Some visitors at UNCG observe or participate in research activities involving animals. Exposure to research animals can include risk to visitors and to research animals. For example, persons with suppressed immune systems are vulnerable to illness from some animals. On the other hand, some diseases like M. tuberculosis can be managed medically in humans, but is deadly for some animals.

\***Please note** This signed and approved form will serve as the record of your visit to the Animal Facility on the dates listed below. This form will be kept on file in both the Office of Research Integrity (ORI) and the Animal Facility. Additional requirements and documentation, including picture identification, *may* be required by the Animal Facility Manager prior to entrance in any animal facility.

All visitors need to complete the Animal Exposure Questionnaire and the Visitor Agreement and submit to the ORI.

**Things to consider at least TWO WEEKS BEFORE your visit:**

1a. Will the visitor be in the facility but not in any animal rooms?

* + Yes
    - Proceed to question 2
  + No
    - No further action is needed

1b. Will the visitor be in the animal facility working with animals or tissue?

* + Yes
    - Proceed to question 2
  + No
    - No further action is needed

2. Will the visitor be at UNCG for more than 3 days?

* + Yes
    - Complete the Occupational Health Prescreening form and send directly to the Anna Grove Student Health Center
    - The sponsor will need to add the visitor to their IACUC protocol(s) by submitting an [Amendment - Personnel Only Form](file:///\\SPARTANDRIVE\HomeDir\SMRITTER\Documents\IACUC\Documents\forms\IACUC%20Amendment%20Form-Personnel%20Only.docx) to the ORI.
  + No
    - Although the visitor is here for only a short period, animal research-related medical and training requirements still apply (item 1.a or 1.b above). The visitor should be escorted at all times by the UNCG sponsor, or designee. It is recommended that the UNCG sponsor retain a copy of the Visitor Agreement in department files.

1. What are animal related training, safety and medical requirements?

The linked [Animal Contact Table](file:///N:\ORC\SHARE\SMRITTER\IACUC\Forms\Animal%20Exposure%20Questionnaire.docx) and [Occupational Health Table](http://www.wfubmc.edu/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=7959) list requirements and is provided for information purposes. For actual requirements, use the contacts above. Requirements depend on species, level of exposure to animals, and the type of activities that will performed.

## Animal Exposure Questionnaire

|  |  |  |
| --- | --- | --- |
| **Sponsor Name:** | **Sponsor Department:** | **IACUC** |
| **Visitor Name:** | **Date:** |

**The following information is essential for assessing the physical/health hazards for this individual so that appropriate safety training and Occupational Health requirements may be applied.**

**A. Length of Visit (Period of exposure to Animals) Check one.**

3 days or fewer

More than 3 days

**B. Level of Animal Contact (Mark all that apply)**

|  |  |  |
| --- | --- | --- |
|  | **Type of Contact** | |
| **Animal Type** | Tissue only | Live animal | Direct or within  10 feet | Greater than 10 feet |
| Cold Blooded (e.g., amphibians, reptiles, fish) |  |  |  |  |
| Rabbits or Rodents |  |  |  |  |
| Other - name: |  |  |  |  |
| Other - name: |  |  |  |  |
| Other - name: |  |  |  |  |

**C. Prior Training. Briefly describe the type of training**

Example. At Great Eastern University, I completed the following CITI courses:

* Two Basic courses
* Post-Procedure Care of Mice and Rats in Research: Reducing Pain and Distress
* Working with Mice in Research Settings

|  |
| --- |
|  |

**Please complete and return to** [ori@uncg.edu](mailto:ori@uncg.edu)

**For further information, please contact:**

**Institutional Animal Care and Use Committee at 336-256-1482**

## Agreement for Non-Employees

(Includes, but is not limited to: Volunteers, Visiting Professionals, Visiting Students)

