should be kept in the Occupational Health and Safety for Animal Handlers manual at the research site for biannual IACUC laboratory inspections.
- When you see your primary care physician (PCP) or other medical care provider for any illness always let him/her know about your work with animals and/or infectious organisms.

Responsibilities of Animal Handlers

- Read this Occupational Health and Safety Program for Animal Handlers. Contact EHSS or the Office of Research Compliance with any questions about this program.
- Complete the [Medical Survey Questionnaire](#). If you need a hard copy of this form, please contact EHSS at 231-4034 for assistance. Once the questionnaire has been reviewed by EHSS and the Occupational Health Physician, you will be notified about recommendations for any testing or vaccinations to ensure your safety at work.
- Know the signs and symptoms related to the infectious disease work you are doing or the zoonotic diseases that could potentially be transmitted by the species of animals with which you work. Report any suspicious signs and symptoms to your PI or supervisor whether or not you recall an exposure incident.
- When you see your primary care physician (PCP) or other medical care provider for any illness always let him/her know about your work with animals and/or infectious organisms.

PROCEDURES

Initial or Changes of Duty

1. The PI or supervisor identifies at-risk personnel, notifies EHSS with the name and contact information of the individual(s), and directs at-risk personnel to fill out the [Medical Survey Questionnaire](#). **Note: PI's must complete this step as soon as possible after a protocol is submitted for approval so that there is sufficient time for vaccinations to take effect before work begins.**
2. At-risk personnel complete the [Medical Survey Questionnaire](#) and submit it to EHSS.
3. EHSS performs an initial work practice evaluation to determine if an individual needs medical services beyond a review of the questionnaire by the university's Occupational Health Physician, and follows up on documentation of previous vaccinations.
4. The Occupational Health Physician reviews the medical questionnaire.
5. The Occupational Health Physician provides a written opinion to EHSS documenting an individual's fitness for duty status.
6. EHSS sends a list of people who have received medical surveillance services to the Office of Research Compliance.
7. EHSS sends a list of people who have received pertinent training to the Office of Research Compliance.

Annual

1. At-risk personnel provide an annual update to the [Medical Survey Questionnaire](#) **OR** completes a new questionnaire if there have been any exposure, species, or job duty changes.
2. EHSS reviews the annual update information.
3. If changes have occurred, EHSS reviews work practices to determine if additional medical services are needed.
4. Annual updates and any new questionnaires are forwarded to the Occupational Health Physician for review.
5. The Occupational Health Physician provides a written opinion to EHSS documenting an individual's fitness for duty status.

Occupational Health Considerations for Animal Users at Virginia Tech

Personnel working with animals in research or teaching programs are potentially at risk for a variety of illnesses or injuries. Personnel working with animals may be exposed to zoonotic diseases, animal bites and scratches, injury from heavy caging equipment, burns and scalds from cage washing activities, hearing loss from animal vocalizations or machinery noise (especially in cage wash areas), human pathogens introduced into the animals, toxins, carcinogens, or radioisotope use. The presence of immunocompromised or pregnant animals or personnel in the workplace is also a concern. See below for additional information on specific risks when working with animals.

All employees must complete the [Medical Survey Questionnaire](#) to document their medical history and work related exposures. Based on the information provided on the questionnaire, the Occupational Health Physician and EHSS may recommend vaccinations, medical tests (such as TB, pulmonary function or titer/other blood tests) and other assessments as needed.

Personnel should always wear personal protective equipment (PPE) when working with animals. Such clothing minimally includes a laboratory coat, gloves and eye protection. Additionally, respiratory protection may need to be worn when working with diseases that may be airborne, when working with species that are known to be highly allergenic, or when an individual is allergic to a specific animal species. All employees who utilize respiratory protection must be enrolled in EHSS' Respiratory Protection Program. Please contact EHSS at 231-4034 if you use or need to use a respirator and are not enrolled in this program.

