

# Introduction and Overview

The **Occupational Health Surveillance System (OHSS)** streamlines risk assessments and medical evaluations for employees and researchers exposed to workplace or laboratory hazards, including animal biohazards. Effective **November 1, 2024**, OHSS replaces the traditional Medical History Questionnaire (MHQ) process.

**Accessing the system:** Visit <https://ehs.ucop.edu/ohss>

## Browser Recommendations:

- Recommended: Use Chrome for optimal performance.
- Alternatives: Internet Explorer (IE) or Firefox must be updated to the latest versions for the best results.

## UCR Net ID:

A valid UCR NetID is necessary to access OHSS. This ID serves as the gateway for UC Riverside services.

### Faculty and Staff:

NetIDs are created during hiring and triggered by UCPath Payroll System entries. Support: Contact **BearHelp** at **951-827-4848** or visit <https://its.ucr.edu/support#gethelp>.

### Students:

NetIDs are included in acceptance letters upon submission of the Statement of Intent to Register (SIR).

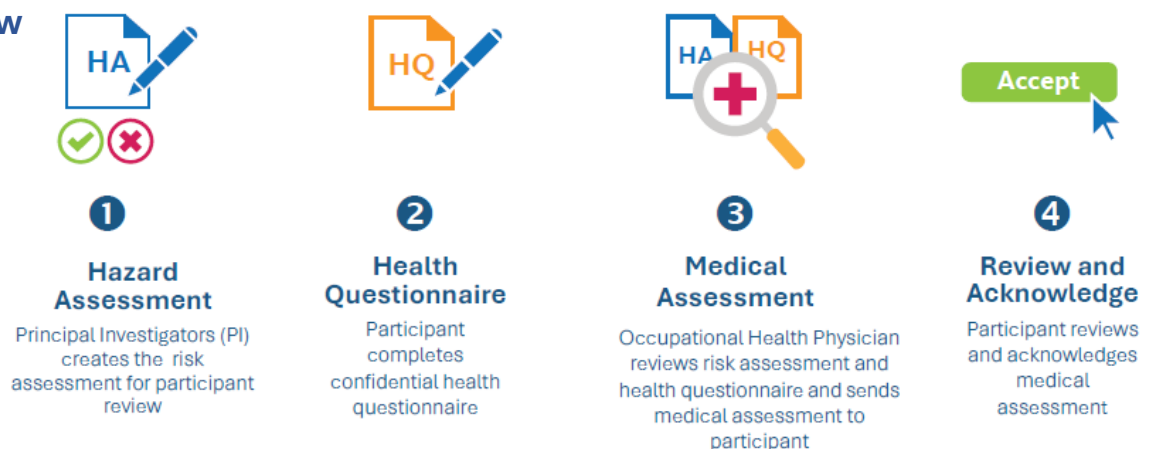
- Support: Email [helpdesk@student.ucr.edu](mailto:helpdesk@student.ucr.edu) or call **951-827-6495**.

### Non-employees (e.g., volunteers):

Sponsoring departments facilitate NetID creation.

- Support: Contact **BearHelp** at **951-827-4848** or visit <https://its.ucr.edu/support#gethelp>.

## Workflow



## Roles:

### Supervisor/ Principal Investigator (PI)

At UCR, the PI oversees research involving animal use and ensures compliance with all regulatory standards.

- PIs monitor Risk Assessment statuses but do not access personal health information.
- PIs are critical in maintaining team safety, protocol adherence, and ethical standards.

### Participant (employees, researchers, lab workers, volunteers):

- Reviews and agrees/disagrees with the Risk Assessment.
- Completes the Health Questionnaire.
- Acknowledges the Medical Assessment.

### Medical/Admin (EH&S and UCI COEH Physicians):

- Develop medical assessments, consult, and determine participant clearance.
- Assign roles and oversee campus records.


### Reviewer (EH&S Occupational Health Coordinator):

- Tracks participant progress and follows up as needed.
- Provides referrals but does not access private health details.
- IACUC will be notified exclusively when individuals are cleared.

## Navigating OHSS












- To get back to the home page, select **OHSS** from the header bar.



