

OHSP) is to support research discoveries and instructional endeavors, through participant health and safety protection. This purpose is accomplished through timely risk assessment and provision of appropriate, high quality health services.

AUTHORITY:

The ROHSP is administered by the UGA Office of Research Integrity and Safety, with oversight by Support Services Director Z E š}}v o Z • Occupational Health and Safety in the Care and Use of Research Animals v šZ v š CE (}CE]• • Biosafety in Microbiological and Biomedical Laboratories are used to provide guidance and benchmarks for the UGA HSP. The [2008 Human Rabies Prevention Recommendations of the Advisory Committee on Immunization Practices is also used as a best practice standard.

SCOPE:

The ROHSP is open for enrollment to:

- x Anyone on an Institutional Animal Care and Use Committee (IACUC) approved Animal Use Protocol (AUP)
- x Anyone on an Institutional Biosafety Committee (IBC) approved protocol
- x All UGA employees that have potential contact with human bloodborne pathogens, as a direct result of their research and/or instruction activity
- x Anyone entering UGA research animal facility and having no direct animal contact (open to non-contact enrollment only)

Effective 12/2/2019
VERSION: 1
REVISED: 10/11/19



participants, who are listed o

14. Their participation is requested by an animal facility supervisor or administrative official in URAR or the Office of Animal Care and Use because they will be entering, with escort, an animal facility as a visitor and will have direct animal contact.

All individuals who wish to enroll in the R-OHS, with the exception of 14 above, must have an active UGA MyID and password. For non-UGA personnel, the requesting department can assist with the creation of a UGA affiliate account, if necessary.

Individuals identified in 1-14 above, are assigned Research Occupational Health Program information in PEP and they receive an automated notification of this assignment from the system. The individual should access this document and then read about the R-OHS. They follow the embedded link to access the Research Occupational Health Questionnaire. They complete the questionnaire with information about their work and their personal health status. This questionnaire

Individuals have the right to change their mind and enroll in the program at any time, so long as they are still eligible for enrollment. The following groups cannot work unless they are enrolled in the OHSP:

- x URAR personnel
- x Researchers working with A/BSL-3 agents
- x Personnel working with macaque primates
- x Personnel working with certain high-risk biohazards, as determined by the IBC

Participants have the right to decline one or more recommended services. To do so, they must acknowledge a Research Occupational Health Service Declination form in PEP. If they are declining Hepatitis B protection, they must acknowledge a Hepatitis B Protection Declination form in PEP. By declining occupational health services, individuals are absolving the institution from any damages that were preventable through those services. Individuals have the right to seek previously declined services at any time, so long as they are still recommended based upon their risk assessment.

Participants are not enrolled in the R-OHSP until ALL recommended services have been completed and the laboratory records have been received or recommended services have been declined, as applicable.

Participants must submit an updated Research Occupational Health Questionnaire (or other applicable questionnaire) at least every 3 years, unless they have declined occupational health coverage. They should do so more often if they have any significant changes in the nature of their work or their personal health status. Failure to submit within three years will automatically unenroll the participant from the R-OHSP.

SERVICES:

Most occupational health services, including immunization, titers, testing and respiratory services are provided through the R-OHSP Clinic, under the direct oversight of the R-OHSP Nurse. The R-OHSP Nurse operates under the authority of a contracted Occupational Health Physician. All services are administered via standing order from the physician. Any complications or unusual results are referred to the Occupational Health Physician.

š Z Œ š Z š] Œ š o Ç] u % š Z r K, ^ W v Œ } o o u v š X

The IACUC requires enrollment in the R-OHSP before any animal contact. Additionally, the IACUC requires that anyone who works with animals have relevant training in biosafety, zoonotic diseases, animal allergy risks, and effective use of personal protective equipment.^{3,5} They must also undergo training in handling and husbandry procedures for the species with which they work.^{3,5} Failure to comply with these requirements can hinder AUP approval.

The IBC requires enrollment in the R-OHSP before any contact with biohazards. Additionally, the IBC requires documented lab-specific training in biohazard risk identification and mitigation. For certain groups, the Office of Biosafety requires online training for work with Biosafety Level 1 and Biosafety Level 2 organisms. Work with Biosafety Level 3 organisms requires an intensive training curriculum that is specific to the agent. Failure to comply with these requirements can hinder IBC Protocol approval.

