



UNIVERSITY
of HAWAII
SYSTEM

June 27, 2022

MEMORANDUM

TO: Victoria Rivera
Director for Research Compliance
Office of the Vice President for Research and Innovation

FROM: Diana Blanco
Animal Welfare and Biosafety Program Manager

SUBJECT: UH IACUC Semi-annual Report to the Institutional Official
Reporting Period January – June 2022

Provided is the University of Hawaii's (UH) Animal Care and Use Committee (IACUC) Semi-annual Report to the Institutional Official (IO).

The Public Health Service (PHS) *Policy on Humane Care and Use of Laboratory Animals* section IV.B.3 requires the IACUC prepare and submit a report of their semiannual evaluation to the IO. The US Department of Agriculture (USDA) also requires the reports to be reviewed and signed by the majority of the IACUC members.

The report to the IO includes the required information (OLAW Semiannual Report Template):

- Description of the nature and extent of the University of Hawaii's adherence to the *Guide for the Care and Use of Laboratory Animals (Guide)* and the *PHS Policy*.
- Identification of deficiencies in the program or facility, including classification as either significant or minor and a reasonable and specific plan for correction.
- Minority views of the IACUC.
- Identification of facilities accredited by the *Association for Assessment and Accreditation of Laboratory Animal Care International (AAALAC)*.
- Signature of a majority of the IACUC members.

Report received: Victoria Rivera 7/22/2022
Victoria Rivera, MPA Date
Director for Research Compliance
Institutional Official, Animal Welfare Program

c: Vassilis Symos, Vice President for Research and Innovation

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Memorandum to: Victoria Rivera
Director for Research Compliance, Animal Welfare
Program Institutional Official

From: Institutional Animal Care and Use Committee

Subject: Semi-annual Report of the Program Review and Facility
Inspections
(Semi-annual Reporting Period January – June 2022)

Date: June 27, 2022

This report summarizes the IACUC's results of its most recent program review and facility inspection, as required by the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals ([Policy](#)), Section [IV.B.1.-3.](#), the *Guide for the Care and Use of Laboratory Animals* ([Guide](#)), and the Animal Welfare Act ([AWA](#)) regulations, as applicable. Submission of semiannual reports to the Institutional Official is a condition of this institution's Animal Welfare Assurance with the NIH Office of Laboratory Animal Welfare (OLAW).

Since the last review, the following changes have occurred in the institution's program for animal care and use (PHS Policy [IV.A.1.a.-i.](#)):

The IACUC changed its policy on renewal requirements in order to align with the recent changes made by the PHS and USDA. Annual renewals are no longer required for most protocols. Instead, annual progress reports are submitted and approved by Designated Member Review. Full, de novo review of protocols is still required every three years. Those few protocols that utilize Department of Defense funding or Veteran Affairs funding for USDA-covered species continue to require full, annual renewals.

One IACUC member temporarily stepped down due to an increase in other responsibilities.
One IACUC member retired as of December 31, 2021.

I. Description of the Nature and Extent of the Institution's Adherence to the PHS Policy, the *Guide*, and the AWA

Departures from the PHS Policy, the *Guide*, and the AWA.

Select A or B:

- ☒ A. There were no departures during this reporting period.
☐ B. The following departures have been reviewed and approved by the IACUC:

None. Although impacted by the COVID-19 pandemic, the IACUC did not deviate from regulations. IACUC conducted all inspections within the reporting period.

II. Deficiencies in the Institution's Animal Care and Use Program

Animal Care and Use Program Review Date(s):

Select A or B:

- ☒ A. There were no deficiencies in the program during this reporting period.
☐ B. The following deficiencies have been identified:

III. Deficiencies in the Institution's Animal Facility

Animal Facility Inspection Date(s):

Select A or B:

- ☐ A. There were no deficiencies in the animal facility during this reporting period.
- ☒ B. The following deficiencies have been identified: *[describe each deficiency, identify each deficiency as either minor or significant, and provide a reasonable and specific plan and schedule for the correction of each deficiency, deficiencies may be recorded on a separate table and attached, the last page of OLAW's Sample Semiannual Program Review and Facility Inspection Checklist provides a sample table]*

Refer to (#1 - 29) Semiannual Animal Facility Inspection Checklist Tables attached for deficiencies. Inspections #11, 22, 23, and 24 were done virtually (imagery, photos, logs, and records) and not in-person.

IV. Minority Views

Select A or B:

- ☐ A. No minority views were submitted or expressed.
- ☒ B. The following minority views were expressed: *[insert minority views here or attach]*


Attached

V. Status of AAALAC Accreditation *[identify accredited facilities, if applicable]*

The University of Hawaii has three AAALAC accredited facilities during this reporting period. These facilities renewed accreditation in February 2019. A site visit took place in March 2022 to renew accreditation once more. We received a favorable verbal report and we await formal notice that our accreditation stands.