- All columns on the assessment pages are sortable
  - Double-click the column header to sort the data.
- Hover over the  to view informational/help text
- Hover over the letter next to the date to view the assessment's status.
- Red flags indicate items requiring immediate attention.

## My Assessments

 = Action Required

Supervisor 	RA  	HQ  	MA  
Marion Cotillard	10/05/2015 - A 	10/05/2015 - C 	 10/05/2015 - CR 

### Checking Participant Status

- Select **All Assessments** from the home page.
- Navigate between tabs: **Incomplete, Completed, Archived, or No Exposures.**
- Hover over the status code to see its meaning:

### All Assessments

Incomplete

Completed

Archived

No Exposures

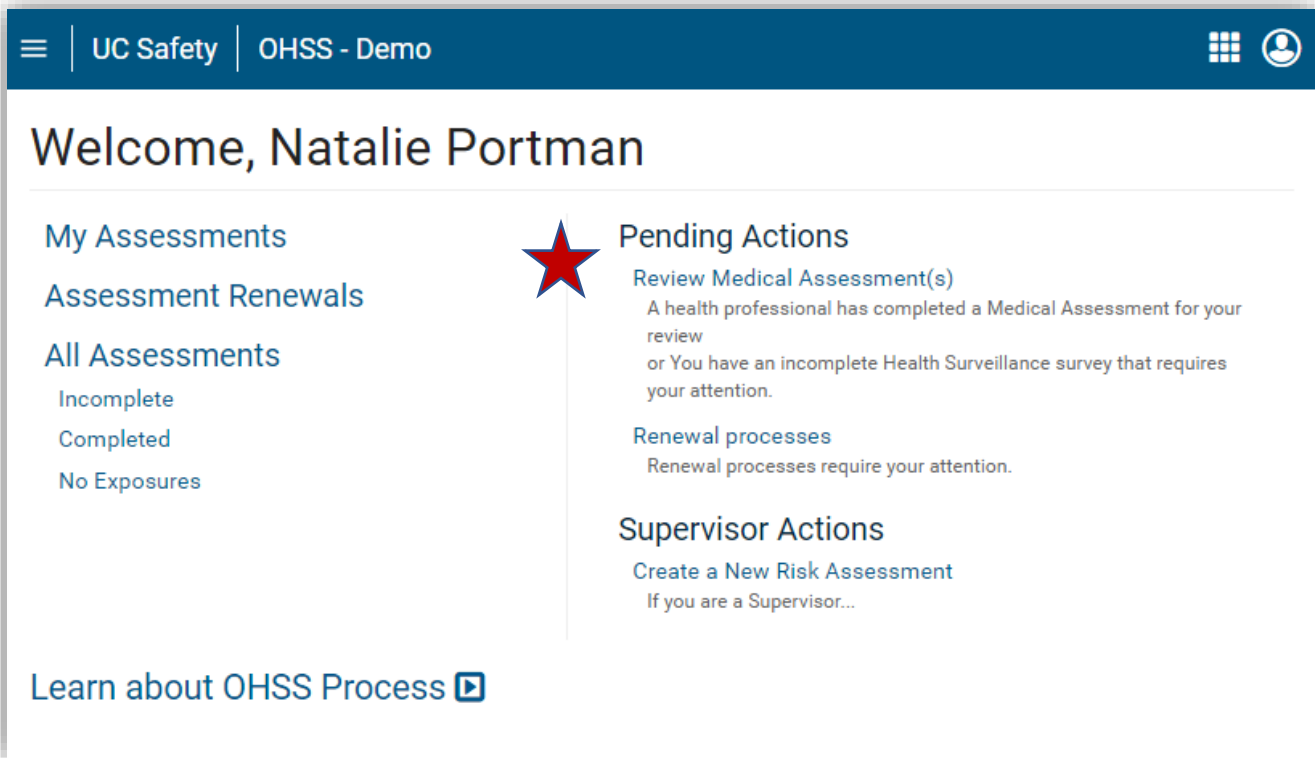
## All Assessments

Participant	Supervisor	Department	RA	HQ	MA	Send Email
[Redacted]	[Redacted]	[Redacted]	11/19/2024 - A	11/19/2024 - P	--	
[Redacted]	[Redacted]	-	08/07/2024 - A	08/29/2024 - MP	--	
[Redacted]	[Redacted]	[Redacted]	02/21/2024 - A <input type="button" value="Copy"/>	04/18/2024 - CN	--	<a href="#">08/29/2024</a>
[Redacted]	[Redacted]	[Redacted]	02/29/2024 - A <input type="button" value="Copy"/>	04/18/2024 - CN	--	<a href="#">08/29/2024</a>
[Redacted]	[Redacted]	[Redacted]	11/19/2024 - P	--	--	<input type="button" value="Email"/> <a href="#">11/19/2024</a>

You can view each code definition by hovering over the letter to see the tool tip. Each code is listed in the

Status Code	Definition
A	Agreed to by the participant
C	Complete
CA	Consultations Acknowledged by Participant
CN	Clarification needed
CR	Consultation required by Medical Provider
D	Disagreed to by the participant
P	Pending participant review
R	Participant not cleared for works

# PI = Supervisor's Home Page



The screenshot shows a user interface for the Occupational Health Surveillance System. At the top, there is a navigation bar with "UC Safety" and "OHSS - Demo" on the left, and a grid icon and a user profile icon on the right. Below the navigation bar, the user is greeted with "Welcome, Natalie Portman". The main content area is divided into several sections: "My Assessments" with sub-links for "Assessment Renewals", "All Assessments" (further divided into "Incomplete", "Completed", and "No Exposures"), "Pending Actions" (marked with a red star icon), and "Supervisor Actions". The "Pending Actions" section includes "Review Medical Assessment(s)" and "Renewal processes". The "Supervisor Actions" section includes "Create a New Risk Assessment". At the bottom left, there is a link to "Learn about OHSS Process" with a play button icon.

All actions and information available to a PI can be accessed directly from their homepage.