Zoonotic Diseases

Zoonotic diseases are capable of being transmitted between humans and animals. They often do not cause obvious signs and symptoms in one species but may cause significant illness in another species. Over 150 diseases may be classified as zoonotic. Many of these diseases are of great concern and include Rabies, Herpes B Virus, Tuberculosis, Hepatitis, Q fever and Cat Scratch fever.

Animal Allergies

Laboratory Animal Allergy (LAA) reactions are among the most common conditions affecting the health of workers involved in the care and use of research animals. It is a significant occupational health concern for many animal attendants, staff, scientists, and technicians engaged in the care and use of laboratory animals.

LAA is a hypersensitivity reaction from exposure to a laboratory animal or its fur, dander, urine, saliva, or other body tissues. The nature and intensity of the symptoms are dependent on the level of exposure to the laboratory animal allergen by the individual. Once the worker has been sensitized, symptoms generally occur rapidly (within minutes) of exposure. Continued daily exposure can result in chronic symptoms that may require daily treatment. Individuals with a history of asthma or allergies to pollens, animals, or cigarettes are at greater risk of developing sensitivity to laboratory species.

Several species of animals commonly used in animal research and teaching are also species that frequently cause allergic reactions in people. Among these species are the cat, rabbit, rat, mouse, dog and horse. Proper use of PPE can greatly reduce the allergenic effects of these species in sensitive persons. In addition, use of PPE can prevent sensitization in someone who

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is not currently allergic to laboratory animals. Contact EHSS for guidance on the use of PPE to mitigate or prevent allergic reactions to the animals you are working with.

Animal-Related Injuries

Such injuries would include bites, kicks, scratches and similar animal-inflicted wounds. Proper training for those handling animals, plus proper use of PPE, is essential for reducing the frequency and severity of these types of injuries. Contact your PI or supervisor for additional training or PPE, especially when being re-assigned to a new area or species of animal. Supervisors and PI's should contact EHSS at 231-4034 if guidance is needed.

Mechanical-Related Injuries/Other Physical hazards

Crush injuries from handling heavy caging, hearing loss from loud mechanical equipment or animal vocalizations, slip and fall injuries that occur while working in wet environments, sprains and strain injuries from heavy lifting or restraint of large animals are examples of this type of injury. Proper training of personnel and the use of appropriate work practices and use of PPE is very important to prevent harm to workers. Contact your PI or supervisor for information regarding appropriate PPE and safety procedures if you work in such areas. Supervisors and PI's should contact EHSS at 231-4034 if guidance is needed.

Experiment Related Injuries and/or Illnesses

Experimental animals that have been exposed to human pathogens or zoonotic diseases, human cell lines, toxins, carcinogens, or radioisotopes that are excreted by the animal, whether via bodily fluids (including saliva and respiratory excretions) or bodily wastes, can present significant human health risk. IACUC protocols include questions to assess these risks and the protocols are also reviewed by EHSS. Supervisors must train animal handlers and animal users to ensure appropriate practices. Animal handlers and users are expected to review the protocol before handling any animals that have been experimentally infected with any agent or may be excreting hazardous substances. Animal handlers and laboratory staff should know the signs and symptoms of the disease caused by the infectious organism or animal species they are working with or the signs of any toxic exposure and report any illness with similar symptoms to their supervisors and EHSS by calling 231-4034.

Proper Work Practices

There are a number of work practices and personal hygiene issues that apply to all laboratories and all workers who are exposed to animals.