██████████ Vivarium – Manoa Campus
██████████ – Manoa Campus
██████████ Vivarium – Kaka'ako Campus

VI. Signatures [*signatures of a majority of the IACUC members required by AWAR (§2.31,c,3), if applicable*]

Names of IACUC Members	Signatures
	

II. Animal Care and Use Program Review

April 21, 2022



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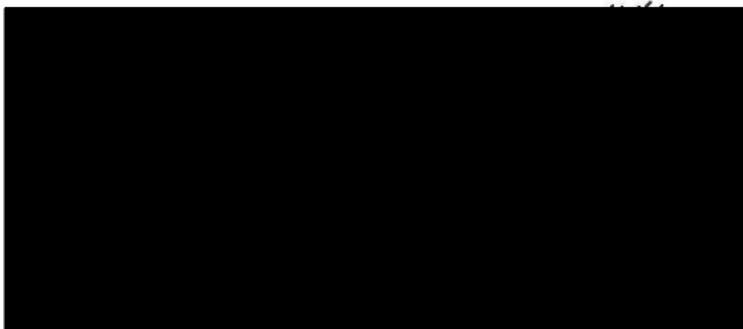
Office of Research Compliance
Animal Welfare Program

IACUC INSPECTION REPORT

FACILITY: Program of Humane Care and Use
DATE OF INSPECTION: 21 April 2022
REPORTING PERIOD: 01 January 2022 – 30 June 2022

INSPECTION MEMBERS:

SIGNATURES



MEMBER

MEMBER

MEMBER

Diana Talerico Blanco

COMPLIANCE OFFICE

7/7/22

DATE RECEIVED

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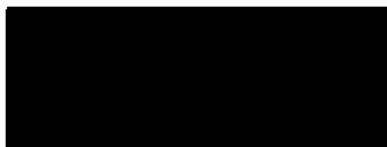
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Office of Research Compliance
Animal Welfare Program

27 June 2022

MEMORANDUM

TO: UH Institutional Animal Care & Use Committee
FROM: Subcommittee Review for Program of Humane Care and Use



SUBJECT: Semiannual Review of Program of Humane Care and Use
(Reporting Period: 01 January – 30 June 2022)

On 21 April 2022, IACUC Vice Chair, Dr. Jenee Odani, along with members [REDACTED] [REDACTED] for the Semiannual Review of the Program of Humane Care and Use. In attendance and assisting with the program review were Ms. Denise Yee, Research Compliance Staff, Ms. Diana Talerico Blanco, Program Manager, Animal Welfare and Biosafety Programs, and Mr. Jeff Hall, Post Approval Monitor.

The subcommittee was provided with the previous Semiannual Review conducted on 16 September 2021. The subcommittee used as references, the *NIH Guide for the Care and Use of Laboratory Animals (8th Edition)*, the OLAW Semiannual Program Review Checklist and the USDA-APHIS *Animal Welfare Act (AWA)*.

The following categories were inspected pursuant to the *Guide for the Care and Use of Laboratory Animals*, 8th Edition.

I. Institutional Policies and Responsibilities:

Animal Care and Use Program

The primary oversight for the Program is the responsibility of the Institutional Official (IO), the Attending Veterinarian (AV), and the Institutional Animal Care and Use Committee (IACUC). However, animal well-being is the responsibility of all members of the Program. Resources to manage the Program and veterinary care are allocated by the IO on an annual budgeted basis, then communicated to the AV and AWBP Manager. As of 1 February 2016, the Office of Research Compliance has been reorganized under the Office of the Vice President for Research and Innovation. The Animal Welfare and Biosafety Program (AWBP) and the Animal and Veterinary Services (AVS) Managers meet with the IO monthly or as needed. As of 1 July 2012, regulations training, species-specific training, and IACUC training are completed through the CITI program. As of 03 October 2018, in revised Policy 13 Requirement for Personnel Training, training completed at other institutions within the current triennium, will be accepted on a case-by-case basis to satisfy CITI training requirements. Protocol-specific procedure training is accomplished for individuals working in the AVS-operated vivariums by watching training videos and passing the corresponding online quizzes. In addition, personnel listed on protocols involving the faxitron, non-standard ultrasound, microbubble ultrasound, and other procedures, may be required to demonstrate

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proficiency during post approval monitoring and/or on a case by case basis. Other protocol specific procedure training may be accomplished by the UH veterinarian, designees or the investigator who has the expertise. Occupational Health and Safety training is site specific. Zoonosis training is provided by the University Veterinarian's Office. When a full time veterinarian is not available on-site at any of the program facilities, specific managers are responsible for daily animal care and facility management, and communicate as needed with the UH veterinarians in the case of animal injuries and/or illnesses. Memorandums of Understanding (MOUs) are on file for non-UH entities (mostly private biotechnology companies) that use UH facilities. These agreements address the responsibilities for off-site animal care and use, animal ownership and IACUC review and oversight.

A collaborative agreement policy, Policy for Animal Use and Biological Materials Activities with Collaborating Organizations, which establishes oversight for projects where UH personnel collaborate with other institutions on animal studies, was approved on 18 November 2021.

Disaster Planning and Emergency Preparedness

Disaster planning and emergency preparedness plans and SOPs, previously IACUC approved, are in place for the vivaria located at the Kaka'ako and Manoa campuses. Depending on the type of natural disaster and time permitting, provisions have been made to relocate valuable strains of rodents to safe areas and euthanize all other strains. Investigators are provided the option of cryopreserving valuable animal strains in advance. Building managers have been provided copies of disaster planning and emergency preparedness plans and are listed in communication "trees". Disaster and Emergency Preparedness Plans for AAALAC accredited facilities were re-evaluated and updated in preparation for the AAALAC site visit on 07-08 March 2022. An AVS Emergency Response Plan/SOPs and a general system-wide checklist have been drafted to provide guidelines during the COVID -19 pandemic. The IACUC approved two (2) provisions of the AVS plan on 16 April 2020; 1) to extend the expiration date of emergency stockpiled non-medicated feed beyond 6 months of its mill date if stored properly and 2) based on research, extend the interval between mouse cage changes.

Disaster Plans and Emergency Preparedness Plans are in place for all facilities. The Disaster Plan/Emergency Preparedness Plans are based on a template developed by the AWBP staff for facilities to use in developing their emergency preparedness plans. Facilities have revised their current preparedness plans to include contingencies for pandemic diseases.