## Sections

The PI or Supervisor Home Page is organized into six key sections:

- **My Assessments:** Displays the Risk Assessments (RA), Health Questionnaires (HQ), and Medical Assessments (MA) where the logged-in user is the participant.
- **Assessment Renewals:** Lists participants whose Risk Assessments require review or updates.
- **All Assessments:** Provides an overview of all assessments and their statuses, including those created by the user or assigned to them.
- **Pending Actions:** Highlights items that need immediate attention.
- **PI or Supervisor Actions:** Enables the creation of new Risk Assessments from scratch.
- **Learn About the OHSS Process:** Features an expandable graphic outlining the process in five steps.

# OHSS Quick Tips for PI's

## Access the system

Visit: <https://ehs.ucop.edu/ohss>

The search feature in OHSS pulls names from the PPS feed, which may include multiple individuals with similar names. Follow these guidelines for accurate results:

- **Search Format:** Use "Last Name, First Name" format. Other combinations are not recognized.
- **Input:** Enter the full name or as many characters as possible for better accuracy.
- **Missing Participants:** Approximately 2-5% of users may not appear in searches. If this occurs, have the participant log in to <https://ehs.ucop.edu/uksafety>. This action captures their information in the system, enabling the PI to locate them.
- **Further Assistance:** If issues persist, contact the Service Desk at [service@riskandsafetysolutions.com](mailto:service@riskandsafetysolutions.com)

## Copying a Risk Assessment

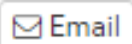
If you have multiple participants performing similar tasks, you can **copy an existing Risk Assessment** to save time:

- From the **home screen**, select **All Assessments**.
- Locate the Risk Assessment for the participant you wish to copy.
- In the **RA** column, click the drop-down arrow and select **Copy**.
- Search for the participant to whom you want to apply the copied assessment.
- Make any necessary edits to the copied Risk Assessment before saving.

Participant	Supervisor	Department	RA
<input type="checkbox"/> Marion Cotillard	Natalie Portman	MEDICINE	09/21/2016 - A

# OHSS Quick Tips for PI's

## Checking the Status of an Assessment

1. From the home screen, navigate to **All Assessments**.
2. Sort assessments by selecting the column header you want to organize by.
3. Locate the **participant and hover over the date in the row to view the status code explanation**.
4. For PI Actions:
  - Resend reminder emails by clicking the Email button on the far right.  **Email**
  - Archive inactive participants assessments to remove them from the list (data will remain in the system).