**University of North Carolina at Greensboro**

*Please complete and return this form to Office of Research Integrity, MHRA 2718, ori@uncg.edu*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | | |  |
| Name of Non-Employee (please print) | | | |  | | | | Name of School (if student) |
|  |  | | |  | | | |  |
| Department |  | | |  | | | | On-Site Supervisor/Sponsor (please print) |
|  |  |  | |  | |  | | |
| Begin Date | | \*End Date | |  | | | | |
| \*End Date must be specified prior to signing this Agreement. At End Date, access to UNCG systems and parking (If applicable) will be terminated. Extension of End Date must be approved by Office of Research Integrity. If person leaves prior to End Date, department must contact Office of Research Integrity. | | | | | | | | |
| **Reason for visit, including duties and responsibilities:** | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Non-employee understands and agrees that this is of a voluntary nature from which he/she will benefit only by receiving academic credit and/or on-the-job training or experience. Non-employee understands he/she is not an employee of University of North Carolina at Greensboro or any of its affiliates. Non-employee will have no right to typical benefits of employment, such as: minimum wage, retirement, sick leave, paid vacation, holiday pay, workman’s compensation or any other compensation. | | | | | | | | |
| Department understands that this assignment should not extend beyond six months.  Extension of this agreement must be approved through the Office of Research Integrity. | | | | | | | | |
|  | | |  | | | |  | |
| **Signed by: On-Site Supervisor/Sponsor** | | | | |  | |  | **Signed by: Non-employee visitor** |
| **Department** | | | | |  | |  | **Address** |
| **Extension** | | | | |  | |  | **City, State, Zip** |
|  | | | | |  | |  | **Phone** |



### Hazard Assessment Worksheet

### for Non-Employees

*This worksheet should be filled out and signed by the sponsor.*

**UNCG Office of Research Integrity (336) 256-1482**

|  |  |
| --- | --- |
| **Visitor Name:** | **Date:** |
| **Sponsor Name:** | **Dept:** |

|  |  |
| --- | --- |
| **Primary Work Environment Assessment (choose one)** | |
| Clinical Function | Administrative/Academic Function |
| Laboratory Function | Other |
| Animal Resources Program |  |

**Hazard Exposure Assessment (check all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| **ANIMAL HAZARDS** | | | |
|  |  | |  |
|  |  | |  |
|  |  | | **Cold blooded** (amphibians, reptiles, fish) |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | | **Rodents** or **rabbits** |
|  |  | |  |
|  |  | | **Other animals** |
|  |  | | **Other animal TISSUE** |
|  | | | |
| **ERGONOMIC STRESSORS** | | | |
|  | **PC Workstation1**: Spends 2-4 hours a day on computer | | |
|  | **PC Workstation2**: Spend 4+ hours a day on computer | | |
|  | **Repetitive motion**: May perform repetitive motions | | |
|  | **Heavy Lifting**: Routinely lifting 25lb or more | | |
|  | | | |
| **RADIATION HAZARDS** | | | |
|  | **Lasers**: May use lasers, class 3a, 3b, 4 | | |
|  | **Research Contact**: Radioactive materials in a laboratory | | |
|  | **Equipment**: Contact/use of gamma knife, x-ray machines, cyclotrons, betatrons, etc. | | |
|  | **Irradiator**: Contact /use of irradiator | | |
|  | | | |
| **BIOLOGICAL HAZARDS** | | | |
|  | **Biological Materials:** May be exposed to select agents, toxins, Vaccinia virus, or other hazardous materials | | |
|  | **Human Blood and Body Fluid**: Contact with human blood/body fluids/tissue/cells. | | |
|  |  | **Laboratory**: In a research setting | |
|  |  | **Clinical**: In a clinical setting | |
|  | **Patient Contact**: May be exposed to human patients | | |
|  |  | **Administrative Exposure:** Brief contact only, less than 5 minutes at a time | |
|  | | | |
| **HAZARDOUS CHEMICAL and/or MATERIAL CONTACT** | | | |
|  | **Clinical Contact:** with hazardous chemicals/drug/materials | | |
|  | **Research Contact:** with hazardous chemical/drug/materials | | |
|  | **Formaldehyde**: May be exposed to formaldehyde | | |
|  | **Gluteraldehyde**: May be exposed to gluteraldehyde | | |
|  | **Controlled Substances:** Will handle controlled substances Schedule I-V & NC VI | | |
|  | **Anesthetic Gasses** May be exposed | | |
|  | **Cryogenic materials**: May be exposed to liquid nitrogen, etc | | |
|  | | | |
| **OTHER/MISCELLANEOUS** | | | |
|  | **MRI**: May work with or around MRI | | |
|  | **Respirator use**: May need a respirator for chemical contaminants or transmissible disease protection | | |