IACUC

The IACUC meets once per month to review protocols and discuss other business. Emergency meetings are convened when necessary. Due to government mandates for social distancing during COVID-19, meetings have been held via teleconferencing. Records of committee meetings and deliberations are maintained. IACUC members that are PIs or are project personnel on a protocol recuse themselves during committee deliberations and voting. As of March 2022, a Post-approval Monitoring Coordinator (PAMC) for the Animal Care and Use Program has been on staff to continue oversight after protocol approval. The PAMC is shared with all 3 compliance units (Animal Welfare, Biosafety and Human Studies). The efficacy of training programs is also evaluated by the UH veterinarians certifying individuals in animal procedures.

IACUC Protocol Review – Special Considerations

Special consideration for humane endpoints is given to studies that involve tumor models, infectious disease, vaccine challenge, pain modeling, trauma, production of monoclonal antibodies, assessing toxicological effects, organ or organ system failure, and models of cardiovascular shock. Weight loss, as well as symptoms of morbidity (emaciation, impaired ambulation, lack of physical or mental alertness, difficulty breathing, or ability to remain upright) are required to be monitored closely (2 times daily). The AVS animal care staff monitors animals daily and institutes a twice a day monitoring system when possible. A Veterinary Assistant works closely with the AVS Veterinarians and the researchers to communicate and resolve animal health concerns.

For pilot studies, a minimal number of animals are approved and the PI is usually required to report findings to the IACUC before being allowed to continue.

Although infrequent, studies that involve more than minor restraint, multiple surgical procedures, or food/fluid restriction require justification and a consideration of alternatives. If IACUC approved, these

types of studies require more frequent monitoring of animal subjects. Animals that have particular phenotypical traits have enhanced monitoring. Any unexpected phenotypical traits observed in the vivariums, are reported to the IACUC. Twice daily monitoring is required for studies where animals are placed in Pain and Distress Category E.

Aseptic surgery standards are required for survival surgeries whether the species is regulated or non-regulated. In field situations, aseptic surgery standards are followed as closely as possible. These standards are covered during the aseptic surgery module within CITI training. Investigators and their staff who work with rodents within the AVS vivariums are also required to complete on-line veterinary training modules. These modules and quizzes are available on Lauima and must be completed prior to gaining access to the vivarium, or prior to refresher orientation. Pursuant to revised Policy 13 Requirement for Personnel Training (revised and approved on 19 March 2020), personnel performing biomedical research techniques, including aseptic surgery must complete the online training videos and pass the corresponding online quizzes before working independently on survival surgery protocols. They must demonstrate proficiency to the UH veterinary staff or designee during post-approval monitoring.

Pharmaceutical grade chemicals/drugs are used as a rule. When non-pharmaceutical grade chemicals are used they must be described in detail, be fully justified in the protocol application and are subject to IACUC approval.

A non-pharmaceutical grade chemical policy, including the use of Avertin or TBE, was initially approved on 16 May 2013 and updated on 17 January 2019.

Investigators that conduct field studies or are involved in an IACUC exempt activity that involves exposure to potential zoonosis are required to complete zoonosis training, provided by the University Veterinarian or designee, pursuant to revised Policy 13 Requirement for Personnel Training. A Standard Operating Procedure per Appendix 6 - Fieldwork Safety Guidelines (Departmental Health and Safety Guide) is available from the Environmental Health and Safety Office (EHSO@hawaii.edu).

Management protocols that reduce populations of invasive wild vertebrates follow AVMA Guidelines for Euthanasia. Sick or injured animals removed from the wild as part of Research or Teaching Protocols are required to receive veterinary care or if they are to be euthanized, they must be euthanized humanely.

Toe clipping is an alternative method of identification that is only permitted when scientifically justified and ethical considerations have been discussed by the IACUC. An IACUC policy was approved on 17 November 2015, revised and approved on 06 December 2018

A policy for retro-orbital bleeding was approved by the IACUC on 15 September 2016.

IACUC Membership and Functions

The IACUC consists of 20 members [13 scientists, 5 veterinarians (four DVMs with UH program authority), 1 (UH) nonscientist, 3 nonaffiliated (non-UH) members and 1 non-voting member. All members are appointed by the Institutional Official (IO). The IACUC organizationally reports to the IO. The IACUC conducts semiannual reviews of the Program of Vertebrate Animal Humane Care and Use, semiannual inspections of animal facilities where animals are housed or used, and reviews and investigates concerns about animal care and use. Policies and guidelines are posted on line for reporting animal welfare concerns. The IACUC meets to review, approve, and/or suspend activities if warranted.

The use of a policy for specific significant changes to animal activities, referenced by NIH Notice NOT-OD-14-126, was IACUC approved on 19 February 2015, revised and approved multiple times with an amended version approved 17 October 2019. The policy permits specific changes on previously approved IACUC protocols to be administratively resolved without full IACUC review. The UH Veterinarian's office serves as the subject matter expert to verify compliance with IACUC reviewed and approved policy. Other significant changes to approved activities are reviewed and approved by the full committee prior to the activities taking place.

Other protocol changes such as a change in PI, change or addition of a species that does not change the objectives of the study, addition of anesthesia, sedation or analgesia that improves animal well-being or addition of a procedure that does not result in greater pain, distress, or degree of invasiveness (limited to Cat. C and D) are reviewed through Designated Member Review (DMR) process.

The UH IACUC Policy on Conditions for Designated Member Review was IACUC approved on 16 August 2018. The IACUC voted on 19 May 2022 to approve DMR of an annual report for most protocols, in lieu of a formal IACUC review of an annual renewal. This is in line with the USDA policy guidelines. The exception to annual reporting is for studies funded by the Veteran's Affairs or Department of Defense.