## All Assessments

	Participant ⇅	Supervisor ⇅	Department ⇅	RA ⇅ ⓘ	HQ ⇅ ⓘ	MA ⇅ ⓘ	Send Email ⇅
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	11/19/2024 - <u>A</u>	11/19/2024 - <u>P</u>	--	
<input type="checkbox"/>	[REDACTED]	[REDACTED]	--	08/07/2024 - <u>A</u>	08/29/2024 - <u>MP</u>	--	
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	02/21/2024 - <u>A</u> <input type="button" value="Copy"/>	04/18/2024 - <u>CN</u>	--	08/29/2024
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	02/29/2024 - <u>A</u> <input type="button" value="Copy"/>	04/18/2024 - <u>CN</u>	--	08/29/2024
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	11/19/2024 - <u>P</u>	--	--	<input type="button" value="Email"/> 11/19/2024

# PI's- Creating a Risk Assessment

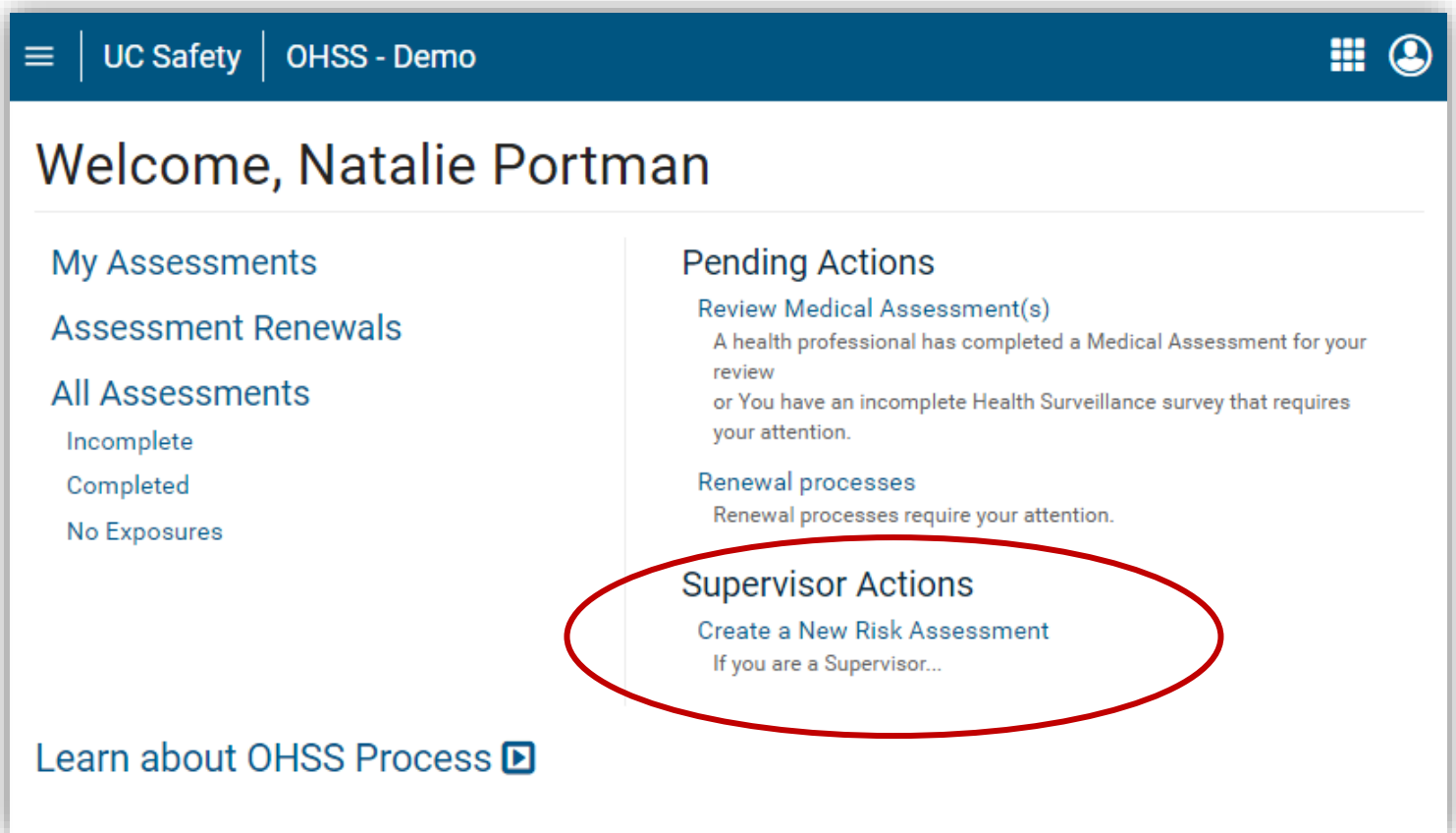
## Creating and Submitting a Risk Assessment

