

**HAVERFORD
COLLEGE**

**Laboratory Animal Research
Risk Assessment Questionnaire**

Part A: Personal Data

Your name: _____ Gender: _____ Age: _____

Email: _____ Telephone: _____

Mailing address: _____

Building and number of the room in which you will primarily interact with animals: _____

For students: Provide evidence of current tetanus vaccination to Health Provider; complete Parts B, C, D, E, F; have your supervisor sign below; then complete Parts G and H.

Name of your faculty or staff supervisor (if you are a student): _____

Signature of supervisor: _____ Date signed _____

Student/Staff signature certifies that the information you provided is accurate and that you will update it promptly.

Student Signature: _____ Date signed _____

Part B: Your interaction with the animals. Check one of the following:

_____ I 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 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 am 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 |
| Amphibians: | _____ Animal | _____ Tissue | _____ Body Fluids |
| Other: _____ | _____ Animal | _____ Tissue | _____ Body Fluids |

If you checked “Animal” for any of the above, please complete part C. Otherwise, skip to part D.

Part C: 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.**
- **If you would like more information about lab animal allergy, please contact your primary care physician if you are faculty/staff, Maryann Gitter in Haverford's Health Services (x1089) if you are a Haverford student or Dr. Kay Kerr at Bryn Mawr's Health Center (526-7360) if you are a Bryn Mawr student.**

C1. Which of the following best describes your 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 do not have weekly contact. My contact is less than 4 hours per month.

I do not have monthly contact. My contact is a few times per year.

C2. Do you have current exposure to animals outside the research facility (e.g. house pets, additional employment)? _____

C3. Did you work with animals prior to working in our research facility? _____

C4. 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 Sneezing spells

Skin rashes or hives Wheezing, chest tightness, shortness of breath

C5. 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:

C6. 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 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. Chemicat: _____ 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 apply):

- 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

Part F: Immunizations

F1. I have had a tetanus vaccine within the last 10 years: Yes No

If yes, please give the date of your most recent vaccine: _____

Part G:

G1. Do you have any questions or concerns regarding your work with animals that you would like to discuss with a nurse practitioner? Yes No

G2. Please add any remarks you feel are relevant.

Part H: Medical History (This information is confidential, so please fill it out in private.)

H1: Do you have any of the following health considerations? (check all that apply)

- Asthma or other chronic respiratory disease
- Skin conditions such as eczema, psoriasis, dermatitis
- Allergic skin reaction such as hives, rash, itching. (explain: _____)
- Known or suspected allergies to chemicals, latex, food, or environment (explain: _____)
- Chronic health conditions such as diabetes (explain: _____)
- Kidney or liver disease
- Valvular heart disease
- History of spleen problems or absence of spleen
- 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 (list: _____)
- Current medication or treatment that may suppress your immune system; for example, high-dose steroids, prednisone, cancer therapy or radiation therapy (list: _____)

Please deliver your completed form to your primary care provider if you are a faculty or staff member. **If you are a student, please deliver your form to Maryann Gitter in Haverford’s Health Services or Dr. Kay Kerr in Bryn Mawr’s Health Center for evaluation.** That medical professional will let the chair of Haverford’s Animal Care and Use Committee (Rob Manning, rmanning@haverford.edu) know whether you are:

- (1) medically eligible to perform the stated activities without restriction
- (2) medically eligible to perform the stated activities with additional requirements (e.g. respiratory protection or vaccination), or
- (3) deemed medically ineligible to perform the stated activities