Special procedures for genetically-modified animals, restraint, multiple survival surgeries, food and fluid regulation, field investigations, and agricultural animals are reviewed individually by the IACUC. Genetically-modified animal use is also reviewed by the AWBP Biosafety Officer. The AVS veterinary staff has instituted a rodent phenotype monitoring system and reports health concerns related to phenotypes to the IACUC.

If a request to perform multiple major survival surgery on a covered species is received, the APHIS Administrator will be contacted.

IACUC Training

All IACUC members receive orientation. Newly appointed members are required to complete the CITI training module for IACUC members. New members observe meeting proceedings and read inspection reports for a period of 6 months before being assigned to conduct inspections or review protocols on their own. Members are provided with inspection checklists and previous reports for every facility inspection and checklists for reviewing protocols. New members are often paired with a more experienced member to assist them in learning how to conduct reviews and inspections. Continuing education is ongoing usually during meetings. Virtual IACUC 101 training was held June 21-22, 2021. All IACUC members were encouraged to attend.

IACUC Records and Reporting Requirements

Semiannual inspection and Program review reports are generated after each inspection. The reports are reviewed and approved by the full IACUC committee prior to being submitted to the IO. Minority views are always welcomed. Deficiencies are described and a plan and schedule for correction are included. Minor deficiencies are distinguished from significant deficiencies.

The annual report to OLAW documents program changes, dates of the semiannual program reviews and facility inspections and includes any minority views. OLAW is promptly advised of serious and/or ongoing deviations from *the Guide* or PHS Policy noncompliance. OLAW is promptly notified of any suspension of an animal activity by the IACUC.

The annual report to the USDA contains the number of regulated species used as well as any IACUC approved exceptions/exemptions to USDA requirements. Reports are filed within 15 days for failure to adhere to the timetable for correction of significant deficiencies. Suspension of activities by the IACUC is promptly reported to the USDA and any federal funding agency.

IACUC meeting minutes and semiannual reports to the IO are maintained for a minimum of 3 years. IACUC reviews of animal activities include required information such as considering alternatives to pain and distress and assurance that the animal activities do not unnecessarily duplicate previous experiments. Records of IACUC reviews are maintained for 3 years after the completion of the study.

Veterinary Care

Although not board-certified in Laboratory Animal Medicine, the AV and AVS Program Manager, Dr. [REDACTED] and AVS staff veterinarian, Dr. [REDACTED] are experienced in laboratory animal medicine. [REDACTED] provides primary daily veterinary care. [REDACTED] has direct or delegated authority over all aspects of animal care and use. Veterinary access to all animals is provided. Pursuant to IACUC policy 15.0, PIs are required to involve the AV or his/her designee in the planning of their vertebrate animal use protocols. Animal use protocol applications are not approved without confirmation that consultation has taken place. Regular communication occurs between the IACUC and the AV. Dr. [REDACTED] provides the IACUC with an activities report at each monthly IACUC meeting. The veterinarians have experience and training in mostly small laboratory animals. When they do not have the training and experience needed for other species of animals, or if the animal are being used at sites not easily accessible to the UH veterinarians, consulting veterinarians are used. All animal use protocols are required to designate either the UH veterinarians or a consultant veterinarian for veterinary care.

Justification is required whenever a request for veterinary care is not applicable. All facilities are required to have a program of veterinary care.

Personnel Qualifications and Training

All personnel, veterinary staff, animal care staff, research investigators, instructors, technicians, trainees, and students are required to complete the CITI training modules for the regulations for using vertebrate animals. In addition, species-specific training is required. For those individuals that perform surgery, the aseptic technique training module is required. Procedures that further specify training for volunteers, students and workshop participants was approved on 16 April 2015 and 03 October 2018. The AVS animal care staff is highly motivated and many have completed or in the process of completing AALAS certification. All vivarium users are required to be on a protocol, complete the Laulima vivarium orientation module, vet training modules, the occupational health module, and the Health History Questionnaire forms to be enrolled in the Occupational Health and Safety Program. Researchers are required to demonstrate proficiency of biomedical research procedures during post-approval monitoring. All training is documented.

More recently, the JABSOM Library provided rodent on-line training videos from JOVE. This is available to Manoa campus users. This has been discussed earlier under Policy 13 Personnel Training.

All vertebrate animal users are required to complete the CITI recertification module every three years to refresh their understanding of the regulations.

Training to report animal concerns is covered in the CITI regulations for animal use module. Procedures to report animal concerns are described in the IACUC website Policy 7.0 Reporting Concerns of Animal Misuse or Abuse

Occupational Health and Safety of Personnel

An occupational health and safety program (OHSP) consistent with federal, state, and local regulations for the vertebrate animal program is posted at the Office of Research Compliance, Animal Resource Center Services site <https://research.hawaii.edu/orc/animal-veterinary-services/occupational-health-and-safety-program/>. The OHSP covers personnel affiliated with JABSOM, UH Cancer Center, AVS, the JABSOM Biocontainment Facility and individuals that don't work directly with, but may be exposed to animals. To enroll in the program, individuals must complete a Health History Questionnaire (HHQ) and complete the AVS OHSP training. Protected health information of enrollees is treated in a manner consistent with UH's applicable standards of privacy and confidentiality. AVS management works closely with the Environmental Health and Safety Office and Biosafety staff to identify and manage hazardous waste. A medical surveillance program for individuals that work with animals is described on-line, as well as in the AVS Occupational Health and Safety Program manual. Based on AAALAC requirements, the OHSP was revised March 2019 with assistance from an OHS professional. The IACUC approved the original version of the OHSP on 03 December 2015. Additional revisions, including the review of HHQ for AVS staff and students by UH Straub Occupational Health Services and TB testing were IACUC approved on 21 April 2016. Since then, the OHSP process has been revised to incorporate Straub Occupational Health Services' health professional (HP) to provide reviews of HHQs. On 17 September 2020, the IACUC approved some minor changes and for short term vivarium users, such as community college students and visiting scholars, the option of completing the HHQ instead of it being a requirement.

