

**From:** [Nielsen, Lorri](#)  
**To:** [arc@listserv.montana.edu](mailto:arc@listserv.montana.edu); [REDACTED]  
**Subject:** Animal Care Orientation  
**Date:** Monday, August 26, 2019 10:48:00 AM

---

Hi Everyone,

We will be having an Animal Care Orientation Thursday, August-29 (this Thursday) from 1:00-3:00. We will meet in the lobby of the ARC. If you or anyone you know would like to attend, please let me know.

List so far:

[REDACTED] [REDACTED]  
[REDACTED] [REDACTED]

Thanks!

Lorri

**Lorri Nielsen**

*Montana State University*

Animal Resources Center

[REDACTED]  
[REDACTED]  
[REDACTED]

**From:** [Nielsen, Lorri](#)  
**To:** [arc@listserv.montana.edu](mailto:arc@listserv.montana.edu)  
**Subject:** ARC Holiday Party  
**Date:** Friday, December 14, 2018 2:15:00 PM  
**Attachments:** [Holiday Party 2018.docx](#)

---

**Lorri Nielsen**

*Montana State University*

Animal Resources Center



**From:** [Nielsen, Lorri](#)  
**To:** [arc@listserv.montana.edu](mailto:arc@listserv.montana.edu); [REDACTED]  
**Subject:** ARC Orientation  
**Date:** Wednesday, October 10, 2018 1:18:00 PM

---

Hello Everyone!

We will be having an ARC orientation Thursday, Oct-18th from 10am-12 in the [REDACTED] conference room [REDACTED]. If you or someone you know would like to attend please let me know. My list so far...

<u>Attendee</u>	<u>Lab</u>
-----------------	------------

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Thanks!

Lorri

**Lorri Nielsen**

*Montana State University*

Animal Resources Center

[REDACTED]  
[REDACTED]  
[REDACTED]

**From:** [Nielsen, Lorri](#)  
**To:** [arc@listserv.montana.edu](mailto:arc@listserv.montana.edu); [REDACTED]  
**Subject:** ARC Orientation  
**Date:** Monday, October 15, 2018 1:47:00 PM

---

Hi Everyone,

This is a reminder: We will be having an ARC orientation Thursday, Oct.-18th from 10-12 in the [REDACTED] conference room [REDACTED]. Please let me know if you or anyone you know needs to attend.

Thanks!

Lorri

**Lorri Nielsen**

*Montana State University*

Animal Resources Center

[REDACTED]  
[REDACTED]  
[REDACTED]

**From:** [Nielsen, Lorri](#)  
**To:** [arc@listserv.montana.edu](mailto:arc@listserv.montana.edu); [REDACTED]  
**Subject:** ARC Orientation  
**Date:** Wednesday, November 14, 2018 11:34:00 AM

---

Hi Everyone,

We will be having an ARC Orientation Thursday, Nov-29th from 12-2 in the [REDACTED] Conference Room [REDACTED]. Going forward, with the exception of December, we will have an ARC Orientation the last Thursday of each month through April. Let me know if you have anyone who would like to attend any of the upcoming orientations.

My list so far for Nov:

Attendee      PI

-	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Thanks!

Lorri

**Lorri Nielsen**

*Montana State University*

Animal Resources Center

[REDACTED]  
[REDACTED]  
[REDACTED]

**From:** [Nielsen, Lorri](#)  
**To:** [arc@listserv.montana.edu](mailto:arc@listserv.montana.edu); [REDACTED]  
**Subject:** ARC Orientation  
**Date:** Tuesday, November 27, 2018 12:27:00 PM

---

Hello Everyone,

Reminder: We will be having an ARC orientation this Thursday, Nov.- 29th from 12-2 in the [REDACTED] conference room ([REDACTED]). If you or anyone you know needs to attend this orientation, please let me know.

My list so far:

Attendee PI

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Thanks!

Lorri

**Lorri Nielsen**

*Montana State University*

Animal Resources Center

[REDACTED]  
[REDACTED]  
[REDACTED]

**From:** [Nielsen, Lorri](#)  
**To:** [arc@listserv.montana.edu](mailto:arc@listserv.montana.edu); [REDACTED]  
**Subject:** ARC Orientation  
**Date:** Wednesday, January 23, 2019 2:07:00 PM

---

Hi Everyone!

We will be having an ARC orientation Thursday, January-31st from 12-2 in the [REDACTED] conference room [REDACTED]. Let me know if you have anyone who would like to attend.

My list so far:

<u>Attendee</u>	<u>Lab</u>
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Also, the ARC orientation will be Monday, February 25th from 12-2 in the [REDACTED] conference room.

Thanks!

Lorri

**Lorri Nielsen**  
*Montana State University*  
Animal Resources Center  
[REDACTED]  
[REDACTED]  
[REDACTED]

**From:** [Nielsen, Lorri](#)  
**To:** [arc@listserv.montana.edu](mailto:arc@listserv.montana.edu)  
**Subject:** ARC Orientation  
**Date:** Tuesday, February 19, 2019 12:00:00 PM

---

Hello Everyone,

We will be having an ARC orientation Monday, Feb.-25 (instead of Thur., Feb-28th ) from 12-2 in the [REDACTED] conference room ([REDACTED]). If you or anyone you know would like to attend, please let me know.

Thanks!

Lorri

**Lorri Nielsen**

*Montana State University*

Animal Resources Center

[REDACTED]  
[REDACTED]  
[REDACTED]



**From:** [Nielsen, Lorri](#)  
**To:** [arc@listserv.montana.edu](mailto:arc@listserv.montana.edu)  
**Subject:** ARC Orientation  
**Date:** Friday, March 15, 2019 10:28:00 AM

---

Hello Everyone!

We will be having an ARC orientation Thursday, March-28th from 12-2 in the [REDACTED] conference room [REDACTED]. If anyone you know would like to attend this orientation please let me know.

Enjoy Spring Break!

Lorri

**Lorri Nielsen**

*Montana State University*

Animal Resources Center

[REDACTED]  
[REDACTED]  
[REDACTED]

**From:** [Nielsen, Lorri](#)  
**To:** [arc@listserv.montana.edu](mailto:arc@listserv.montana.edu); [REDACTED]  
**Subject:** ARC Orientation  
**Date:** Tuesday, March 26, 2019 11:23:00 AM

---

Hi Everyone!

Quick reminder... We will have an ARC orientation this Thursday, March-28th from 12-2pm in the [REDACTED] conference room [REDACTED]. If anyone would like to attend, please let me know.

Thanks!

Lorri

**Lorri Nielsen**

*Montana State University*

Animal Resources Center

[REDACTED]  
[REDACTED]  
[REDACTED]

**From:** [Nielsen, Lorri](#)  
**To:** [arc@listserv.montana.edu](mailto:arc@listserv.montana.edu); [REDACTED]  
**Subject:** ARC Orientation  
**Date:** Thursday, April 18, 2019 1:13:00 PM

---

Hi Everyone,

We will be having an ARC Orientation Tuesday, May-14th from 12-2 in the [REDACTED] conference room [REDACTED]. If you or anyone you know would like to attend, please let me know. The May 14th orientation will probably be the last scheduled orientation until fall. We can, however, have a summer orientation if we have enough interest. Again, let me know if you have anyone for the May 14th orientation or any summer students you may have coming in the future.

Thanks!

Lorri

**Lorri Nielsen**

*Montana State University*

Animal Resources Center  
[REDACTED]  
[REDACTED]  
[REDACTED]

arc@listserv.montana.edu;

We are having an ARC orientation Tuesday, May 14th from 12-2 in the [REDACTED] conference room [REDACTED]. A tour of the ARC and mouse handling training will follow.

