

**RU**

Office of Environmental Health & Safety  
RADFORD UNIVERSITY



## **Occupational Health and Safety Program for Animal Handlers**

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## Occupational Health & Safety for Animal Handlers

### Revision Status

<b>Contact(s)</b>	<b>Implementation Date</b>	<b>Revision #</b>	<b>Comments</b>
John Crocker	September 1, 2011	4	Added declination forms

### 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 mitigate 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 ameliorate such hazards. Completing the tasks laid out in this program will fulfill that responsibility.

It is a requirement of this program that all animal handlers must provide proof of tetanus vaccine prior to handling animals. For all students, this is accomplished during the enrollment process and no additional documentation is required unless requested by Student Health Services. For faculty and staff working with animals, a doctor's note indicated the date of the most recent tetanus vaccination should be forwarded to the RU Office of Environmental Health and Safety.

Further, this program requires that those animal handlers working with bats, wild and random-source canids, felids, skunks, raccoons and any other species that are common carriers of rabies are required to have completed the rabies prophylaxis vaccination series sufficiently in advance of handling these animals in order to provide adequate protection. This period of time is usually about 3 weeks after the last vaccination, but it must be verified by titer testing and a "fit for duty" notice is to be provided by the healthcare provider to the RU Office of Environmental Health and Safety prior to initiating handling of animals that pose a high risk for rabies exposure. Additionally, animal handlers' rabies vaccination status must be monitored via titer testing bi-annually, as determined by the *Virginia Department of Health Guidelines for Rabies Prevention and Control* policy, and a "fit for duty" notice is to be provided by the health care provider to the RU Office of Environmental Health and Safety.

All animal handlers must be informed that occupational health services are available through Radford University Environmental Health & Safety. Animal handlers may be required to:

- Be routed to appropriate resources to receive treatment for symptoms or injury related to animal allergens, bites, scratches, etc.
- Have routine tuberculosis testing performed when necessary;
- Have pre-contact and post-employment serum samples collected for titer evaluation when appropriate; and

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, RU EHS, 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. A copy in Appendix A can be used for this purpose.

## Occupational Health & Safety for Animal Handlers

While an IACUC protocol may or may not be approved before all the requirements of this program are fulfilled, no animals may be used or ordered for use under the protocol until the PI is in full compliance with the provisions of this program. Furthermore, at each annual protocol review (APR) of an approved IACUC 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. This certification will be included in the personnel training record (PTR) materials distributed by the IACUC Office. Any irregularities returned by the PI will be forwarded to the EHS Office for review and action, as needed.

## Program Implementation

### ***Responsibilities of Principal Investigators/Lab Supervisors***

- Read this Occupational Health and Safety Program for Animal Handlers. Contact RU EHS or the RU Research Compliance Office with any questions about this program.
- Maintain this document so that it is readily available in your laboratory or similar work area and that of any co-investigators. Make its contents available to all animal handlers working in those labs and for semi-annual IACUC facilities inspections.
- Make sure all animal handlers working in your laboratory and the laboratories of any co-investigators working under your protocol read this document.
- Complete a [Personal Protective Equipment \(PPE\) assessment](#) for your procedures and submit it to the EHS office for review.
- Train animal handlers on the signs and symptoms related to any infectious disease work you are doing, or the zoonotic diseases that could potentially be transmitted by the species of animals with which the employees are working. Notify RU EHS 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 submitted, and kept by the IACUC office, for semi-annual 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 RU EHS and/or the RU Research Compliance Office with any questions about this program.
- 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.***

### **Occupational Health Considerations**

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 immune-compromised or pregnant animals or personnel in the workplace is also a concern. See below for additional information on specific risks when working with animals.

Personnel should always wear personal protective equipment (PPE) when working with animals. Such PPE minimally includes a laboratory coat, gloves, and eye protection where appropriate. Additionally, respiratory protection may need to be worn when working with hazards 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 require respiratory protection must be enrolled in RU EHS' Respiratory Protection Program. Please contact RU EHS at 831-7790 if you use or need to use a respirator and are not enrolled in this program.

### **Zoonotic Diseases**

Zoonotic diseases are diseases 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, Leptospirosis, 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 is not currently allergic to laboratory animals. Contact RU EHS 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 new species of animal. Supervisors and PI's should contact RU EHS at 831-7790 if guidance is needed.

### **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 RU EHS at 831-7790 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 (urine or feces), can present significant human health risk. IACUC protocols include questions to assess these risks and the protocols are also reviewed by RU EHS. 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 RU EHS by calling 831-7790.

## 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 held or used. Food for human consumption 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 except in facilities pre-approved by the IACUC on a case-by-case basis.
- 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 Radford University's [Biosafety manual](#) for guidance on proper use of biohazardous agents in laboratories at Radford University. This document can be found at [www.radford.edu/fpc/Safety/RU\\_biosafety\\_manual\\_rev1.pdf](http://www.radford.edu/fpc/Safety/RU_biosafety_manual_rev1.pdf).
- Mechanical pipetting must be used. Mouth pipetting 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 manual](#) for more information.
- Anyone required to use respiratory protection must be enrolled in the [Respiratory Protection Program](#) prior to use of any respiratory protection. Please contact RU EHS at 831-7790 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 RU EHS at 831-7790.
- Manipulation of heavy cages or other equipment, restraining or handling 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 Radford University must notify his/her supervisor or PI and have them fill out an [Employer's Accident Report](#), found in Appendix A. Anyone who has been exposed to human blood or other human material should get the contact information of the person exposed and the source of the material so that RU EHS 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 personnel and tested as deemed 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, the use of baby or similar cleaning 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, Field Supervisor, Faculty Supervisor/Mentor, 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. Where appropriate and feasible, an individual seeking medical attention, or the person assisting an injured individual, should take with them a Hazard Summary sheet or agent MSDS' and present the documents to the healthcare provider prior to or as soon as possible when 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](#) and delivers it to the Human Resources Office 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. A copy of this document may be found in Appendix A.
6. Facility Director, Field Supervisor, Faculty Supervisor/Mentor, or Manager completes a Supervisor's Incident Report (PR37) form, located in Appendix B, to be used by the Facility Director, Field Supervisor, Faculty Supervisor/Mentor, Facility Manager, and RU EHS 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, Field Supervisor, Faculty Supervisor/Mentor, or Manager must record the details of the known or suspected exposure (on the RU EHS Exposure Incident Report Form, see Appendix C) including:
  - the infectious agent(s) involved;
  - circumstances of the exposure;
  - the possible route(s) of exposure;
  - an estimate of the dose received by each individual exposed;
  - whether or not the individual(s) is/are symptomatic and, if asymptomatic, what signs and symptoms to monitor; and,
  - 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. RU EHS (7790) must also be notified immediately of any exposure incident and provided the information recorded in Step 1 above to ensure proper evaluation and follow-up by the university's occupational health physician or a Worker's Compensation Panel Physician.
4. Following any incident, a review must be conducted by the Facility Director, Field Supervisor, Faculty Supervisor/Mentor, Facility Manager, and RU EHS to determine possible causes, review work practices, and determine preventative measures for future incidents. Documentation of incidents and corrective actions will be maintained by RU EHS.

### **For bites involving suspected or known rabid animals and/or exposure to their saliva or cerebrospinal fluid:**

1. In addition to completing the [Employer's Accident Report](#) and following the previous procedures for first aid and thoroughly cleaning the wound or area of exposure, the Facility Director, Field Supervisor, Faculty Supervisor/Mentor, or Manager must contact the Virginia Department of Health (VDH) at (540) 381-7100 to document the bite and/or possible exposure.
2. All Instructions provided by VDH regarding the animal that inflicted the bite must be followed. Typically:
  - a. If the bite is inflicted by a domesticated animal, the animal responsible may be quarantined for at least 10 days for observation by a veterinarian.
  - b. If the animal responsible is wild and can be captured and/or euthanized safely; it should be delivered to the nearest state laboratory as directed by VDH.

## Occupational Health & Safety for Animal Handlers

3. The individual exposed shall be evaluated promptly by an appropriate healthcare provider, as directed by VDH, to determine the need for post exposure prophylaxis and/or other treatment as necessary.
4. Complete step 4 from above.

### **Procedures for submission of tetanus vaccination records and/or rabies pre-exposure prophylaxis**

As a requirement of the program, for recordkeeping and monitoring purposes, all faculty or staff members working with animals, or as a supervisor/PI, must provide in person, or by mail, to the office of Environmental Health and Safety, within thirty calendar days of the submission of a protocol, initial documentary evidence from a licensed health professional of current tetanus immunization, or a signed declination form found in Appendix D.

These records will be maintained by the Environmental Health and Safety Office till the end of employment. At which time the records will be destroyed. EHS will monitor these records and inform employees when boosters are required, usually a period of ten years.

Students are already required by the code of Virginia § 23-7.5., to provide documentary evidence from a licensed health professional of current tetanus immunization.

All animal handlers working with wild species that exhibit a high potential for rabies virus; e.g. bats, must also provide initial documentary evidence from a licensed health professional of pre-exposure prophylaxis, or current titer, to EHS in person or by mail, within thirty calendar days of the submission of a protocol, or a signed declination form found in Appendix D.

These records will be maintained by the Environmental Health and Safety Office till the end of employment. At which time the records will be destroyed. EHS will monitor these records and inform handlers who continue work with high potential animals when titer is required, usually a period of two years, in accordance with Virginia Department of Health.

## **Recommendations for Immuno-compromised 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 immuno-compromised, pregnant, or considering 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 their 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 RU EHS and an Occupational Health Physician regarding the hazards in the employee's work place, evaluation of work practices, upgrades in PPE, and/or 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 RU EHS.

## **Appendix A**

### **Employer's Accident Report**

# Occupational Health & Safety for Animal Handlers

**Employer's Accident Report**  
 (formerly: Employer's First Report of Accident)  
 Virginia Workers' Compensation Commission  
 1000 DMV Drive Richmond, VA 23220  
*See instructions on the reverse of this form*

<b>The boxes to the right are for the use of the insurer</b>	Reason for filing	VWC file number
	Insurer code or PEO Ref. No. <b>S0225</b>	Insurer location <b>762</b>
	Insurer claim number	

<b>Employer</b>		
1. Name of employer (trading as or doing business as, if applicable) <b>RADFORD UNIVERSITY</b>	2. Federal Tax Identification Number <b>546 00 1789</b>	3. Employer's Case No. (if applicable)
4. Mailing address <b>Radford University Dept of Human Resources 704 Clement Street, P.O. Box 6889 Radford, Virginia 24142</b>	5. Location (if different from mailing address) <b>N/A</b>	
6. Parent corporation /Policy Named Insured (if applicable) or PEO name <b>Commonwealth of Virginia</b>	7. Nature of business <b>State Government</b>	
8. Name and Address of Insurer or self-insurer for this claim <b>Managed Care Innovations P.O. Box 1140, Richmond, VA 23208-1121</b>	9. Policy number <b>Self-Insured</b>	10. Effective date <b>July 1, 1992</b>
<b>Time and Place of Accident</b>		
11. City or county where accident occurred	12. Date of injury	13. Hour of injury a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>
		13a. Time began work a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>
14. Date of incapacity		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
<b>Employee</b>		
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 <input type="checkbox"/> Married <input type="checkbox"/> Widowed
28. Social Security Number		
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) \$	\$ N/A      \$ N/A      \$ N/A      \$ N/A
<b>Nature and Cause of Accident</b>		
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 arts 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	

**This report is required by the Virginia Workers' Compensation Act**

**Employer's Accident Report**  
 VWC Form No. 3 (rev. 03/22/02)

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### **Instructions for Completing the Employer' s Accident Report (EAR)**

The following is a line-by-line description of the information needed to properly complete the EAR. It is imperative that each question is answered or marked N/A if no answer is applicable.

The boxes in the upper right hand corner of EAR are for the insurer and are completed by Managed Care Innovations (MCI).

The remaining sections of the EAR are numerical and are completed as follows:

1. Radford University
2. 546 00 1789
3. Leave blank, completed by the Department of Human Resources.
4. Radford University Department of Human Resources 704 Clement Street P. O. Box 6889 Radford, VA 24142
5. N/A
6. Commonwealth of Virginia
7. State Government
8. Managed Care Innovations P. O. Box 1140 Richmond, VA 23208-1121
9. Self-Insured
10. July 1, 1992
11. Identify the city or county where accident occurred.
12. List actual date of injury as reported by employee.
13. Enter the hour the injury occurred.
- 13a. Enter the time the employee began work on the date of injury.
14. Enter the date the employee became disabled (unable to work) according to medical information, i.e., medical documentation excusing the employee from work due to the reported injury/illness. If the employee is not excused from work by medical authority, enter N/A.
15. Enter the hour the employee became disabled (unable to work) from work. Normally the time of the injury/illness. May be determined at a later time by medical authority. If the employee is not excused from work by medical authority, enter N/A.
16. For full-time employees, check "yes." For wage-employees, check "yes" if the employee returns to work after medical treatment or continues to work immediately after the injury/illness. For wage-employees, check "no" if the employee does not return to work after medical treatment or leaves work for the remainder of the work schedule. Wage-employees are paid for hours worked.

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17. For full-time employees, check "yes." For wage-employees, check "no. If there was no incapacity from work, enter N/A.
18. Enter the date the injury or illness was reported. The date reported is the date the employee first informs someone he/she was injured or became ill. Verbal notice from the employee, other third part, or first-hand knowledge by the supervisor is considered proper notice for this purpose.
19. List the name of the person to whom the injury was reported (include the title of this person).
20. List the full name of any witnesses(s).
21. List the date of death if the injury was fatal.
22. Indicate the full legal name (last, first, middle name) of the injured employee.
23. Identify the employee's home and work phone number including the area code.
24. Check the appropriate box for employee's sex.
25. List employee's home (mailing) address, including zip code.
26. List employee's date of birth.
27. Check the appropriate box for the employee's marital status.
28. List the employee's social security number.
29. List the employee's functional job title, i.e., Housekeeping Lead Worker, Grounds Worker Senior, etc., at the time of the accident.
30. Check "no" block.
31. Number of dependent children if known.
32. List the number of months and years employed in the position at the time of the accident.
33. List date hired by agency (Radford University hire date).
34. Check "hourly" box regardless of status, i.e. wage, classified, A/P, Teaching.
35. List the normal number of hours worked per day.
36. List the normal number of days worked per week.
37. N/A does not apply.
38. Leave blank - completed by the Department of Human Resources.
39. Leave blank - completed by the Department of Human Resources.
40. Identify equipment, tool, or object (including people) that caused the injury/illness.
41. Identify the point of impact on the equipment, i.e., blade, wheel, drawer, etc.

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42. Identify what the employee was doing at the time of the accident. Describe any conditions which may have contributed to the accident.
43. Describe the part of the body injured, including left, right, upper, lower, etc., as well as fracture (broken), strain, sprain, etc.
- 43a. Check "yes" or "no."
- 43b. Check "yes" or "no."
44. List the name and address of the physician selected from the panel of physicians provided by your agency. If physician has not been selected when EAR is prepared, leave blank. Do not delay EAR.
45. List the name and the address of the hospital providing services, if applicable.
46. Provide the best estimate of probable length of disability. If medical information is available indicating the employee will be out of work, enter the approximate number of days. If employee is not released from duty by medical authority, enter "None" or "N/A."
47. Check "yes" if you know the employee has returned to work or will return to work after completion of the medical appointment, if any. If the employee is not medically released to return to work, check "no".
48. If item #47 is "yes", enter "same". If item #47 is "no", enter "N/A".
49. List the date the employee returned to work. If employee either does not go to the doctor/emergency room for treatment, enter the date returned (may be the same date as date of injury if medical treatment is not needed or if employee returns to work the same day).
50. List printed name and title of person preparing the EAR. Person preparing EAR must sign the EAR. The employee listed in item #22 may not prepare the EAR. The EAR is prepared based on known information as the time the report is prepared.
51. List the date the EAR is prepared.
52. List area code and telephone number for the person completing this form.
53. Leave blank - completed by Managed Care Innovations.
54. Leave blank - completed by Managed Care Innovations
55. Leave blank - completed by Managed Care Innovations.
56. Leave blank – completed by Managed Care Innovations.
57. Leave blank – completed by Managed Care Innovations.
58. Leave blank – completed by Managed Care Innovations.

## **Appendix B**

### **Supervisor's Incident Report (PR37)**

Occupational Health & Safety for Animal Handlers

PR37 (Revised 03/09)

SUPERVISOR'S INCIDENT REPORT  
FOR WORKER'S COMPENSATION  
RADFORD UNIVERSITY

Employee Name \_\_\_\_\_

Department \_\_\_\_\_ Employee's Position \_\_\_\_\_

Date Reported \_\_\_\_\_ Date of Injury/Illness \_\_\_\_\_ Time \_\_\_\_\_

EMPLOYEE'S DESCRIPTION OF INCIDENT. Ask the employee to complete this section as soon as possible after the incident is reported. Add blank pages as needed.

What happened? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where did the incident happen? \_\_\_\_\_  
\_\_\_\_\_

What do you believe caused it to happen? \_\_\_\_\_  
\_\_\_\_\_

How could it have been prevented? \_\_\_\_\_  
\_\_\_\_\_

Who saw it happen? \_\_\_\_\_  
\_\_\_\_\_

What is your injury? \_\_\_\_\_  
\_\_\_\_\_

Any additional comments: \_\_\_\_\_  
\_\_\_\_\_

I verify that the above statements are true to the best of my knowledge.

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_

SUPERVISOR COMMENTS

I have taken the following corrective action to prevent reoccurrence and have reported this incident to my supervisor: \_\_\_\_\_  
\_\_\_\_\_

Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_

CONTINUE INCIDENT REPORT BY HAVING EACH WITNESS COMPLETE  
THE WITNESS STATEMENT FORM

Occupational Health & Safety for Animal Handlers

PR37 (Revised 03/09)

SUPERVISOR'S INCIDENT REPORT  
FOR WORKER'S COMPENSATION  
WITNESS STATEMENT FORM

Continuation of Injury Investigation which occurred on \_\_\_\_\_ for which an accident report is being filed on \_\_\_\_\_ employee's name.

Witness Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

---

DESCRIPTION OF ACCIDENT  
(Written by witness if possible)

What happened? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you actually see the incident happen? \_\_\_\_\_

Where did the incident happen? \_\_\_\_\_  
\_\_\_\_\_

What do you believe caused it to happen? \_\_\_\_\_  
\_\_\_\_\_

How could it have been prevented? \_\_\_\_\_  
\_\_\_\_\_

Any additional comments: \_\_\_\_\_  
\_\_\_\_\_

---

I verify that the above statements are true to the best of my knowledge.

Witness's signature \_\_\_\_\_ Date \_\_\_\_\_

Name of supervisor collecting the above information \_\_\_\_\_

## **Appendix C**

### **Exposure to Infectious Agent Report**

# Occupational Health & Safety for Animal Handlers

**EXPOSURE to INFECTIOUS AGENT REPORT FORM** (please return completed form to RU EHS @ 7790)

EXPOSED EMPLOYEE INFORMATION			
Name:		RU 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

# Occupational Health & Safety for Animal Handlers

FOLLOW-UP		
Physician's Visit	Yes	No
Physician Name: _____		
Phone Number: _____		
Address:		
_____		
_____		
Please Check All That Apply		Comments
Baseline Blood Collection		
Counseling		
Other:		

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

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# **Appendix D**

## **Declination Forms**



## Rabies Pre Exposure Prophylaxis

### Declination Statement:

I understand that due to my exposure to species at high risk for contracting rabies I have a higher potential for acquiring rabies infection. I acknowledge that I have been informed of the risks associated with rabies and the benefits of vaccination. It has been recommended that I be vaccinated with rabies vaccine at no cost to me; however, I decline rabies vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring rabies, a potentially fatal disease. If, in the future, I continue to be exposed to species at high risk, and I want to be vaccinated, I can receive the vaccination series.

---

Signature

---

Print Name

---

Date

---

Employee/ Student ID number



**Rabies Antibody Titer**

**Declination Statement:**

I understand that due to my exposure to species at high risk for contracting rabies I have a higher potential for acquiring rabies infection. I acknowledge that I have been informed of the risks associated with rabies and the benefits of vaccination. It has been recommended that antibody titers be checked every two years, and a booster immunization given if titer demonstrates insufficient immunity, at no cost to me; however, I decline rabies antibody titer at this time. I understand that by declining, I continue to be at risk of acquiring rabies, a potentially fatal disease. If, in the future, I continue to be exposed to species at high risk, and I want to have titer drawn and a booster vaccine if needed, I can receive these services.

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Employee/ Student ID number



## Tetanus Vaccine

### Declination Statement:

I understand that due to my exposure to potentially infectious materials that I may be at risk of acquiring a tetanus infection. I acknowledge that I have been informed of the risks associated with tetanus and the benefits of vaccination, and that it is recommended that I receive this vaccine at no cost to me; however, I decline tetanus vaccination at this time. I understand that by declining, I continue to be at risk of acquiring infection to a potentially fatal disease. If, in the future, I continue to be exposed to potentially infectious materials, and I want to receive tetanus vaccine, I can receive this service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employee/ Student ID number