AVS staff have all successfully completed their HHQs and been medically cleared by a HP at Straub to be exposed to animals in the vivaria. Vivaria users had until 30 June 2019 to complete the HHQ and training to be enrolled in the OHSP, or be denied access. The recent three-year reassessments have been completed for many vivarium users.

When reviewing non-biomedical IACUC protocols, the reviewers remind PIs to have a written site-specific OHSP available upon request during IACUC semi-annual reviews and/or veterinary reviews of their facilities.

Risks associated with the use of non-human primates (NHP) are not considered because NHP have not been used for more than 15 years. There currently are no plans to use NHPs. Occupational health SOPs are required for field study projects. Any NHP tissues from outside sources that may be used are done so under the direction of the Biosafety Program.

Personnel Security

Preventive measures such as pre-employment criminal background screening are done for new regular AVS hires. Contingency plans for deliberate acts of human destruction are described in the Emergency Operations Plan for the Kaka'ako and Manoa vivariums.

Investigating & Reporting Animal Welfare Concerns

IACUC approved Policy 7 *Reporting Concerns of Animal Misuse or Abuse* and Policy 9 *Guidelines and Procedures for Conducting Inquiries and Investigations into Non-compliances, Deviations, and Cases of Animal Misuse or Abuse* establishes the methods for reporting and investigating animal welfare concerns. These policies are posted at <https://research.hawaii.edu/orc/animal-welfare/resources/>. All reported concerns and corrective actions are documented. Policy 7 lists multiple contacts and provides for anonymity, and protection against discrimination and reprisals.

II. Veterinary Care:

Clinical Care and Management

The UH veterinarian and staff veterinarian oversee the wellbeing and clinical care of all animals used in research, testing, teaching and production in the Program of Animal Care and Use. The veterinary program offers a high quality of care and ethical standard. Pursuant to Policy 15.0, investigators are required to involve the AV or his/her designee in the planning of their vertebrate animal use protocols. Animal use protocol applications are not approved without confirmation that consultation has taken place. Investigators are also required to provide documentation of training and/or demonstrate proficiency in procedures such as CO₂ euthanasia, cervical dislocations, rodent anesthesia and surgery. The AVS veterinary and animal care staff monitor animals at least once a day and twice daily if possible. If problems are observed the veterinary staff (veterinarian or veterinary assistant who is in contact with a veterinarian) are notified. If multiple problems/situations occur, the veterinarian will triage the situations and provide an objective assessment to determine a course of action with the PI. The IACUC approved the Vivarium Incident Policy on 20 November 2012, which provides a mechanism for reporting incidents. A revised Vivarium Incident Policy was approved on 18 July 2013.

The UH veterinary staff conducts a veterinary review of all facilities in the Program semiannually. At the time of inspection, medical and animal health records are reviewed. During the inspections, facility personnel are reminded to report animal health concerns to the veterinary staff in a timely manner so that assessments, treatments or euthanasia recommendations can be made. During protocol review, clearly delineated scientific and humane endpoints ensure that contingency plans are in place should problems arise during a study. SOPs may be developed for recurrent health conditions to expedite treatment. Recurrent or significant problems are communicated to the IACUC during the UH Veterinarian's monthly report.

The UH Veterinarian is authorized to treat, relieve pain and/or euthanize animals.

Animal Procurement and Transportation/Preventative Medicine

All rodents housed in the vivaria are either bred in-house or procured through legitimate vendors. Ordering and use of vertebrate animals is not allowed unless a protocol has been reviewed and approved by the IACUC. Computer software is used in the ordering and tracking of animal usage in the vivarium. Animals received from other institutions are required to be linked to an approved protocol, have health certificates and transfer authorization by the UH Veterinarian, AWBP Compliance Officer and Biological Safety Officer. Every effort is made to accommodate investigators with space to house animals. A space committee reviews and prioritizes investigator's animal housing requests. Priority is given to investigators associated with the University over private biotechnology companies requesting use of vivarium space.

Appropriate records are maintained for all animals acquired through ordering. Animals are bred only for the minimum amounts and genotypes needed. An inventory of in-house bred animals is kept and tracked on the investigator's protocol. In addition, the investigator is required to justify animal use numbers and address the principle of reduction in the 3 R's.

Random source dogs and cats from local animal shelters are used in a cooperative effort with the Windward Community College's (WCC) Veterinary Technician Program for teaching purposes. A small number of animals are transported to WCC for sterilization surgery and returned the same day. The surgeries are performed by licensed veterinarians, who are also veterinary technician program instructors. MOU's between WCC and the shelters are in place. In most cases of wildlife projects, procurement is not an option.

Transportation of ordered animals, usually rodents, is through airlines that follow federal regulations as well as professional ground transportation companies. Dates of arrival are always scheduled to ensure animals are not delivered during non-business hours. Upon arrival at the vivarium, the shipping crates containing animals from commercial vendors are decontaminated and recommended conditioning period of 72 hours prior to use is followed. Rodents from other institutions are pre-screened before shipment, and upon arrival quarantined in a separate quarantine holding area until PCR negative for Specific Pathogens excluded from the vivarium. Animals are accompanied with health certificates. Animals are kept separated by species, source, health status, and shipments. Personnel are trained in zoonosis prevention and must provide documentation. Animals transported between facilities are accompanied by animal care staff and have the proper intrastate transportation permits. An SOP for transporting animals and procedures to follow if problems develop has been IACUC approved. Transportation of other species such as birds and fish are described in the investigator's protocol.