- There must be no eating, drinking, smoking or application of cosmetics in areas where animals are used. Food must be stored in a separate refrigerator maintained for this purpose only and located outside of the area where animals are used or housed.
- No animals may be kept overnight outside of the designated animal housing rooms.
- Appropriate PPE must be worn at all times when handling animals.
- All contaminated or infectious substances must be handled carefully in order to minimize the formation of aerosols or other type of exposure.
- Laboratory coats or coveralls must be worn over street clothes when animals are handled. This will decrease the contamination of the street clothes. The laboratory clothes must be left in the laboratory and must not be worn while eating.
- Additional specific precautions are necessary when handling biohazardous agents. Refer to the Virginia Tech [Biosafety for Laboratory Workers](#) manual for guidance on proper use of biohazardous agents in laboratories at Virginia Tech. This document can be found at www.ehss.vt.edu.
- Mechanical pipeting must be used. Mouth pipeting is prohibited.
- All work surfaces must be decontaminated daily and after any animal use.
- Careful hand washing must be done after handling animals, after removing gloves or other PPE, and prior to leaving the laboratory for any reason. One of the most effective disease preventative methods available when treating any injury that breaks the skin is immediate and thorough washing of the injury with soap and warm water.
- Contaminated materials which will not be decontaminated in the laboratory itself must be placed in containers that are both leak proof and durable before they are removed from the laboratory. Refer to the [Biosafety for Laboratory Workers](#) manual for more information.
- Anyone using respiratory protection must be enrolled in the [Respiratory Protection Program](#). Please contact EHSS at 231-4034 if assistance is needed.
- Anyone exposed to excessive noise levels must be enrolled in the [Hearing Conservation Program](#). For assistance with determining noise levels or selecting appropriate hearing protectors, please contact EHSS at 231-3080.
- Manipulation of heavy cages or other equipment, restraining or handling large animals, and work in slippery or wet areas should be done as carefully as possible using proper PPE and proper techniques to avoid injury.

Instructions for a Potential Infectious Disease Exposure or Injury from an Animal Bite or Scratch

Any animal handler who has been injured by an animal or exposed to an infectious disease while working at Virginia Tech must notify his/her supervisor or PI and fill out an accident report. Anyone who has been exposed to human blood or other human material should get the contact information of the person or the source of the material (for example: the supplier of the cell line) so that EHSS can follow up to determine whether there is a risk of a Bloodborne Pathogen or other human pathogen exposure. For a laboratory exposure to a known infectious agent, laboratory staff must provide an MSDS or other data on the specific strain to which the individual was exposed. In the case of an animal handler's injury by an animal that may carry a zoonotic disease, the animal should be observed by veterinary staff and tested when appropriate to determine whether there is a risk of zoonotic disease transmission.

Exposure incident

For accidents not involving a known exposure to infectious agents:

1. Provide immediate first-aid. Stop the bleeding of wounds and wash the affected areas with soap and water. For field work where soap and water may not be readily available, use of baby wipes (available in small portable packages) or alcohol based cleansing gel is acceptable. Alcohol based gels are neutralized by organic matter so the first application should be wiped off to remove debris, or the area can be cleansed first with a baby wipe, and the next application of gel can be left on the skin.
2. Immediately report the incident to the Facility Director or Manager.
3. Those individuals needing immediate medical treatment for serious injuries may visit an appropriate healthcare provider for treatment (e.g., emergency room, primary care physician, students may also be treated at Student Health Services). Immediate medical treatment may be required if:
 - an individual's ability to breath properly is affected;
 - bleeding is excessive and difficult to control;
 - an injury clearly needs sutures; or
 - there is a loss of consciousness associated with the incident.
4. An individual seeking medical attention must take a Hazard Summary sheet or agent MSDS' and present them to the healthcare provider prior to receiving services. It is important that the healthcare provider be made aware of the hazards present in the facility in order to appropriately diagnose and treat an individual.
5. Employee's supervisor completes an [Employer's Accident Report](#) (see <http://www.hr.vt.edu/>) and emails it to Teresa Lyons (tlyons@vt.edu) and Kathy Gibson (gibsonk@vt.edu) within 24 hours of the incident. This document is specific to the Workers Compensation Program and is required prior to any follow-up medical services being provided. The hard copy found in Appendix A may be used in lieu of the on-line form, and faxed to 231-3830.
6. Facility Director or Manager completes a General Incident Report form to be used by the Facility Director, Facility Manager, and EHSS for review of the incident.