PIs are responsible for initiating Risk Assessments for new employees, researchers, or participants. There are two methods to create a Risk Assessment:

1. **Create from Scratch**
2. **Copy an Existing Assessment**
  - If multiple participants are performing the same research, the **Copy Assessment** feature allows PIs to efficiently duplicate and customize Risk Assessments.

### Steps to Create a Risk Assessment from Scratch

1. Go to your homepage.
2. Under **Supervisor Actions**, select **Create a New Risk Assessment**.



UC Safety | OHSS - Demo

## Welcome, Natalie Portman

**My Assessments**

**Assessment Renewals**

**All Assessments**

- Incomplete
- Completed
- No Exposures


**Pending Actions**

**Review Medical Assessment(s)**  
A health professional has completed a Medical Assessment for your review  
or You have an incomplete Health Surveillance survey that requires your attention.

**Renewal processes**  
Renewal processes require your attention.

**Supervisor Actions**

**Create a New Risk Assessment**  
If you are a Supervisor...

Learn about OHSS Process 





## Steps to Complete a Risk Assessment Form

1. **Search for the Participant:**
  - Enter the participant's **last name first** (the entire last name is required).
  - A list of names will appear as you type. For best results, use the full name in the format: **Last Name, First Name**.
2. **Select the Participant:**
  - Choose the appropriate participant from the list.
  - If the participant does not appear, have them log in to OHSS at <https://ehs.ucop.edu/uksafety>. This step captures their identity information, enabling the system to recognize them. Once logged in, the participant will gain access to the system.
3. **Complete the Risk Assessment Form:**
  - After selecting the participant, they will be prompted to fill out the Risk Assessment form.
  - **Important:** You will have **30 minutes** to complete the form. Unsaved data will be lost if not submitted within this timeframe.
4. **Fill Out All Sections:**
  - The form contains **nine sections**, which must all be completed before submission.
  - The sections include:
    - Participant Status
    - Animal Contact
    - Biological Agents
    - Exposures
    - Physical Agents
    - Chemical Agents
    - Animal Exposures
    - Bloodborne Pathogens Exposure Control
    - General Safety
5. **Submit the Form:**

### Participant Status

#### Risk Assessment Form

Supervisor:   
Participant:   
Please enter the PI's Name:  
(optional) if you are not a PI

Search by Last Name, First Name

##### Participant Status (check all that apply):

- |                                                     |                                                         |
|-----------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Faculty                    | <input type="checkbox"/> Staff                          |
| <input type="checkbox"/> Visiting Scientist         | <input type="checkbox"/> Affiliate                      |
| <input type="checkbox"/> Senate Academic Staff      | <input type="checkbox"/> Non-Senate Academic Staff      |
| <input type="checkbox"/> Registered Volunteer       | <input type="checkbox"/> Non-Registered Volunteer       |
| <input type="checkbox"/> Paid Undergraduate Student | <input type="checkbox"/> Non-Paid Undergraduate Student |
| <input type="checkbox"/> Paid Graduate Student      | <input type="checkbox"/> Non-Paid Graduate Student      |
| <input type="checkbox"/> Other-Paid Assignment      | <input type="checkbox"/> Other-Non Paid Assignment      |
| <input type="checkbox"/> Post-doc                   |                                                         |

### Animal Contact

#### Exposure

- 
- 
- 
- 
- 

Animal Contact, Entry into Animal Facilities, or work with Unfixed Animal Blood, Body Fluids, Tissues, or Cell Lines:  Yes  No

Identify the level of exposure for each species for the participant named above and check the appropriate column.