Sentinel animal programs are in place for the surveillance, diagnosis, treatment and control of disease for facilities where laboratory animals are housed. Sentinel animals are sacrificed every 6 months and analyzed for the presence of disease and parasites. Diagnostic laboratories are used in the preventative health program.

Surgery

Pursuant to Policy 15.0, investigators are required to involve the AV or his/her designee in the planning of their vertebrate animal use protocols including pre-surgical plans, use of anesthetics/analgesics, and perioperative care. Researchers are required to provide documentation of training or certify their surgical technique proficiency with the UH veterinarian. Aseptic surgery is required for survival surgeries and performed in dedicated facilities or spaces, unless an exception is justified and IACUC approved. The investigator is required to describe how asepsis will be maintained. Surgical procedures are categorized as major (entering a body cavity) or minor. Researchers are also required to describe how anesthesia will be monitored and name the individuals responsible for post-operative monitoring and care. Post-operative monitoring and care is required for 3 days post surgery.

Pain, Distress, Anesthesia and Analgesia

Pursuant to Policy 15.0, investigators are required to involve the AV or his/her designee in the planning of their vertebrate animal use protocols. At that time, the investigator and the AV should discuss the use of anesthetics or analgesics and the many factors involved such as the species used, type and degree of pain, the nature and length of the pain-inducing procedure and the safety of the agent. Investigators are asked to describe in their protocols the symptoms of pain/distress that may be observed and what measures will be taken to alleviate pain/distress, how the animal will be monitored and who will do the monitoring. Procedures are in place to assure antinociception before surgery begins. The UH Policy on Use of Non-Pharmaceutical Grade Drugs/Agents in Research Animals was approved by the IACUC on 16 May 2013 and revised multiple times. An updated version was approved on 17 January 2019. The Policy addresses the requirements of the *Guide* for the use of pharmaceutical grade chemicals and substances when available. Use of non-pharmaceutical grade agents, such as Avertin or TBE, are required to be described, justified, and approved by the IACUC. Procedures that utilize paralytic agents are closely reviewed by the veterinary staff and the IACUC.

A rodent and rabbit anesthesia and analgesia policy was approved by the IACUC on 21 March 2016, revised and approved 18 April 2019.

Euthanasia

Methods of euthanasia are consistent with the 2020 *AVMA Guidelines on Euthanasia* unless approved by the IACUC. Standardized methods, e.g., isoflurane prior to decapitating mouse pups, are developed and approved by the veterinarian and IACUC that avoid distress and consider animal age and species. In general, chemical agents are preferable to physical methods of euthanasia. Training and

proficiency certification is required for certain methods of euthanasia, e.g., CO₂, cervical dislocation, and decapitation. A secondary method of euthanasia, e.g., thoracotomy is often used to ensure death. The Policy was revised on 20 February 2020 to reflect changes in the 2020 *AVMA Guidelines on Euthanasia*.

Drug Storage and Control

The Animal Care and Use Program complies with federal regulations for human and veterinary drugs. Drug records, storage procedures, and expiration dates are reviewed during facility inspections. Anesthetics and analgesics are acquired, stored and their use and disposal are recorded legally and safely. Some investigators have their own DEA license for acquiring controlled substances. The use of pharmaceutical grade drugs is required whenever possible.

III. Other Space, Facility, and Program Issues

Animal and Veterinary Services (AVS)

- Animal census changes with Manoa increasing and Kaka'ako at its lowest have necessitated rearranging of staff. Presently, there are 1 FT and 3 PT (RCUH and students) at Manoa and 5 FT (UH/RCUH caretakers, cagewashers and vet staff) and 2 PT (RCUH and student)
- A Techniplast technician may be at the Manoa facility in April/May to address a leak. The conveyor belt on the bedding machine is damaged and will be costly to repair. As a work around, cages can be filled with bedding manually.
- The ABSL3 facility re-opened in May for a short experiment, then closed again at the end of the fiscal year. Presently, there is no animal use in the facility. When animals are housed in the ABSL3, the Tropical Medicine department staff conduct daily observations. Only one AVS staff member is certified to service the ABSL3. Due a shortage in trained staff, AVS will do a thorough check in the ABSL3 on a once-per-week basis.

Institute for Biogenesis Research (IBR)

- The roof has been repaired and the animals that temporarily housed in Biomed have been returned to IBR.

AAALAC

- AAALAC conducted a site visit March 07-08, 2022. Of previous concern was the 3-year renewal of the medical surveillance questionnaire. The OVPRI assisted in covering some of the cost to complete the renewals. The site visit went well and the visitors reported positively on the Program.

Waikiki Aquarium (WAQ)

- The WAQ has hired a new curator.
- Lack of a COVID Emergency Preparedness Plan had been an ongoing deficiency for the WAQ, but they finally submitted a very brief plan in June to be reviewed by the IACUC in July 2022
- The Hawaiian Monk Seal is still housed at an outside facility in Santa Cruz, CA. Some facility preparations, including providing more shade, have to be done before it returns to the WAQ.

UH-Hilo Agricultural Farm

- There is still a hiring freeze that affects the ongoing search for a veterinarian for the farm. It was thought the difficulty for candidates applying for the position is due to the tenure track.

- An IACUC protocol was submitted and approved for care of the feral cats on the farm in order to be in line with the UH IACUC Policy for Privately Owned Animals on Campus.

Pacific Aquaculture and Coastal Resource Center (PACRC)

- There is concern that insufficient funding is set aside for emergencies at the facility.

Post Approval Monitoring

- A PAM has been hired and is shared between the Human Studies, Animal Welfare and Biosafety Programs.

No noncompliant items were reported.

KA:JK:JO:dy

Semi-Annual Program Review Signing

Final Audit Report

2022-07-07

Created:	2022-07-05
By:	Diana Blanco (dtaleric@hawaii.edu)
Status:	Signed
Transaction ID:	CBJCHBCAABAAVgplWnajfGCImQ7iR01WHJELTxM3gotP

"Semi-Annual Program Review Signing" History

-  Document created by Diana Blanco (dtaleric@hawaii.edu)
2022-07-05 - 11:20:58 PM GMT - IP address: 76.173.71.71
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2022-07-06 - 10:58:24 PM GMT - IP address: 66.249.84.12
-  Document e-signed by [REDACTED]
Signature Date: 2022-07-07 - 7:12:08 AM GMT - Time Source: server- IP address: 128.171.212.59
-  Agreement completed.
2022-07-07 - 7:12:08 AM GMT



Adobe Acrobat Sign

III. Animal Facility Inspection Dates

January – June 2022

III. Semiannual Program Review and Facility Inspection Report

REPORTING PERIOD: JANUARY – JUNE 2022

#1 FACILITY: [REDACTED] BUILDING VIVARIUM

Date: January 7, 2022, Responsible Party: [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
I.12 M			A bag of LRS was expired. The bag of LLRS will be labeled for non-medicating use. Correction Schedule: Label for the bag of LRS for non-medicating use as of the date of the report.		As of the date of the report	1/21/22

* A = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#2 FACILITY: [REDACTED]

Date: January 31, 2022, Responsible Party: [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
I.12 M			A bottle of MS-222 was expired. Discard and replace the bottle. Remains non-compliant. Discard and replace bottle within 7 days of receipt of this report (2/25/22) with written confirmation to the IACUC.		Corrected	Jan 2022

* A = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

REPORTING PERIOD: JANUARY – JUNE 2022

#3 FACILITY: [REDACTED] **FACILITY**

Date: January 31, 2022, **Responsible Party:** [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			NA

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#4 FACILITY: [REDACTED]

Date: February 11, 2022, **Responsible Party:** [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			NA

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#5 FACILITY: [REDACTED]

Date: February 23, 2022, **Responsible Party:** [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#6 FACILITY: [REDACTED]

Date: February 23, 2022, Responsible Party: [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#7 FACILITY: [REDACTED]

Date: February 23, 2022, **Responsible Party:** [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#8 FACILITY: [REDACTED]

Date: March 31, 2022, **Responsible Party:** [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			NA

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#9 FACILITY: [REDACTED]

Date: March 31, 2022, **Responsible Party:** [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			NA

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#10 FACILITY: [REDACTED]

Date: March 31, 2022, **Responsible** [REDACTED]

Members in Attendance [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
II.13 M	✓		The updated Disaster and Emergency Preparedness Plan to include contingencies for COVID-19 and other pandemic diseases was not received. This is a now a Minor non-compliance. Correction schedule – submit revised plan no later than 10 days from receipt of this report (~May 5, 2022). Failure to submit the Disaster and Emergency Preparedness Plan may result in reporting to Federal Agencies.		Provided to compliance via email	6/27/22
II.8 M			3 bags of cichlid fish feed were expired in the refrigerator. Correction schedule –discard as of the date of this report.		Corrected	4/22/22
I.11			Expired protocols: [REDACTED] that covers the non-mammalian animals housed at the WAQ is expired. Correction schedule- submit the full renewal no later than April 22, 2022. [REDACTED] that covers the Hawaiian Monk Seal activities is expired. Correction schedule- submit a full renewal prior to the return of the monk seal from UC Santa Cruz.		Corrected for [REDACTED] monk seal is still not back at the WAQ	6/21/22

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C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#11 FACILITY: [REDACTED]

Date: April 29, 2022, **Responsible Party:** [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			NA

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#12 FACILITY: [REDACTED]

Date: April 22, 2022, **Responsible Party** [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			NA

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#13 FACILITY: [REDACTED]

Date: April 22, 2022, **Responsible Party:** [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			NA

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#14 FACILITY: [REDACTED]

Date: April 22, 2022, Responsible Party: [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
III.2 M			Room [REDACTED] Sterilizer Pump – water was observed on the floor. The pump should be checked for leaks and repaired. Correction schedule – 30 days from receipt of this report (~19 June 2022).		Pump has chronic, intermittent issues, facilities is monitoring and working on it	Pending
M			Protocols [REDACTED] were expired. The PIs should be notified so that the animals can be transferred to an approved holding protocol while the protocols are being renewed. Correction schedule – upon receipt of this report		Corrected, animals are being held on AVS holding protocol	April 2022

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#15 FACILITY: [REDACTED]

Date: April 22, 2022, **Responsible Party:** [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			NA

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#16 FACILITY: [REDACTED]

Date: April 22, 2022, **Responsible Party:** [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			NA

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#17 FACILITY: [REDACTED]

Date: May 3, 2022, **Responsible Party:** [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			NA

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#18 FACILITY: [REDACTED]

Date: May 3, 2022, **Responsible Party:** [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			NA

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#19 FACILITY: [REDACTED]

Date: May 17, 2022, Responsible Party: [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#20 FACILITY: [REDACTED]

Date: May 17, 2022, Responsible Party: [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			NA

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#21 FACILITY: [REDACTED]

Date: May 17, 2022, Responsible Party: [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			NA

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#22 FACILITY: [REDACTED]

Date: May 27, 2022, **Responsible Party:** [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			NA

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#23 FACILITY:

Date: June 3, 2022, Responsible Party:

Members in Attendance:

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
M			IACUC protocol numbers are no listed on the tank tags. Correction Schedule: Record IACUC protocol numbers on all tank tags within 30 days of receipt of the report.		Report pending IACUC approval	

* A = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#24 FACILITY

Date: May 26, 2022, Responsible Party:

Members in Attendance:

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			NA

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#25 FACILITY: [REDACTED]

Date: June 17, 2022, Responsible Party: [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#26 FACILITY:

Date: June 13, 2022, Responsible Party:

Members in Attendance:

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
M			Expired medications (3) were found. Correction Schedule – Dispose of within 10 days of receipt of the report.		Report pending IACUC approval	

* A = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#27 FACILITY:

Date: June 7, 2022, Responsible Party:

Members in Attendance:

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			NA

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#28 FACILITY: [REDACTED]

Date: June 2, 2022, Responsible Party: [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			NA

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

REPORTING PERIOD: JANUARY – JUNE 2022

#29 FACILITY: [REDACTED]

Date: June 15, 2022, **Responsible Party:** [REDACTED]

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
NA			NA			NA

* **A** = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

Memo

To : Dr. Lehrer, the IACUC Chair

From: [REDACTED] IACUC Member

Date: March 18, 2022

Subject: Minority Opinion Letter, Reference No. 3741, Management of cats at UHH farm

The responsibility of IACUC is to oversee the animal care and use program at institutions to ensure that these programs provide ethical and humane treatment. Maintaining cats on a landscape is not a humane action. Colony cats are provided no socialization, often have a shorter life span and die in horrific ways, and are constantly at risk of trauma from other animals, cars, malicious actions, etc.

According to a statement of the American Veterinary Medical Association, properly managed programs include "better nutrition, vaccination to prevent disease, spaying and neutering to reduce unwanted litters, euthanasia of sick and debilitated cats, and adoption of healthy kittens." Furthermore, People for the Ethical Treatment of Animals only consider cat colonies "marginally acceptable", when cats are "isolated from roads, people, and animals who could harm them, are regularly attended to by people who not only feed them but also provide them with veterinary care, and are kept in areas where they do not have access to wildlife and the weather is temperate."

I am unconvinced that the proposal presented succeeds in meeting the all of the guidelines from the AVMA and PETA and will provide humane lives for these cats. While capturing sick or injured cats sounds good in theory, in practice it is difficult to recapture cats that have already been captured previously which dramatically hinders the ability to provide ongoing medical care. Also, because these cats are not confined, there is no guarantee that the cats will not come in contact with IACUC farm animals, or that the feces/parasites from the cats will not come into contact with IACUC farm animals as it can be transported by people as well.

I am also unconvinced that the proposed actions will protect native wildlife species in the area. There are Nēnē (Hawaiian Goose) and Kōlea (Pacific Golden-Plovers) on-property, along with a variety of native wetland species, migrating shorebirds, and endangered 'Ōpe'ape'a (Hawaiian Hoary Bat). These cats will be able to travel great distances and will still hunt, even when fed. Toxoplasmosis spread by cat feces has killed Nēnē. The Hawai'i Wildlife Center has received a cat attack patient previously from UH Hilo. I am concerned about potential liability for native wildlife injuries connected to cats allowed to persist on UH property by IACUC. Chaminade University banned feral cat feeding in 2013 due to liability risks. This decision may also create precedence that will open the door for additional IACUC-approved colonies that do not address the full range of medical and ethical considerations for feral cats.

It would be preferable that the cats in this proposal be adopted, placed in a sanctuary, or humanely euthanized if all other humane options fail. From the AVMA, "for colonies not achieving attrition and posing active threats to the area in which they are residing, the AVMA does not oppose the consideration of euthanasia when conducted by qualified personnel, using appropriate humane methods as described in the AVMA Guidelines for the Euthanasia of Animals". Adoption, socialization, care in a sanctuary, or humane euthanasia are all ethical alternatives to what has been provided here.

Full AVMA statement: <https://www.avma.org/resources-tools/avma-policies/free-roaming-abandoned-and-feral-cats>

Full PETA statement: <https://www.peta.org/about-peta/why-peta/feral-cats/>


Created:	2022-07-07
By:	Diana Blanco (dtaleric@hawaii.edu)
Status:	Signed
Transaction ID:	CEJCHBCAABAAcZ9fMh_y26qQSMb0fuG181HGCG4SCSm6


"Binder2" History


-  Document created by Diana Blanco (dtaleric@hawaii.edu)
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-  Document emailed to [REDACTED] for signature
2022-07-07 - 8:00:18 PM GMT
-  Email viewed by [REDACTED]
2022-07-07 - 8:50:41 PM GMT - IP address: 66.249.84.17
-  Document e-signed by [REDACTED]
Signature Date: 2022-07-07 - 8:51:25 PM GMT - Time Source: server- IP address: 168.105.175.10
-  Document emailed to [REDACTED] for signature
2022-07-07 - 8:51:27 PM GMT
-  Email viewed by [REDACTED]
2022-07-07 - 9:29:33 PM GMT - IP address: 66.249.84.89
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Signature Date: 2022-07-21 - 6:51:20 PM GMT - Time Source: server- IP address: 168.105.167.1

 Agreement completed.

2022-07-21 - 6:51:20 PM GMT