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For accidents also resulting in a known or suspected exposure to an infectious agent:

1. In addition to completing the [Employer's Accident Report](#) and following the previous procedure, the Facility Director or Manager must record the details of the known or suspected exposure (on the EHSS Exposure Incident Report Form, see Appendix B) including:
 1. the infectious agent(s) involved;
 2. circumstances of the exposure;
 3. the possible route(s) of exposure;
 4. an estimate of the dose received by each individual exposed;
 5. whether or not the individual(s) is/are symptomatic and, if asymptomatic, what signs and symptoms to monitor; and,
 6. any known post exposure prophylaxis or treatment protocol.
2. Those individuals needing immediate medical treatment for serious injuries in conjunction with a known or suspected exposure may visit an appropriate healthcare provider for treatment (e.g., emergency room, primary care physician, students may also be treated at Student Health Services).
 - a. Prior to seeking medical treatment after any exposure incident, known or suspected, the individual must be decontaminated (i.e., contaminated clothing removed and affected areas washed) and the information from step 1 along with a Hazard Summary sheet and/or MSDS' must be presented to emergency response personnel, if summoned, and the healthcare provider.
 - b. In addition, the individual (or other informed person, if the individual is incapacitated) must notify the healthcare provider BEFORE they arrive that an exposure or suspected exposure has occurred. This allows the healthcare provider to designate the use of an alternate entrance to prevent contamination of primary receiving rooms or areas.
3. EHSS must also be notified immediately of any exposure incident and provided the information recorded in step 1 to ensure proper evaluation and follow-up by the university's occupational health physician or a Worker's Compensation Panel Physician.
 - a. Sarah Owen, Medical Surveillance Program Administrator, 231-4034, sowen@vt.edu
 - b. Zack Adams, Assistant Director, EHSS, 231-5985, adamsz@vt.edu
 - c. Charlotte Waggoner, University Biosafety Officer, 231-5864, ren@vt.edu
 - d. Chris Wakley, Biosafety Specialist, 231-3361, cwakley@vt.edu
 - e. After hours EHSS can be contacted by calling VTPD at 231-6411
4. Following any incident, a review must be conducted by the Facility Director, Facility Manager, and EHSS to determine possible causes, review work practices, and determine preventative measures for future incidents. Documentation of incidents and corrective actions must be maintained.

Recommendations for Immunocompromised or Pregnant Employees Working with Mutagenic, Teratogenic and Infectious Agents

The purpose of this section is to establish guidelines to be followed when employees working with mutagenic, teratogenic and/or infectious agents are either immuno-compromised, become pregnant, or consider conception.

Any employee who has an autoimmune disease (no matter how well managed) or is taking immune suppressing medications or is pregnant or planning conception should be aware that working with mutagenic, teratogenic and/or infectious agents poses a special risk to them or a fetus. See NIOSH guides *Effect of Work place Hazards on Female Reproductive Health* and *Effect of Workplace Hazards on Male Reproductive Health* for more information. In addition, employees should consult with their PCP or Obstetrician regarding their work and the implications to their health or that of their unborn child. If an employee chooses to communicate this medical information to his/her supervisor, there are several options that can be offered to the employee. These options include:

1. Consultation with EHSS and Virginia Tech's Occupational Health Physician regarding the hazards in the employee's work place, evaluation of work practices, upgrades in PPE, changes to duties.
2. Consultation between the Occupational Health Physician and the employee's PCP or Obstetrician to thoroughly analyze the specific medical concerns for the employee in relation to the workplace hazards in order to make recommendations for accommodating the employee.
3. Consultation with Human Resources as needed to facilitate implementation of recommendations made by the medical providers or EHSS.

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Appendix A
Employer's Accident Report

