

Animal Occupational Health Program (AOHP) - Requirements and Clearance for External Personnel Working with Animals at UCR

Introduction and Eligibility Criteria:

This waiver is for individuals who are NOT employees or students at the University of California, Riverside (UCR) and who meet one of the following criteria:

1. **Short-Term Visitors (90 days or less):** Individuals visiting UCR facilities to observe or conduct animal research or educational activities. Some exceptions and restrictions apply.
2. **Employees of Another Entity:** Individuals whose job responsibilities involve exposure to UCR-owned animals used in research or educational activities.

Requirements and Acknowledgements

As an individual in either of the above groups wishing to participate in activities that may expose you to animals used in UCR research or educational activities approved by the UCR Institutional Animal Care and Use Committee (IACUC), you must adhere to the following guidelines:

- **Vaccinations:** If required by the protocol for access, you must provide evidence of such vaccination. If your vaccination is set to expire during your visit to UCR, please ensure that it remains current and not lapsed for the entirety of the 90-day period. We recommend getting boosters if necessary.
- **Evidence of enrollment:** Provide evidence of enrollment from your home institution's occupational health program can be provided in lieu of enrolling in the UCR AOHP

Participation in UCR AOHP

- You have the option to participate in the UCR AOHP at your own expense or sponsor resources. This includes:
 1. Completing a medical questionnaire
 2. Receiving Vaccination
 3. Utilizing personal protective equipment (PPE) as required by protocol or medical needs.
- Alternatively, you may choose to waive participation by:
 1. Completing this form
 2. Providing documentation of enrollment in a comparable occupational health program at your place of employment / research institution.

Immunizations and Tests Periodicity at UCR

Procedure	Reason	Frequency	Required By
Animal Risk Assessment	Allergies, exposure to zoonotic diseases, animal bites and scratches, handling hazardous materials, PPE needs, regulatory	Baseline, every 3 years, health changes, new animal species	All with animal contact

	compliance, and health surveillance		
Health History	To identify any health conditions, including immunosuppression, surgeries, or zoonotic diseases, that may require additional protective measures	Baseline, every 3 years, health changes, new animal species	All with animal contact
HBV Immunization	Required for individuals exposed to human cells and blood, and completion of annual BBP Training is mandatory.	One series prior to titer (either 2 Heplisav-B shots or 3 standard shots)	Those working with BBP in animals
HBV Titer	As above	As needed based on results	Those working with BBP in animals
Tetanus (Tdap)	Animal bites and scratches	Every 10 years or post-incident	All with animal contact
Tetanus (Td)	As above	Every 10 years or post-incident	All with animal contact
Respirator Physical	Required for respirator users	Baseline, every 3 years or as determined by Occupational Health physician	Those who must use a respirator due to allergies, zoonoses or other issues

Visitor must complete the following information.

Visiting Researcher Information

Name and Credentials	
Email Address	
Phone Number in case we need to contact you	
Home Institution	
Approximate Date(s)/duration of visit or activity	
UCR Protocol PI	
UCR AUP Number	
Species you will be Handling at UCR:	
Description of Activities at UCR	
UCR Faculty Member or PI / Supervisor	

Health and Safety Acknowledgement

When interacting with animals involved in UCR research or teaching, there is a risk of exposure to various health hazards. These may include infectious agents, allergens, and potential animal-related injuries. It is crucial that your hosting PI or Supervisor briefs you on these hazards and provides guidance on necessary protective measures.

Signature and Acknowledgement _____ **Date:** _____

Participant Name (Please Print): _____

Submission Instructions: This form must be signed by an Occupational Health representative from your home institution and submitted to the UCR Occupational Health Department at least 2 weeks prior to participation in any project. Submit this form via email at ehsocchealth@ucr.edu.

Contact Information for Occupational Health at Your Home Institution (Please refer to the institution or clinic where individuals obtain clearances for the relevant contact details)

I have reviewed the following requirement:

- Individual is current on their tetanus vaccine and on file with our department.
- Individual is current on their Hep B vaccine and on file with our department.
- The individual is approved to work with the species identified above.
- The individual has Respirator Clearance on file and has been fitted for the following respirators.
_____.

Signature of Occupational Health Administrator or Physician: _____

Name (Print): _____ **Date:** _____

Email Address: _____ **Phone Number** _____

For any questions or concerns, please contact the Occupational Health team at EH&S ehsocchealth@ucr.edu