Sponsor Signature:

## UNCG Waiver of Liability

**for**

**Visitors\*\* Exposed to Laboratory Animals, Animal Tissue, and/or who have**

**Access to Areas Where Animals are Housed or Used**

**Identification** (PRINT OR TYPE)

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender (M/F)

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In Case of Emergency** (Optional)

Notify Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Risk of Infection or Illness***

Please be informed that infectious (e.g. zoonotic) diseases represent a known risk to individuals exposed to laboratory animals (e.g. housed or used). General concerns are tetanus, rabies, allergies, and bacterial infections. For the most part this will typically include rodent-related disease.

Typically rodent colonies maintained by commercial suppliers and used in laboratories today are closely monitored for infectious diseases, thus minimizing the likelihood that laboratory workers will be exposed to infectious animals. All persons working with these species should be immunized against tetanus. Proper handling and restraint procedures will minimize the risk of animal bites and transmission of disease.

**1. Lymphocytic Choriomeningitis** **Virus** is a rodent virus found in the nervous tissue of infected animals. Hamsters and wild rodents are the major animal reservoirs of the virus, which is shed in urine and saliva. In people, the virus causes an acute flu-like illness and occasionally death. While most commercial vendors monitor their animals for the presence of this virus, care must be taken when handling wild rodents and rodents from sources that do not perform routine surveillance. Potentially infected materials, such as blood, bedding and transplantable tissues, should be handled with care.

**2. Allergies:** Rodents are commonly identified as a cause of allergies in people. Dander, serum, urine, and saliva are just some of the materials that can induce an allergic reaction. Allergic responses generally are seen immediately after handling an animal, but may not appear for several hours after exposure. Sneezing, tearing, and red, swollen eyes are typical responses; however, a rash, wheal, hives, or other type of skin inflammation also may be seen. It is thought that use of personal protective equipment (PPE) reduces exposure to animal allergens. Personnel with known or suspected allergies to animals should report their condition to their supervisor and Medical Center Employee Health Services.

**3. Other Infections:** Wild rodents are a common source of zoonotic infections in people. These animals may be sources of leptospirosis, bubonic plague, salmonellosis, and other bacterial and viral diseases, including Hantavirus Pulmonary Syndrome. Unless serologic surveillance of the animals indicates otherwise, special quarantine procedures should be used whenever handling or caring for wild rodents or animals of unknown health status.

**I recognize that exposure to animals and their tissue may expose me, and, if I am pregnant or planning to become pregnant, my fetus, to unknown disease. In consideration of being allowed to serve as a volunteer, I hereby assume the risks inherent in the activities engaged in by me in connection with my volunteer work for UNCG, and I agree to indemnify and hold harmless UNCG, the State of North Carolina and their employees and agents from all liability, loss, damage, costs, expenses, and claims, brought or asserted either by me or by others as the result of activities engaged in by me in connection with my volunteer work for UNCG, even to the extent that such liability, loss, damage, costs, expenses, and claims result, in whole or in part, from the negligence of UNCG, its agents or employees.**

**My signature below indicates that I have received and reviewed a copy of this document and have read and understand the risks posed by entering animal research areas, and/or handling animals or animal or human tissue.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE RETURN COMPLETED FORM TO:** The Office of Research Integrity, 2718 MHRA or ori@uncg.edu

***\*\*Individuals who are not UNCG faculty, staff or students and who will have at least transient contact with animals or animal or human tissue for a period of time not to exceed 3 days.***