RESPONSIBILITIES:

Compliance Offices, the URAR Director and URAR administrators are responsible for:

- x Collaboration with the Principal Investigator and/or Supervisor to identify occupational health risks and determine strategies for mitigation.
- x Identification and referral to the R-OHSP, with protocol review and outside of protocol review, of those groups and individuals that should be enrolled in the R-OHSP.
- x Confirmation of R-OHSP compliance prior to protocol approval.
- x Compliance oversight of laboratory and instructional spaces to help to ensure a safe working environment (primarily accomplished through the inspection process).
- x Reporting of noncompliance to the relevant oversight committees and, as relevant, to the R-OHSP.
- x Emergency response for occupational health incidents and referral to the R-OHSP as necessary.
- x Timely communication with the R-OHSP on known occupational health incidents and/or near misses.

R-OHSP, including the Director, Nurse and contracted Physician are responsible for:

- x Daily administration of the R-OHSP and R-OHSP clinic.
- x Adherence to responsibilities as outlined in the SOP RISSS-002 Occupational Health Processing
- x Maintenance of professional licensure and certifications necessary to perform R-OHSP duties.
- x Risk assessment and subsequent health service recommendations for R-OHSP participants.
- x Communication with participants to inform and educate on occupational health risks and preventative health service recommendations.
- x Availability for occupational health consultation, including post-exposure support, with referral to mental health services as necessary.
- x Prompt communication with participants in the event of an occupational health exposure, including the provision of, or referral for, appropriate post-exposure health services.
- x Collaboration with the compliance offices and URAR team for identification of occupational health risks and strategies for mitigation, including but not limited to the occupational health review of high-risk protocols.

EFFECTIVE: 12/2/2019

VERSION: 1

REVISED: 10/11/19

Timely communication with the relevant compliance and/or URAR Reason known occupational health incidents
Confidential maintenance of employee health records, with access limited to program administrators or individuals with a clear related need to know
Limited and screened communication with participant supervisor to provide the information necessary for supervisor accountability but limited to minimal relevant information
Maintenance of Hepatitis B declination log
Maintenance of Sharps Injury log
Collaboration with administration for the proactive improvement of OHSR

Principal Investigator and/or Supervisor are responsible for:

Collaboration with the compliance offices and/or URAR administration to identify occupational health risks and determine strategies for mitigating the creation of standard operating procedures for work with disposal, occupational hazards
Following relevant policies and standard operating procedures such as appropriate donning and doffing of PPE and identification of animal labeling animal cages which hazardous agents have been administered.
Creation of emergency standard operating procedures and coordination of response in the event of an occupational health incident or injury.
Accurate submission of all protocols to relevant compliance offices, so that occupational risks can be adequately identified and mitigated

- x Timely communication with the compliance offices, URAR administration and/or OHSP on known occupational health incidents, including all needle sticks (even clean)
- x In the event of an occupational incident or injury, adherence to all UGA policies, procedures, business processes and protocols for the support of employee injuries, regardless of whether or not medical services were procured

Participants are responsible for

- x Adherence to all relevant protocols, policies, training requirements, and standard operating procedures including responsibilities as outlined in the SOP RISS: Occupational Health Processing
- x Accurate submission of OHSP questionnaire including confirmation of job duties with supervisor. Resubmission of questionnaire at least every three years, or in the event of substantive changes to job duties or personal health status
- x Delay of risk-related work until active enrollment in the OHSP
- x Prompt communication with the OHSP on requests for action or information
- x Verification of any occupational health documents loaded on personal PEP SNAPSHOT Occupational Health folder
- x Daily conduct of job duties in such a manner as to help to ensure a safe working environment for everyone
- x Proactive questioning and reporting of any concerns regarding occupational safety in the workplace
- x Timely communication with the Principal Investigator, supervisor, compliance offices, URAR administration and/or OHSP on known occupational health incidents, including all needle sticks (even clean sticks and/or near misses)
- x In the event of an occupa