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<p align="center">Employer's Accident Report (formerly: Employer's First Report of Accident) Virginia Workers' Compensation Commission 1000 DMV Drive Richmond, VA 23220 <i>See instructions on the reverse of this form</i></p>		<p>The boxes to the right are for the use of the insurer</p>	Reason for filing	VWC file number
			Insurer code or PEO Ref. No. S0225	Insurer location 762
			Insurer claim number	
Employer				
1. Name of employer (trading as or doing business as, if applicable) Virginia Tech		2. Federal Tax Identification Number 54-6001805		3. Employer's Case No. (if applicable)
4. Mailing address Southgate Center (0318) Blacksburg, VA 24061		5. Location (if different from mailing address)		
6. Parent corporation /Policy Named Insured (if applicable) or PEO name Commonwealth of Virginia		7. Nature of business State Government		
8. Name and Address of Insurer or self-insurer for this claim Managed Care Innovations		9. Policy number Self-Insured		10. Effective date 06/15/98
Time and Place of Accident				
11. City or county where accident occurred		12. Date of injury	13. Hour of injury a.m. p.m.	14. Date of incapacity
			13a. Time began work a.m. p.m.	15. Hour of incapacity
16. Was employee paid in full of day of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Was employee paid in full for day incapacity began? <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. Date injury or illness reported	19. Person to whom reported	20. Name of other witness		21. If fatal, give date of death
Employee				
22. Name of employee (Last, First, Middle)		23. Phone Number		24. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
25. Address		26. Date of Birth		27. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced
		28. Employee ID Number		<input type="checkbox"/> Married <input type="checkbox"/> Widowed
29. Occupation at time of injury or illness		30. Is worker covered by PEO policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		31. Number of dependent children
32. How long in current job?	33. How long with current employer?	34. Was employee paid on a piece work or hourly basis? <input type="checkbox"/> Piece work <input type="checkbox"/> Hourly		
35. Hours worked per day	36. Days worked per week	37. Value of perquisites per week Food/Meals Lodging Tips Other		
38. Wages per hour \$	39. Earnings per week (inc. overtime) \$	\$	\$	\$
Nature and Cause of Accident				
40. Machine, tool, or object causing injury or illness		41. Specify part of machine, etc.		
42. Describe fully how injury or illness occurred				
43. Describe nature of injury or illness, including parts of body affected			43a. Overnight inpatient hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			43b. Treated in Emergency Room? <input type="checkbox"/> Yes <input type="checkbox"/> No	
44. Physician (name and address)		45. Hospital (name and address)		
46. Probable length of disability	47. Has employee returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes	48. At what wage?	49. On what date?
50. EMPLOYER: prepared by (name, signature, title)		51. Date		52. Phone Number
53. INSURER: (name of processor)		54. Date		55. Phone number
56. THIRD PARTY ADMINISTRATOR (if applicable)		57. Address		58. Phone number
<p>This report is required by the Virginia Workers' Compensation Act</p>				<p>Employer's Accident Report VWC Form No. 3 (rev. 12/27/01)</p>

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Appendix B

Exposure to Infectious Agent Report

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EXPOSURE to INFECTIOUS AGENT REPORT FORM (please return completed form to EHSS at 0423)

EXPOSED EMPLOYEE INFORMATION			
Name:		Hokie ID No.:	
Job Title:		Home Department:	
Phone Numbers		Work:	Home:
Brief Summary of Job Duties:			
HBV Vaccination Series?	Yes	No	Dates Received:
Previous Titer Analysis Performed?	Yes	No	Date: Results:
EXPOSURE INCIDENT INFORMATION			
Date of Incident: ____/____/____		Campus Location:	
Time of Incident: ____:____ am pm		Infectious Agent (if known):	
Route of Exposure (circle): Non-Intact Skin Mucous Membrane Puncture			
Circumstances of Exposure:			
SOURCE INDIVIDUAL INFORMATION (IF APPLICABLE)			
Name (if known):		SSN:	
Consent For Testing Obtained? Yes No			
HBV Status:		HIV Status:	

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FOLLOW-UP		
Physician's Visit	Yes	No
Physician Name: _____		
Phone Number: _____		
Address:		

Please Check All That Apply		Comments
Baseline Blood Collection	<input type="checkbox"/>	
HIV Serological Status	<input type="checkbox"/>	
HBV Post-Exposure Series	<input type="checkbox"/>	
HBV Immune Globulin	<input type="checkbox"/>	
HBV Titer	<input type="checkbox"/>	
Counseling	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	

If this is a Laboratory Exposure, please describe any modifications that have been made to the organism you are working with:
