

# OCCUPATIONAL HEALTH PROGRAM FOR PERSONNEL INVOLVED IN ANIMAL CARE AND USE

1.

**Enroll.** All students, faculty and staff working with animals or animal tissues under the auspices of Kent State must enroll in the Occupational Health Program for Personnel Involved in Animal Care and Use (OHPA). Enrollment is achieved by completing the [online preplacement training and evaluation](#) (yearly).

2.

**Complete additional requirements (if any).** Results of the preplacement screening evaluation (both initial and renewing) are emailed immediately upon completion to participant, PI/Supervisor, and animal facility manager.

## IF PREPLACEMENT RESULTS INDICATE ...

**Medical clearance required or requested**

**No medical clearance required**

**Immunization evaluation required**

**Working with only animal tissue/specimens that have a low risk of causing allergic reaction and no concerns**

## THEN ...

**PI/Supervisor** - completes Form A based on protocol/duties. Ensures no direct animal contact until clearance obtained.

**Participant** -

1. Contacts UHS (or provider of choice) to obtain medical assessment/frequency of medical assessment.
2. Completes Form B – Health History.
3. Returns clearance form to PI/supervisor.

**Medical Provider** – completes Clearance- Form C and indicates frequency of medical surveillance required.

**IACUC** – retains email in application records.

*If PI is participant*– approval for protocol is not sent from Office of Research Compliance (ORC) until record of medical clearance is provided to IACUC.

*If participant is addition of personnel* – approval for addition of personnel is not sent from ORC until record of medical clearance is received by IACUC.

**PI/Supervisor** – retains email for records.

**Participant** - Re-enrolls each year, upon change in medical status or upon change in research species, environment, or hazard.

**Medical Provider** – N/A

**IACUC** – retains email in application records.

**PI/Supervisor** – ensures no direct animal contact until needed immunization(s) is obtained.

**Participant** - provides immunization update documentation to PI/supervisor. Re-enrolls each year, upon change in medical status or upon change in research species, environment, or hazard.

**Medical provider** – N/A

**PI/Supervisor** – retains email for records

**Participant** - Re-enrolls each year, upon change in medical status or upon change in research species, environment, or hazard.

**Medical Provider** – N/A

**IACUC** – retains email in application records.

3.

**Retain emails and clearance forms (if any) for your records.**

4.

**Complete online preplacement evaluation and training every three year, upon a change in work or health status, upon recommendation from UHS occupational health practitioner, university Environmental Health and Safety personnel, the IACUC, or other medical professional.**