[illegible]

[REDACTED]

**From:** [Nielsen, Lorri](#)  
**To:** [arc@listserv.montana.edu](mailto:arc@listserv.montana.edu); [REDACTED]  
**Subject:** ARC Orientation  
**Date:** Friday, May 31, 2019 11:24:00 AM

---

Hello Everyone,

We will be having an ARC orientation Tuesday, June-11 from 12-2 in the conference room [REDACTED]. An animal handling training/ARC tour will follow the orientation. Please have appropriate training and forms completed prior to the orientation. You can find this information on the MSU IACUC website under 'Required Trainings for Personnel on Protocols'. I will be out of town next week so if you have questions please contact the IACUC office. [montana.edu/orc/iacuc](http://montana.edu/orc/iacuc).

My list so far:

Attendee

PI

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Thanks!

Lorri

**Lorri Nielsen**

*Montana State University*

Animal Resources Center

[REDACTED]  
[REDACTED]  
[REDACTED]

**From:** [Nielsen, Lorri](#)  
**To:** [arc@listserv.montana.edu](mailto:arc@listserv.montana.edu)  
**Subject:** ARC Orientation  
**Date:** Monday, July 15, 2019 10:33:00 AM

---

Hi Everyone,

Our next ARC orientation will be Thursday, July-25th from 12-2 in the [REDACTED] conference room [REDACTED]. There will NOT be an ARC tour/animal handling training after. We will schedule that for those who need it for a different time.

My list so far:

[REDACTED] [REDACTED]  
[REDACTED] [REDACTED]  
[REDACTED] [REDACTED]

Thanks!

Lorri

**Lorri Nielsen**

*Montana State University*

Animal Resources Center

[REDACTED]  
[REDACTED]  
[REDACTED]

**From:** [Nielsen, Lorri](#)  
**To:** [arc@listserv.montana.edu](mailto:arc@listserv.montana.edu); [REDACTED]  
**Subject:** ARC Orientation  
**Date:** Tuesday, July 23, 2019 2:32:00 PM

---

Hi Everyone,  
A reminder...

We are having an ARC orientation Thursday, July-25th from 12-2 in the [REDACTED] conference room [REDACTED]. No ARC tour/animal handling training after this orientation. We will reschedule for those who want it.

So far:

Attendee	Lab
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Thanks!

**Lorri Nielsen**  
*Montana State University*  
Animal Resources Center  
[REDACTED]  
[REDACTED]  
[REDACTED]

**From:** [Nielsen, Lorri](#)  
**To:** [arc@listserv.montana.edu](mailto:arc@listserv.montana.edu)  
**Subject:** ARC Orientation  
**Date:** Thursday, September 06, 2018 9:48:00 AM

---

Hi Everyone!

We will be having an ARC orientation Monday, Sept.-10th from 10-12. Location to be determined. If you have anyone who would like to attend, please let me know.

My list so far...

<u>Attendee</u>	<u>Lab</u>
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Thanks!

Lorri

**Lorri Nielsen**

*Montana State University*

Animal Resources Center

[REDACTED]  
[REDACTED]  
[REDACTED]



**From:** [Nielsen, Lorri](#)  
**To:** [Cantamessa, Lauren](#)  
**Subject:** FW: Animal Care Orientation  
**Date:** Thursday, September 12, 2019 9:56:00 AM

---

---

**From:** Nielsen, Lorri  
**Sent:** Monday, August 26, 2019 10:48 AM  
**To:** arc@listserv.montana.edu; [REDACTED]  
[REDACTED]  
**Subject:** Animal Care Orientation

Hi Everyone,

We will be having an Animal Care Orientation Thursday, August-29 (this Thursday) from 1:00-3:00. We will meet [REDACTED] If you or anyone you know would like to attend, please let me know.

List so far:

[REDACTED] [REDACTED]  
[REDACTED] [REDACTED]

Thanks!

Lorri

**Lorri Nielsen**  
*Montana State University*  
Animal Resources Center

[REDACTED]  
[REDACTED]  
[REDACTED]

**From:** [Nielsen, Lorri](#)  
**To:** [arc@listserv.montana.edu](mailto:arc@listserv.montana.edu); [REDACTED]  
**Subject:** FW: Occ health clearance  
**Date:** Wednesday, October 10, 2018 3:08:00 PM  
**Attachments:** [OSH Risk Assessment Form 72016.pdf](#)  
[MSU OHP Occ Hlth Surv.pdf](#)

---

Hello All,

If you or anyone in your lab will be attending an ARC orientation, please complete the attached forms and bring them to the orientation or return to Laurie Shute at Safety and Risk Mgt prior to the orientation.

Thanks!

Lorri

---

**From:** Lane, Jennifer  
**Sent:** Wednesday, October 10, 2018 2:56 PM  
**To:** Nielsen, Lorri <lorri.nielsen@montana.edu>  
**Subject:** FW: Occ health clearance

**From:** [Marcotte, Tamera](#)  
**To:** [ARC@listserv.montana.edu](mailto:ARC@listserv.montana.edu)  
**Subject:** C57"s for sale  
**Date:** Monday, September 9, 2019 3:23:32 PM

---

Hi All,

I have the following mice available for sale:

**Acidified H2O Colony**

DOB 7/1/19 20 males

DOB 8/1/19 20 males

**Chlorinated H2O Colony**

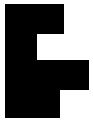
DOB 7/15/19 20 males

DOB 8/1/19 20 females

Please contact me if you are interested in purchasing any of them...Thanks...

Tamera K Marcotte LATg  
ARC/MSU  
[tmarcotte@montana.edu](mailto:tmarcotte@montana.edu)





---

**From:** "Schmidt, Leslie" <lschmidt@montana.edu>  
**Date:** Friday, August 2, 2019 at 11:10 AM  
**To:** "arc@sympa.montana.edu" <arc@sympa.montana.edu>, "iacuc@listserv.montana.edu" <iacuc@listserv.montana.edu>  
**Cc:** "Lane, Jennifer" <jennifer.lane5@montana.edu>, "Lubick, Kirk" <kirk.lubick@montana.edu>, "Jason Carter (jcarter@mtu.edu)" <jcarter@mtu.edu>  
**Subject:** Dr. Jennifer Lane

Dear Colleagues,

Dr. Jennifer Lane our Attending Veterinarian and Director of the Animal Resources Center, will be leaving in September for a new position at Harvard in Cambridge, Massachusetts. Jennifer has been instrumental in MSU's animal care program over the last two years and her dedication to the MSU's animal research enterprise has been greatly appreciated. Under Jennifer's watch, the Animal Resources Center has undergone important facility upgrades and the animal care program received a successful AAALAC accreditation.

MSU will launch a search for a new Attending Veterinarian and Director of the Animal Resources Center. During the transition Jennifer has graciously offered to serve as the interim Attending Veterinarian and will continue to provide veterinary oversight of the program until a permanent Attending Veterinarian can fulfill the role. The already identified local veterinarians, will continue to be utilized in the event that there is an emergency with the research animals. MSU is currently in the process of notifying AAALAC, OLAW, and USDA of Jennifer's departure and of MSU's transition plan.

Please join me in thanking Jennifer and wishing her all the best in her future endeavors.

Leslie

**Leslie Schmidt**  
Acting Vice President for Research,  
Economic Development and Graduate Education  
Montana State University  
Bozeman, MT 59717  
PH: 406-994-2381

**From:** [Lubick, Kirk](#)  
**To:** [Cantamessa, Lauren](#)  
**Subject:** FW: ARC Visitors and Personnel on Protocols Reminder  
**Date:** Monday, September 16, 2019 8:42:31 AM  
**Attachments:** [ARC Visitor Registration Form.pdf](#)

---

---

**From:** Lane, Jennifer <jennifer.lane5@montana.edu>  
**Sent:** Friday, September 21, 2018 4:01 PM  
**To:** arc@listserv.montana.edu  
**Cc:** Animal Resource Center <ARC@montana.edu>; Cantamessa, Lauren <lauren.cantamessa@montana.edu>  
**Subject:** ARC Visitors and Personnel on Protocols Reminder

Dear all-

One of the critical roles of the ARC is to ensure the safety and biosecurity of your research animals. Our secured access to the facility is a critical component of this effort.

Please remember that your ARC fob only grants you access. Anyone that enters the facility with you is considered a guest/visitor and they must be cleared through my office. This includes other MSU employees or students.

This has been a long standing policy of the ARC but I am sending a reminder and have updated our Visitor Form. The form is attached for your information

For any recurring visits or special circumstances I am happy to work with you and customize the access as needed. Please provide as much notice as you can. We will have forms available at the front desk as well.

When someone has left your protocol/department, please be sure to let us know so that we can deactivate their fob.

We now have a department email that requests and forms can be addressed to:

[ARC@montana.edu](mailto:ARC@montana.edu)

Also, please remember that only personnel who have completed the required training and have been officially added to your IACUC protocol can perform animal work. ARC access will not be granted until this is complete so please do not allow your co-workers to enter with you and work with the animals until they have their own access.

Please contact me with any questions.

Thank you-

**Jennifer F. Lane, DVM**

Director, Animal Resource Center

Attending Veterinarian

Montana State University

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Jennifer.lane5@montana.edu](mailto:Jennifer.lane5@montana.edu)



**Subject:** IACUC NOTIFICATION: New and Updated Policies: Adverse Event Reporting and Inter-Institutional Collaboration Requirements

Greetings,

The intent of this email is to inform the MSU animal research community of new and updated IACUC Policies that are available to you through the [IACUC Policy](#) web page. [Adverse Event Reporting Policy](#) has been consolidated and updated. A new policy, [Inter-Institutional Collaboration Requirements](#) has been issued to provide guidance for PI's collaborating with other institutions.

The IACUC welcomes your comments and suggestions for additional policies or resources.

Regards,

Lauren

Lauren Cantamessa  
IACUC/IBC Program Manager  
*Office of Research Compliance*

[REDACTED]  
[REDACTED]  
[REDACTED]



**MONTANA STATE UNIVERSITY  
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)**

---

**GUIDANCE ON PROMPT REPORTING OF  
UNANTICIPATED ADVERSE EVENTS**

---

**The IACUC Unanticipated Adverse Event Form must be completed for reporting any adverse or unanticipated event affecting animals used in research, testing or teaching.**

Principal Investigators should seek assistance from the Attending Veterinarian when adverse events occur. S/he can assist in assessing the situation, seeking resolutions, and helping with the report. Consultation with the Attending Veterinarian **MUST** occur when pain or distress is beyond the level anticipated in the protocol description or when interventional control (such as administration of analgesics) is not possible.

**Definition of an unanticipated or adverse event:** Any event not consistent with routine expected outcomes that results in unexpected animal welfare issues (death, disease, distress).

Examples of events that **MUST** be reported include, but are not limited to the following:

- Animal death or illness from spontaneous disease not related to activities approved on a protocol.
- Unexpected animal death or injuries related to approved animal activities (e.g., allergic reactions, broken limbs, complications during or recovering from surgery, sudden death). Unexpected death includes an increased number of deaths over what was stated in the approved protocol.
- Death, disease or distress due to equipment failure or natural disaster.

**The Adverse Event Form should be completed and submitted to the IACUC within 24 hours of observing the event.**

Email a copy of the report to the [IACUC Program Manager](#),

**Adverse events affecting USDA regulated species require a separate report for each affected animal.**

Questions regarding the use of this form should be directed to the IACUC Chair, or the [IACUC Program Manager](#).

**MONTANA STATE UNIVERSITY  
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)**

**UNANTICIPATED ADVERSE EVENT FORM**

For use in reporting any event not consistent with routine expected outcomes that results in unexpected animal welfare issues (death, disease, distress).

PROTOCOL # \_\_\_\_

BUILDING & ROOM #

PROTOCOL TITLE:

PRINCIPAL INVESTIGATOR:

Investigator's Name

Investigator's Signature

Date

**Description of the Unanticipated Problem or Adverse Event**

Date of Event/ Problem:		Date Identified:	
Species of Animal		Number of animals involved	
Location of Event:			
Outcome	<input type="checkbox"/> Treated/Recovered <input type="checkbox"/> Treated/Euthanized <input type="checkbox"/> Fatal		
Was the Attending Veterinarian consulted?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this event related to the research?	<input type="checkbox"/> Related <input type="checkbox"/> Possibly Related <input type="checkbox"/> Not Related		
Is the possibility of this event noted in the current approved protocol?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does this event require a change to the protocol? If yes, please submit a modification to the protocol.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

1. Provide a description (include dates and details) of the adverse event, or unanticipated problem:

2.	Provide a description of how this adverse event, or unanticipated problem was managed:
3.	Provide a description of the corrective actions taken to ensure that this type of adverse event, or unanticipated problem does not occur in the future:

It is Montana State University policy that the procurement, housing, care, and use of animals should conform to the Guide for the Care and Use of Laboratory Animals and other relevant federal or state policies and procedures. The policy applies to all research and teaching involving the use of laboratory animals whether funded from external or internal sources. Submit to the [IACUC Program Manager](#), and/or [Office of Research Compliance](#)



Institutional Animal Care & Use Committee

## Inter-Institutional Collaboration Requirements

### I. Purpose

Montana State University (MSU) is accountable for ensuring all work conducted meets applicable regulations. The intent of this policy is to provide guidance for review of projects involving collaborative work with live animals at outside organizations or in the field for the performance of research, testing, breeding or teaching.

### II. Scope

This guideline applies to Principal Investigators, working with live vertebrate animals at an outside organization (Collaborating Organization) or in the field through an award, sub-award, contract or sub-contract from MSU.

### III. Definitions

**Inter-Institutional Agreement (IAA):** An agreement between MSU and the collaborating organization for the performance of animal research, testing, breeding or teaching.

**Principal Investigator (PI):** An MSU employee responsible for a proposal (i.e., “animal use protocol”) to conduct research and for the design and implementation of research involving animals.

### IV. Process Procedure

#### 1. PI is to provide the IACUC Program Manager with the following information:

- a. Name of collaborating institution
- b. Name of PI at collaborating institution, email and phone number
- c. Research Project (grant/contract) title
- d. Sponsor or funding agency if applicable
- e. Sponsor's award number if applicable

#### 2. IACUC Program Manager responsibilities:

- a. Initiation of the IAA through the PI at the collaborating institution. Assessment of the completed IAA for compliance and obtaining additional documentation as required.
  - 1) Completion of an OLAW Interinstitutional Assurance (as applicable) if the collaborating institution does not have an OLAW approved Animal Welfare Assurance.
- b. Distribution of the fully executed IAA and associated documentation as applicable to MSU PI and collaborating PI.

IACUC Approval Date: 03/27/2019

Review Date: 03/27/2019

Issue Date: 03/29/2019

MSU Animal Resources Center (ARC)

Non-Employee Registration Form

The ARC registers all persons who will work directly or indirectly with animals in the vivarium. All non-employees authorized to enter the facility **must** complete this form. Persons authorized to enter the facility must demonstrate compliance with entry requirements for the facilities; failure to do so may result in denied access to the facility Please return the form to the front desk or E-MAIL to [ARC@montana.edu](mailto:ARC@montana.edu) at least 24 hrs prior to visit

VISITOR INFORMATION:

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Principal Investigator Sponsor: \_\_\_\_\_

Purpose of Visit: \_\_\_\_\_

*MSU is committed to the ethical care and treatment of animals used in research and training. Our program adheres to the PHS policy, the ILAR Guide for the Care and Use of Laboratory Animals and is a fully AAALAC accredited program. To this end, we must be assured that your observation of any aspect of animal use will in no way bring harm to the animals and that you are aware that potential hazards associated with observing animal procedures or visiting any animal facilities exist. Specifically, you must agree to the following before you will be authorized to visit any animal facilities:*

- (1) **No photography:** You will not take any pictures of the animals or animal facilities.
- (2) **Animal Biosecurity:** Pet rodents and rabbits are almost never tested for pathogens. It should thus be assumed that both pet rabbits/rodents and wild rodents are carriers of one or more pathogens that are excluded in our colonies. Any direct (e.g. with pets) or indirect (e.g. accidental contact with fecal droppings of wild rodents when cleaning out the garage) contact carries the risk of introducing pathogens into our colonies. You must disclose any of the above concerns so that adequate precautions can be taken. If direct contact with non-human primates will occur during your access to the facility, you will be asked to provide written documentation of a negative TB status and an immunity to measles.
- (3) **Confidentiality:** There is proprietary/confidential information of the institution or third party sponsors in the facility. To assure that such information is not disclosed inappropriately, you agree to maintain information gained during your access to the facility in confidence unless granted authority to release the information by the IACUC or as otherwise may be required by law.
- (4) **Assumption of Risk and Indemnification:** You acknowledge that there are certain inherent risks of injury in visiting animal facilities. Such risks include potential exposure to disease, unpredictability of animal behavior, and other risks inherent in facilities that house animals. You agree to assume all possible inherent risks related to your visit to the facility and agree that MSU shall have no liability for harm, howsoever caused, that may accrue to you resulting from your access to the facility.
- (5) **Supervision:** Your sponsor or an authorized laboratory employee will be present at all times while you are in the facility. You will be supervised to assure that your actions are consistent with all IACUC and ARC policies, procedures and guidelines.
- (6) **Obligation to Report Concerns:** If you observe any practices or circumstances that you believe represent less than the highest standard of ethical care and treatment of animals you -will report the matter to the MSU IACUC. The IACUC will review the concerns and may call upon you to present additional details in writing or in person to the IACUC but will not be obligated to report back to you the outcome of their review.
- (7) **Opinion on Animal Use:** To the extent I support/am opposed to the use of animals in research and/or training purposes, I recognize that MSU's efforts to include visitors external to the IACUC and appropriate facility's management is intended to raise awareness and confidence in our animal care and use program.

By signing below, I acknowledge that I have read and will comply with all of the requirements stated above.

I have been in another vivarium in the last 48 hrs	y _____	n _____
I have pet rodents	y _____	n _____
I have pet rabbits	y _____	n _____
I will be working with non-human primates	y _____	n _____

Visitor Signature: \_\_\_\_\_

Signature and Date

Sponsor Signature: \_\_\_\_\_

Signature and Date

Authorized by ARC Director, Manager or designee:

Signature and Date

Medical Clearance Provided \_\_\_\_\_  
Additional PPE  
Required: \_\_\_\_\_

MSU Animal Resources Center (ARC)

Visitor/Collaborator Registration Form

The ARC registers all visitors who will work directly or indirectly with animals in the vivarium. All visitors **must** complete this form. Visitors must demonstrate compliance with entry requirements for the facilities they visit; failure to do so may result in denied access to certain facilities or job activities.

Please return the form to the front desk or E-MAIL to [ARC@montana.edu](mailto:ARC@montana.edu) at least 24 hrs prior to visit

VISITOR INFORMATION:

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Principal Investigator Sponsor: \_\_\_\_\_

Purpose of Visit: \_\_\_\_\_

*MSU is committed to the ethical care and treatment of animals used in research and training. Our program adheres to the PHS policy, the ILAR Guide for the Care and Use of Laboratory Animals and is a fully AAALAC accredited program. To this end, we must be assured that your observation of any aspect of animal use will in no way bring harm to the animals and that you are aware that potential hazards associated with observing animal procedures or visiting any animal facilities exist. Specifically, but not limited to, the following covenants are required before you will be authorized to visit any animal facilities:*

- (1) **Physical Security of Facilities and Animals:** You will not take any pictures of the animals or animal facilities as we have no way to prevent photos from being used by unscrupulous individuals with intent to harm the animals or halt the research or training at MSU.
- (2) **Animal Biosecurity:** Pet rodents and rabbits are almost never tested for pathogens. It should thus be assumed that both pet rabbits/rodents and wild rodents are carriers of one or more pathogens that are excluded in our colonies. Any direct (e.g. with pets) or indirect (e.g. accidental contact with fecal droppings of wild rodents when cleaning out the garage) contact carries the risk of introducing pathogens into our colonies. You have therefore disclosed any of the above concerns so that adequate precautions can be taken. If direct contact with non-human primates will occur during the visit you will be asked to provide written documentation of a negative TB status and an immunity to measles.
- (3) **Confidentiality:** You recognize that you may come into contact with proprietary information of the institution or third party sponsors and that you are bound to maintain this information in confidence in perpetuity unless granted authority to release the information by the IACUC or as otherwise may be required by a court of competent jurisdiction.
- (4) **Personal Danger and Indemnification of MSU:** You acknowledge that there are certain inherent dangers in visiting animal facilities and to this end indemnify and hold harmless MSU from any harm, howsoever caused, that may accrue to you resulting from your observation of any animal-related activities.
- (5) **Supervision:** The visitor's sponsor is to remain with the visitor at all times while the visitor observes any animal studies to assure the IACUC that the visitor will not handle animals or animal products while observing but will exhibit behavior consistent with all IACUC and ARC policies, procedures and guidelines.
- (6) **Obligation to Report Concerns:** If I observe any practices or circumstances that I believe represent less than the highest standard of ethical care and treatment of animals I will report such to the MSU IACUC. The IACUC will consider the concerns and may call upon me to present additional details in writing or in person to the IACUC but will not be obligated to report back to me the outcome of their deliberations.
- (7) **Opinion on Animal Use:** To the extent I support/am opposed to the use of animals in research and/or training purposes, I recognize that MSU's efforts to include visitors external to the IACUC and appropriate facility's management is intended to raise awareness and confidence in our animal care and use program.

By signing below I have read and understand the covenants above and recognize my responsibilities and obligations as stated.

I have been in another vivarium in the last 48 hrs	y_____	n_____
I have pet rodents	y_____	n_____
I have pet rabbits	y_____	n_____
I will be working with non-human primates	y_____	n_____

Visitor Signature:

\_\_\_\_\_  
Signature and Date

Sponsor Signature:

\_\_\_\_\_  
Signature and Date

Authorized by ARC Director, Manager or designee:

\_\_\_\_\_  
Signature and Date

Medical Clearance Provided \_\_\_\_\_  
Additional PPE  
Required: \_\_\_\_\_  
\_\_\_\_\_

## MSU Occupational Health & Safety Program - Risk Assessment Form

The occupational health and safety program at Montana State University is administered through the Safety and Risk Management Department. **This Risk Assessment form shall be completed on an annual basis in order to reflect changes in work activities and potential exposures.** Physical examinations, immunizations, and screening procedures will be provided as appropriate by Bridger Occupational Health services. The cost of providing such services are covered by the University.

**Please complete the following and return to Safety & Risk Management via email ([laurie.shute@montana.edu](mailto:laurie.shute@montana.edu)), campus mail, or fax (994-7040). If any questions, please contact Laurie Shute at 994-7384.**

Name: \_\_\_\_\_ Hire Date: \_\_\_\_\_  
(please print)

University Mailing Address: \_\_\_\_\_

University Phone: \_\_\_\_\_ Department & Room#: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_  
☐ Faculty   ☐ Staff   ☐ Grad Student  
☐ Under Grad Student ( ☐ Paid Employee or ☐ Unpaid)

Supervisor(s) And/Or Principal Investigator(s): \_\_\_\_\_

**[Consult your supervisor if you need assistance in completing the following information.]**

### Infectious Agents

- Are you working in a laboratory with infectious agents? Yes / No If No, are you working in a laboratory where infectious agent work is taking place? Yes / No
- If answered yes to either of above, list all infectious agents that you may be exposed to: \_\_\_\_\_  
\_\_\_\_\_
- Briefly describe the contact you will have with the infectious agents (i.e. handling, observation, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Animal Research Work Activities

☐ Not Applicable

1. What animal species are you or do you expect to be working with in the next year? (check all that apply)

<input type="checkbox"/> Mice	<input type="checkbox"/> Rabbits	<input type="checkbox"/> Sheep
<input type="checkbox"/> Rats	<input type="checkbox"/> Cats	<input type="checkbox"/> Goats
<input type="checkbox"/> Hamsters	<input type="checkbox"/> Non-Human Primates	<input type="checkbox"/> Pigs
<input type="checkbox"/> Gerbils	<input type="checkbox"/> Cattle	<input type="checkbox"/> Fish
<input type="checkbox"/> Guinea Pigs	<input type="checkbox"/> Horses	<input type="checkbox"/> Other:

2. How are you presently exposed or how do you anticipate being exposed to animals in your work? (check all that apply)

<input type="checkbox"/>	Observation Only
<input type="checkbox"/>	Handling or Restraint
<input type="checkbox"/>	Direct Care of Animals and/or Cleaning of Animal Quarters
<input type="checkbox"/>	Inoculation of Antigens, Adjuvants, Medications, etc.
<input type="checkbox"/>	Collection of Blood, Urine, Fecal Matter, or Other Bodily Fluids
<input type="checkbox"/>	Harvesting of Animal Tissues or Performance of Necropsy Procedures
<input type="checkbox"/>	Other, please describe:



Additional Hazards Information	
1	None
2	None
3	None
4	None
5	None
6	None
7	None
8	None
9	None
10	None
11	None
12	None
13	None
14	None
15	None
16	None
17	None
18	None
19	None
20	None
21	None
22	None
23	None
24	None
25	None
26	None
27	None
28	None
29	None
30	None
31	None
32	None
33	None
34	None
35	None
36	None
37	None
38	None
39	None
40	None
41	None
42	None
43	None
44	None
45	None
46	None
47	None
48	None
49	None
50	None
51	None
52	None
53	None
54	None
55	None
56	None
57	None
58	None
59	None
60	None
61	None
62	None
63	None
64	None
65	None
66	None
67	None
68	None
69	None
70	None
71	None
72	None
73	None
74	None
75	None
76	None
77	None
78	None
79	None
80	None
81	None
82	None
83	None
84	None
85	None
86	None
87	None
88	None
89	None
90	None
91	None
92	None
93	None
94	None
95	None
96	None
97	None
98	None
99	None
100	None

Check all that you will be working with and/or may come into contact with, and list the specific constituents:

Check all that you will be working with and/or may come into contact with, and list the specific constituents.		
<input type="checkbox"/>	Biological Agents	
<input type="checkbox"/>	Chemical Agents	
<input type="checkbox"/>	Radioactive Agents	
<input type="checkbox"/>	Other	

## Ergonomics

1. Does your work involve repetitive motion tasks for lengthy periods of time? (i.e. performing injections, pipeting, etc.) If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What percent of your work time involves:
- |                |         |              |         |
|----------------|---------|--------------|---------|
| standing       | _____ % | sitting      | _____ % |
| microscope use | _____ % | computer use | _____ % |

Personal Protective Equipment	
-------------------------------	--

**Please indicate what personal protective equipment you will use during your various work activities.**

<input type="checkbox"/> Safety Glasses/Goggles	<input type="checkbox"/> Outerwear:	<input type="checkbox"/> Gloves:	<input type="checkbox"/> Other:
<input type="checkbox"/> Face Shield			

<b>Respiratory Protection:</b>	<input type="checkbox"/> N or P 95 Dust/Mist Disposable Mask	<input type="checkbox"/> ½ Face Respirator w/ Filter Cartridges	<input type="checkbox"/> Full Face Respirator w/ Filter Cartridges	<input type="checkbox"/> Powered Air Purifying Respirator (PAPR)	<input type="checkbox"/> Other:
Have you completed respirator use and fit-test training? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Note: Fit-testing is not required for employees using PAPRs.)					

**Certification:**

I hereby certify that this information is correct to the best of my knowledge. For questions in which I was uncertain as to providing complete and accurate information, I consulted my supervisor to assist with completing this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ **I ACCEPT participation in the MSU Occupational Health Surveillance Program. (You will receive additional follow-up information pertaining to scheduling occupational medical services with Bridger Occupational Health.)**
- ☐ **I DECLINE participation in the MSU Occupational Health Surveillance Program. (If declining, you may choose to accept participation at a later date by contacting Safety & Risk Management.)**

OFFICE USE ONLY

### Notations & Recommendations:





## **SAFETY & RISK MANAGEMENT OCCUPATIONAL HEALTH & SAFETY PROGRAM**

### **Occupational Health Surveillance**

#### **BACKGROUND**

Occupational health surveillance is often called "medical surveillance", because employee health parameters that correspond to specific occupational risks are evaluated and monitored.

For example, if an employee has an occupational exposure to formaldehyde or formalin, either through laboratory use, or field work, their respirator or other exposure protection measures may fail and they may experience an overexposure. This overexposure may be unapparent, even though it's potentially hazardous to their health. They should be a participant in medical surveillance to monitor that exposure risk through baseline and annual medical evaluations. Also, a half-face negative-pressure respirator places a cardiovascular stress on individuals, thus presenting a potential negative health impact if they have any known or unknown underlying medical conditions. A medical evaluation, abbreviated just for this risk, will verify that the employee is physically qualified and cleared to perform their work while wearing a respirator. This medical evaluation includes a health history review and pulmonary function testing to verify the employee's heart and lungs are healthy, and can provide enough oxygen under work and respirator use stresses. These are just two examples of a number of occupational health surveillance protocols designed to address the specific work conditions and potential risks of various occupations at Montana State University. The medical evaluation process is provided by a contracted occupational medicine provider, through the Occupational Health Surveillance Program.

#### **INTRODUCTION**

The purpose of the Occupational Health Surveillance Program is to provide services related to workplace risk factors, employee health, and to ensure the work environment is not adversely affecting health and wellbeing. Scheduled health surveillance and early detection of changes in employee health are critical to providing associated medical care and addressing occupational risks. Montana State University (MSU) is committed to providing a safe working environment for all personnel.

The program requirements have been adopted from the Occupational Safety & Health Administration (OSHA), Centers for Disease Control (CDC), National Institute of Occupational Safety & Health (NIOSH), and National Institutes of Health (NIH) requirements. MSU staff must therefore comply with processes and procedures related to occupational risk identification and exposure control measures such as: engineering, administrative, and personal protective equipment. Participation in the occupational health surveillance program is determined by workplace job description and risk assessment.

MSU has partnered with Bridger Occupational Health (BOH) to provide occupational medicine services. Baseline and annual follow-up health surveillance services are offered as determined by workplace risk assessments. Scheduling and coordination of services related to staff occupational health surveillance is managed through MSU Safety & Risk Mgmt. (SRM). Medical services are provided as deemed appropriate by risk assessment and the BOH medical providers, the costs of which are covered by MSU.

An outline of workplace risk factors and programs at MSU that trigger participation in occupational health surveillance is outlined in the MSU Occupational Health Surveillance Services Matrix. SRM and the Office of Research Compliance (ORC) can assist in evaluating potential exposures to workplace health hazards and help identify specific health surveillance requirements and recommendations as appropriate. Medical surveillance is either recommended or required after giving consideration to factors such as: regulatory standards, work activities, the duration of the task(s), the material(s) being used, and the potential for employee exposure to meet or exceed occupational exposure criteria. Participating employees will undergo a baseline and annual medical evaluations by a licensed medical provider at BOH.

## **REQUIREMENTS**

The following regulatory standards require occupational health surveillance:

### **OSHA 29 CFR 1910.95 Occupational Noise Exposure**

Employees exposed at or above the action level.

### **OSHA 29 CFR 1910.134 Respiratory Protection**

Employees required to wear a half or full face respirator.

### **OSHA 29 CFR 1910.1001 Asbestos**

Employees exposed to asbestos at or above the permissible limit or excursion limit for 30 days/year; perform Class 1, 2, or 3 asbestos work for 30 days/year.

### **OSHA 29 CFR 1910.1025 Lead**

Employees exposed to lead (metallic or inorganic lead) at or above the action level for more than 30 days/year.

### **OSHA 29 CFR 1910.1030 Bloodborne Pathogens**

Employees potentially exposed to human blood or other potentially infectious materials (OPIM).

### **OSHA 29 CFR 1910.1048 Formaldehyde**

Employees exposed to formaldehyde at or above the action level.

### **OSHA 29 CFR 1910.1450 Laboratory Standard**

Medical consults and evaluations will be provided when an employee develops signs or symptoms associated with a chemical to which the employee may have been exposed in the laboratory; or when exposure monitoring reveals an exposure is routinely at or above the action level or PEL of an OSHA regulated substance; or whenever there is a likelihood that an employee was exposed as a result of an accidental spill or release.

### **OSHA - Known or Suspected Human Carcinogens**

Workplace use of the following substances:

- 4-Nitrobiphenyl
- Alpha-Naphthylamine
- Methyl Chloromethyl Ether
- 3,3 Dichlorobenzene (and its salt)
- Bis-Chloromethyl Ether
- Beta-Naphthylamine
- Benzidine
- 4-Aminodiphenyl
- Ethyleneamine
- Beta-Propiolactone
- 2-Acetylamino Fluorine
- 4-Dimethylaminoazobenzene
- N-Nitrosodimethylamine

## **OSHA – Other Hazardous Substances**

Workplace use of the following substances:

- Vinyl chloride exposures at or above the action level.
- Inorganic arsenic exposures at or above the action level for at least 30 days/year.
- Benzene exposures at above the action level for greater than 30 days/year.
- Acrylonitrile exposures at or above the action level.
- Ethylene Oxide exposures at or above the action for at least 30 days/year.
- Methylenedianiline exposures greater than or equal to the action level for 30 days/year.
- Cadmium exposures greater than or equal to the action level for 30 days/year.
- Organophosphate at any exposure level.
- Significant and prolonged use of mercury, chlorinated solvents, heavy metals, or other solids and liquids with chronic toxicity whereas: enclosure and local exhaust ventilation are not available or ineffective, prolonged glove contact is necessary and material is capable of rapid absorption through the skin, or oral ingestion is possible from contaminated surfaces and the material is a systemic poison.

## **Radiation & Thermal Hazards**

- Radioactive material usage as determined by the MSU Radiation Safety Program.
- Lasers - Class 3b and 4 as determined by the MSU Radiation Safety Program.

## **DOT 49 CFR 391.41 Commercial Driver's License**

Employees required to have a commercial driver's license to perform their work duties. The purpose of the health history review and evaluation is to detect the presence of factors that can affect the individual's ability to operate motor vehicles that require a commercial driving license.

## **Animal Handling & Biological Agents**

Employees working with animals and biological organisms require specialized medical surveillance due to the unique aspects and potential hazards of these constituents.

Animal-based work activities must submit a protocol to either the Institutional Animal Care & Use Committee (IACUC) or Agriculture Animal Care & Use Committee (AACUC) before commencing activities. The protocol shall include the following as it correlates with occupational health and safety issues:

- description of precautions necessary to prevent occupational exposure issues related to animals, chemicals, or biological organisms
- specific safety trainings completed by staff
- what actions to take in the event of exposures

Zoonoses are diseases that can be transmitted from animals to humans. These are generally not well known to general medical providers and thus communications regarding specific organisms that are potential exposure concerns for employees must be evaluated and monitored. Work practice protocols and exposure control factors are to be reviewed, and specific education provided to assist employees potentially exposed to zoonoses such as:

- Tetanus
- Q Fever
- Herpes B Virus
- Brucellosis
- Other naturally occurring small or large animal diseases.

Individuals who have a prior health history or a familial history of allergies may be at risk for developing work-related animal allergies. As with zoonoses, general medical providers awareness of work-related animal allergies are generally not well known. Thus communications regarding development of allergic symptoms and encouraging employees to self-report potential exposure concerns is vital to early detection and treatment through the Occupational Health Surveillance Program.

Studies have shown that the incidence of animal allergies among animal handlers may be as high as 30%. It can take a few months, or up to several years of animal handling work for allergic symptoms to potentially develop. Continual monitoring and education is provided to assist employees.

Work activities involving biological agents must submit a protocol to the Institutional Biosafety Committee (IBC) before commencing activities. This protocol shall include the following as it correlates with occupational health and safety issues:

- description of precautions necessary to prevent occupational exposure to the biological agent(s)
- specific safety trainings completed by staff
- what actions to take in the event of exposures

### **SURVEILLANCE PROGRAM ELEMENTS**

Medical related questionnaires and evaluations are to be confidential and completed during the employee's normal working hours or at a time and place convenient to the employee. Employees are provided an opportunity to discuss any uncertainties or concerns regarding the questionnaires with MOH and SRM.

The following forms and/or information are to be collected from employees on an annual basis to identify changes in work activities, potential exposures, and health status:

- Occupational Health & Safety Risk Assessment
- Medical/Health History

Individuals at increased risk of acquiring illnesses or for whom an occupational exposure may have unusually serious consequences, are to be informed of their increased risk and are only permitted to work in specific campus locations at the discretion of BOH, SRM, ORC, supervisors, and other pertinent MSU officials.

Baseline and annual medical surveillance evaluations entail identifying possible work related unknown and asymptomatic exposures or potential exposures, and can include but are not limited to:

- Interim medical and health history with emphasis on immunological health, acute or chronic illnesses, fevers, possible exposures, work related issues.
- Discussion of occupational exposures, prevention, reporting, review of symptoms related to exposures.
- Occupational Health & Safety Risk Assessment
- Animal Allergy Questionnaire
- OSHA Respiratory Questionnaire
- Pulmonary Function Test (1 or 5 year intervals or as indicated)
- Chest X-Ray (1, 5, 10 year intervals or as indicated)
- Audiogram (as indicated)
- Urinalysis (as indicated)
- Complete blood chemistries and metabolic panels (as indicated)
- Vaccines and recommendations for immunizations (as indicated)
- DOT specific evaluation for Commercial Driver's License

### **Respiratory Protection**

Respiratory protection places a unique physiological burden on individuals. Therefore the utilization of negative pressure respiratory protection (half or full face filter cartridge respirators), prior to completion of a baseline occupational evaluation is not permitted. The baseline occupational health evaluation provides medical clearance and authorization to wear such equipment based on the OSHA respiratory protection standard. After receiving medical clearance/authorization, SRM will provide respiratory protection safety training, fit testing, and issue appropriate equipment. (See MSU's Respiratory Protection Program for additional reference: <http://www.montana.edu/srm/occupational/respiratoryprotection.html> )

MSU provides additional respirator-based occupational health evaluations if:

- An employee reports medical signs or symptoms that are related to workplace exposure and/or respirator usage;
- BOH, SRM, or the supervisor informs MSU that an employee needs to be reevaluated;
- Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; or
- A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

### **Notification of Changes in Employee Health Status**

Any changes noted during employee occupational health evaluations relevant to occupational qualifications, restrictions, or exposures, are to be communicated to the affected employees by BOH and SRM. SRM will also communicate relevant information to MSU personnel that have supervisory and management responsibilities in relation to the affected employee.

### **Recordkeeping**

Medical information collected as a result of occupational health evaluations and testing is maintained by BOH. SRM and campus Departments maintain copies of medical qualifications and any restrictions regarding work activities that result from employee occupational health evaluations. The aforementioned information is updated annually and retained for the duration of each employee's employment, plus an additional 30 years post-employment. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests shall be sent to BOH.

The following documentation is generated from occupational health evaluations:

- Occupational surveillance testing conducted & results.
- Health education regarding work practices.
- Occupational exposure information.
- Immunizations administered or declined.
- Medical qualifications and restrictions to perform work duties.

## **RESPONSIBILITIES**

### **Departments**

- Review and update position descriptions prior to posting and hiring, to assure they accurately reflect the elements of the job including potential exposures and hazards, personal protective equipment, physical requirements, etc.
- Provide training and guidance for supervisors and employees on the requirements of the occupational health surveillance program.
- Encourage employees to self-identify to SRM or BOH any medical concerns involving occupational exposure risks.
- Maintain files of employee medical clearance or restrictions forms as provided by BOH and employee supervisors.

### **Supervisors**

- Inform SRM of new hires and assist employees with completing the Occupational Safety & Health (OSH) Risk Assessment Form within the first six months of employment. (Forms and additional information can be obtained through SRM and online: <http://www.montana.edu/srm/occupationalhealth.html> )
- Update position descriptions as needed to accurately reflect the elements of the job including exposures, personal protective equipment, physical requirements, etc.
- Review employee job tasks against the required medical surveillance criteria.
- Coordinate enrollment with SRM and BOH when medical surveillance is indicated for an employee.

- Assist with scheduling medical surveillance evaluations as required or recommended for affected employees.
- Encourage employees to self-identify to SRM or BOH any medical concerns involving occupational exposure risks.
- Obtain copies of medical clearance or restrictions forms from employees as provided by MOH.

### **Employees**

- Complete the Occupational Safety & Health (OSH) Risk Assessment Form within the first six months of employment. (Forms and additional information can be obtained through SRM and online: <http://www.montana.edu/srm/occupationalhealth.html> )
- Work with supervisor to review content and accuracy of the position description and compare to the medical surveillance criteria.
- Participate in an initial and on-going occupational health surveillance program based upon the position description or as determined following a review of the employee job tasks against the medical surveillance criteria.
- Provide copies of medical clearance or restrictions forms to supervisors as provided by MOH
- Following an exposure, potential exposure, or other adverse event, notify supervisor.
- Following any exposure or adverse event, complete a First Report of Injury or Occupational Disease report. (Forms and additional information can be obtained through SRM and online: <http://www.montana.edu/srm/insurance/WorkersCompensation.html> )

### **SRM**

- Serve as program administrator and coordinate the campus Occupational Health Surveillance Program.
- Assist Departments and Supervisors in evaluating positions with job elements potentially meeting the medical surveillance criteria.
- Coordinate services and information exchange with the occupational medicine provider.
- Provide exposure evaluations when deemed necessary.
- Assist Departments and Supervisors with occupational health surveillance clearance or restriction criteria.
- Encourage employees to self-identify to SRM or BOH any medical concerns involving occupational exposure risks.
- Monitor the incoming First Report of Injury or Occupational Disease reports and evaluate factors related to employee exposures, accidents, and illnesses.

### **Occupational Medicine Provider**

- Administer the medical surveillance program following best practices
- Provide medical surveillance evaluations for employees based upon the position description or as determined following a review of the employee job tasks against the medical surveillance criteria.
- Make recommendations based on the evaluation results and provide completed medical clearance or restriction forms to employee and SRM.
- Assist with review and development of campus workplace procedures/guidelines that may present potential exposures to employees.
- Maintain medical records and make them available to employees upon request.
- Encourage employees to self-identify to SRM or BOH any medical concerns involving occupational exposure risks.
- Provide post-exposure follow-up, communications, and referrals as needed.
- Review the literature on various and specific components related to MSU's Occupational Health Surveillance Program.
- Participate in continuing education opportunities and maintain certifications in the occupational medicine field.
- Make recommendations and changes to the baseline and annual medical evaluations based on current information.
- Administration – tracking surveillance needs and scheduling of appointments.

## **OCCUPATIONAL SAFETY TRAINING**

Workplace safety training is available to all staff, and shall be renewed as prescribed by the corresponding regulatory requirements. Safety training program information can be obtained from SRM and online <http://www.montana.edu/srm/training/index.html> Examples of applicable training subject matter that may be required are:

- Hazard Communication
- Laboratory Safety
- Respiratory Protection
- Hearing Conservation
- Personal Protective Equipment
- Bloodborne Pathogens
- Biosafety

## **EXPOSURE INCIDENTS & INJURY REPORTING**

Employees experiencing any known, suspected, or potential occupational exposures, must inform their supervisor immediately. Employees may seek medical attention through the Workers' Compensation Program via the following providers: Bridger Occupational Health (406) 586-5694 from 8am to 6pm Monday through Friday or 9am to 5pm Saturday and Sunday, Bozeman Deaconess Hospital Emergency Room (406) 585-1000 24 hours a day, or a medical provider of their choice. Following the incident and/or after initial medical treatment, the supervisor shall assist the employee in completing a First Report of Injury or Occupational Disease form online within 24 hours of the incident to begin the workers' compensation process: <http://www.montana.edu/srm/insurance/WorkersCompensation.html>

A follow-up investigation may be initiated by SRM and/or ORC as to determining the circumstances of the event, and examine potential options to prevent future occurrences.

## **PROGRAM CONTACTS**

The following personnel and providers are available for assistance:

Name	Title	Phone	Additional Info
Laurie Shute	Occupational Health Manager Safety & Risk Mgmt.	994-7384 570-7812	<a href="mailto:laurie.shute@montana.edu">laurie.shute@montana.edu</a>
Brenda Lambert	Workers Compensation Program Safety & Risk Mgmt.	994-6888 581-5947	<a href="mailto:brenda.lambert@montana.edu">brenda.lambert@montana.edu</a>
Christopher Catlett	Director Safety & Risk Mgmt.	994-4146 461-8666	<a href="mailto:christopher.catlett@montana.edu">christopher.catlett@montana.edu</a>
Phil Merta	Biosafety Officer Office of Research Compliance	994-3779	<a href="mailto:philip.merta@montana.edu">philip.merta@montana.edu</a>
Bridger Occupational Health	3406 Laramie Dr., Bozeman	586-5694	Open: 8am-6pm Mon-Fri 9am-5pm Sat-Sun
Bozeman Deaconess Hospital	Emergency Room 915 Highland Blvd., Bozeman	585-1000	Open: 24 hours, 7 days a week

# Medical Provider Surveillance Services

## INTRODUCTION

Medical surveillance is the examination of employee health information to:

- Detect potential and actual exposure issues occurring in the workplace.
- Target exposure and hazard identification, analysis, prevention, and treatment.
- Identify at-risk employees via job descriptions, risk assessments, and health histories.
- Assist employees and supervisors in recognizing and understanding signs and symptoms of potential exposures.

Surveillance may be based on a single case or sentinel event, but more typically uses screening results from a group of employees being evaluated to look for abnormal trends in health status. Surveillance can also be conducted on a single employee over time.

## OCCUPATIONAL MEDICINE PROVIDER

### **Overview**

- Dedicated medical staff available during regular business hours and on-call as needed for afterhours consultation.
- Establish a relationship with the hospital emergency room staff who are available after hours for emergencies.
- Consult with hospital's infectious disease specialist to address specific instances in which exposure to a biological agent or toxin may have occurred. Also utilize his/her expertise in establishing treatment protocols for medical staff to follow.
- Ongoing development of medical evaluation criteria and protocols based upon current information.
- Communicate (verbally and written) to employees regarding results of medical evaluations and arranging follow-ups.
- Availability for consults and questions from employees, supervisors, or other pertinent MSU officials.

### **On-Site Orientation and Visits**

- The medical providers are to initially visit specific campus areas to meet with supervisors and their staff.
- Routine walkthroughs shall be scheduled to assist in making health and safety observations and recommendations.
- Establish and modify medical treatment protocols based on on-site walkthroughs.
- Attend campus committee meetings such as the IACUC and IBC to help stay informed of campus animal and biological based research activities.

### **Education on Work Practices & Behavior**

- Medical staff will provide specific education during baseline evaluations according to the individual's risk assessment and potential exposures. Additional education provided annually and/or as needed, particularly if work activities change.
- Ongoing development of written information to address specific behaviors and exposure potentials.
- Develop written health and exposure information in the form of employee handouts.
- Offer educational consults and presentations based on need and interest with a proactive focus on preventing occupational injuries and illnesses.

### **Assistance with Research Protocol Development**

- Establish medical protocols for exposures to specific biological organisms, toxins, and chemical agents. This requires a comprehensive literature review and discussions with subject matter experts.



## **SURVEILLANCE – GENERAL PARAMETERS**

### **Baseline Evaluation**

1. Health History Review
2. Work Tasks & Risk Assessment Review
3. Bloodwork
  - Determined By Risk Assessment
  - Detection of Immunocompromised, Pre-Existing, and Other Underlying Health Conditions
4. Vaccination Status
  - Immunizations Offered & Titers Evaluated - Determined By Risk Assessment
5. Pulmonary Function Test
  - Determined By Risk Assessment, i.e. Facilities Trades & Certain Research Activities
6. Chest X-Ray
  - Dependent Upon Risk Assessment, i.e. Facilities Trades & Certain Research Activities
7. Eye Exam
8. Urinalysis
  - Offered - Detection of Immunocompromised, Pre-Existing, and Other Underlying Health Conditions
9. Audiogram
  - Determined By Risk Assessment
  - Detection of Pre-Existing and Other Underlying Health Conditions

### **Annual Evaluation**

1. Health History Review
2. Work Tasks & Risk Assessment Review
3. Vaccination Status
  - Immunizations Offered & Titers Evaluated
4. Eye Exam
5. Urinalysis
  - Offered - Detection of Immunocompromised, Pre-Existing, and Other Underlying Health Conditions
6. Pulmonary Function Test – 1 or 5 Year Intervals
  - Determined By Risk Assessment, i.e. Facilities Trades & Certain Research Activities
7. Audiogram
  - Determined By Risk Assessment
  - Detection of Pre-Existing and Other Underlying Health Conditions

### **Exit Evaluation (Desired If Baseline or Annual Comparison Needed or Required)**

1. Health History Review
2. Bloodwork
3. Pulmonary Function Test
4. Chest X-Ray
5. Eye Exam
6. Urinalysis
7. Audiogram

## **PROGRAM SPECIFIC SURVEILLANCE**

The following surveillance programs are provided in addition to the Baseline, Annual, and Exit Evaluations according to job description and risk assessment:

### **Asbestos**

Pulmonary Function Test

Chest X-Ray – 1, 5, 10 Year Intervals (Interval Dependent on Pulmonary Function Test Results)

### **Bloodborne Pathogens**

Hepatitis B Vaccination Status – Immunization Offered & Titers Evaluated

**Biosafety Level 2**

Research Organism & Animal Specific Evaluations & Education

Research Organism & Animal Immunization Status – Vaccinations Offered & Titers Evaluated

Pulmonary Function Test

**Biosafety Level 3**

Research Organism Specific Evaluations & Education

Research Organism Immunization Status – Titers Evaluated

Pulmonary Function Test

Audiogram

**Laboratory Animal & Animal Biosafety Level 2**

Research Organism & Animal Specific Evaluations & Education

Research Organism & Animal Immunization Status – Vaccinations Offered & Titers Evaluated

Animal Allergy Questionnaire & Evaluation

Pulmonary Function Test

Audiogram

**Non-Human Primates**

Herpes B Education

Tuberculosis Evaluation

Immunization Status – Vaccinations Offered & Titers Evaluated

**Large Animal & Animal Biosafety Level 2**

Research Organism & Animal Specific Evaluations & Education

Research Organism & Animal Immunization Status – Vaccinations Offered & Titers Evaluated

Animal Allergy Questionnaire & Evaluation

Pulmonary Function Test

Audiogram

**Field Research**

Research Organism & Animal Specific Evaluations & Education

Immunization Status – Vaccinations Offered & Titers Evaluated (Research or Public Health Related)

Pulmonary Function Test – Respiratory Protection Dependent

**Carcinogen & OSHA Specific Substances**

Bloodwork (Specific to Substance Exposure)

Urinalysis (Specific to Substance Exposure)

Pulmonary Function Test (Specific to Substance Exposure)

**Hearing Conservation**

Hearing Questionnaire & Evaluation

Audiogram

Hearing Conservation Education

**Lead Based Paint**

Bloodwork - Specific to Lead Exposure (Interval Dependent on Baseline Results & Correlation with Exposure)

**Respiratory Protection**

OSHA Questionnaire & Evaluation

Pulmonary Function Test

**Commercial Driver's License**

DOT Questionnaire & Evaluation