Does this project involve any field research?  Yes  No

Species	Exposure	Field Caught
Amphibian <input type="text"/>	<input type="text" value="No Contact"/>	<input type="checkbox"/>
Bats	<input type="text" value="No Contact"/>	<input type="checkbox"/>
Bird <input type="text"/>	<input type="text" value="No Contact"/>	<input type="checkbox"/>
Cat	<input type="text" value="No Contact"/>	<input type="checkbox"/>
Cattle	<input type="text" value="No Contact"/>	<input type="checkbox"/>
Fish <input type="text"/>	<input type="text" value="No Contact"/>	<input type="checkbox"/>
Guinea Pig	<input type="text" value="No Contact"/>	<input type="checkbox"/>
Hamster	<input type="text" value="No Contact"/>	<input type="checkbox"/>
Mice <input type="text"/>	<input type="text" value="No Contact"/>	<input type="checkbox"/>
Poultry	<input type="text" value="No Contact"/>	<input type="checkbox"/>
Rabbit	<input type="text" value="No Contact"/>	<input type="checkbox"/>
Rat <input type="text"/>	<input type="text" value="No Contact"/>	<input type="checkbox"/>
Reptile <input type="text"/>	<input type="text" value="No Contact"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="text" value="No Contact"/>	<input type="checkbox"/>
Multiple or unknown exposures <input type="text"/>	<input type="text" value="No Contact"/>	<input type="checkbox"/>

#### Exposure Description ⓘ :

Please describe exposure

## Biological Agents

<b>Biological Agents:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No		
Enter your Biological Use Authorization (BUA) number/IBC Number here, if not applicable, put N/A:		<input style="width: 95%;" type="text"/>
<input type="checkbox"/> I have not yet applied for a BUA, but I plan to apply during the month/year:		<input style="width: 80%;" type="text"/> (choose the 1st of the applicable month)
Is the person named in this risk assessment also an authorized user on your BUA?		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A (answer N/A if you do not yet have a BUA #)
Human blood, tissues, body fluid, cells or cell lines?	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 95%;" type="text" value="If Yes, please specify material"/>
Viral vectors?	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 95%;" type="text" value="If Yes, please specify (lentivirus, adenovirus, etc.)"/>
Oncogenes?	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 95%;" type="text" value="If Yes, please specify"/>
Toxin genesis?	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 95%;" type="text" value="If Yes, please specify"/>
Recombinant DNA/RNA, transgenic animals?	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 95%;" type="text" value="If Yes, please specify"/>
Large scale (>10 liter) Recombinant DNA production?	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 95%;" type="text" value="If Yes, please specify gene in agent culture volumes"/>
Biological Safety Level 1 containment with agents?	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 95%;" type="text" value="If Yes, please specify"/>
Biological Safety Level 2 containment with agents?	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 95%;" type="text" value="If Yes, please specify"/>
Biological Safety Level 3 containment with agents?	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 95%;" type="text" value="If Yes, please specify"/>
Plant or non-zoonotic animal infectious agents?	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 95%;" type="text" value="If Yes, please specify"/>

## Exposures

<b>Exposures:</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
Respirator needed?	<input type="radio"/> Yes <input type="radio"/> No
Case in which respirator is needed:	<input type="text"/>
Respirator types:	<input type="checkbox"/> Dust Mask <input type="checkbox"/> N-95 <input type="checkbox"/> Surgical Mask <input type="checkbox"/> 1/2 Face <input type="checkbox"/> Full Face <input type="checkbox"/> PAPR
Personal Protective Equipment:	<input type="checkbox"/> Gloves Nitrile <input type="checkbox"/> Latex <input type="checkbox"/> Lab Coats <input type="checkbox"/> Overalls <input type="checkbox"/> Goggles <input type="checkbox"/> Face Shields <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Other: <input type="text"/>
Extreme environmental conditions (e.g. high/low temperatures)?	<input type="radio"/> Yes <input type="radio"/> No
Training on how to stay safe in extreme environmental conditions (e.g., high/low temperatures)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

## Physical Agents

<b>Physical Agents:</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Caustic, flammables, or cryoagents?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If Yes, please specify"/>
Radiation producing machines?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If Yes, please specify"/>
Radioisotopes?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If Yes, please specify"/>
Lasers?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If Yes, please specify"/>
Noise > 85 dBA over an 8 hour period?	<input type="radio"/> Yes <input type="radio"/> No	
Hearing Conservation program?	<input type="radio"/> Yes <input type="radio"/> No	
Alfalfa/Hay?	<input type="radio"/> Yes <input type="radio"/> No	
Extreme dust?	<input type="radio"/> Yes <input type="radio"/> No	

### Chemical Agents

<b>Chemical Agents:</b>		<input checked="" type="radio"/> Yes <input type="radio"/> No
Anesthetic gases?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If Yes, please specify"/>
Drugs / Chemotherapeutic agents?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If Yes, please specify"/>
Heavy Metals?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If Yes, please specify"/>
Carcinogen (IARC)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If Yes, please specify"/>
Mutagen?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If Yes, please specify"/>
MRI Equipment?	<input type="radio"/> Yes <input type="radio"/> No	

### Animal Exposures

<b>Animal Exposure:</b>		<input checked="" type="radio"/> Yes <input type="radio"/> No
Were animal-related illness/injury discussed?	<input type="radio"/> Yes <input type="radio"/> No	
Were zoonotic diseases discussed?	<input type="radio"/> Yes <input type="radio"/> No	
Were animal allergies discussed?	<input type="radio"/> Yes <input type="radio"/> No	

### Blood Borne Pathogens Exposure Control

<b>Blood Borne Pathogens Exposure Control:</b>		<input checked="" type="radio"/> Yes <input type="radio"/> N/A
Was blood borne pathogen safety discussed?	<input type="radio"/> Yes <input type="radio"/> No	
Was Hepatitis B vaccine offered?	<input type="radio"/> Yes <input type="radio"/> No	
Is there a Declination form on file if the employee doesn't want to participate in the program?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
Do you know that an employee can receive the Hepatitis B vaccine through Occupational Health Services if they have work exposure to human blood, blood products, body fluids, excreta, cell, cell lines, or tissues?	<input type="radio"/> Yes <input type="radio"/> No	
Is post exposure prophylaxis (PEP) maintained onsite?	<input type="radio"/> Yes <input type="radio"/> No	

## General Safety

### General Safety

- Were safe work practices discussed?  Yes  No
- Has the employee been trained how to report an animal bite or needle stick?  Yes  No  N/A
- Has the employee been informed of their right and obligation to file a report of injury through Workers Compensation and be seen in Occupational Health free of charge?  Yes  No
- This position requires routine lifting of:  under 20 lbs  20 - 50 lbs  over 50 lbs  N/A
- This position requires the operation of moving machinery:  Yes  No


- After completing all sections of the form, the PI must electronically sign by selecting the **“Supervisor’s Signature”** checkbox. This action confirms that the information provided is accurate.
- It is important to note that, for this program, the supervisor responsible for signing timesheets may not have comprehensive knowledge of the IACUC protocol, compliance requirements for institutional, state, and federal regulations (e.g., IACUC, USDA, and NIH guidelines), or a full understanding of all potential risks a participant might face. **For this reason, the PI will assume the role of the supervisor for the animal protocol.**

## Supervisor Certification

*The Supervisor is responsible for providing training.*

Should the risk to the participant change (addition of new species, biological agents, etc.) a new Risk Assessment form must be submitted.

By signature, I certify that the information provided is accurate.

Supervisor Name:  Supervisor Signature:  Date: 09/19/2024

Create Risk Assessment

Cancel

- The PI must click the **Create Risk Assessment** button to finalize the process.

Create Risk Assessment

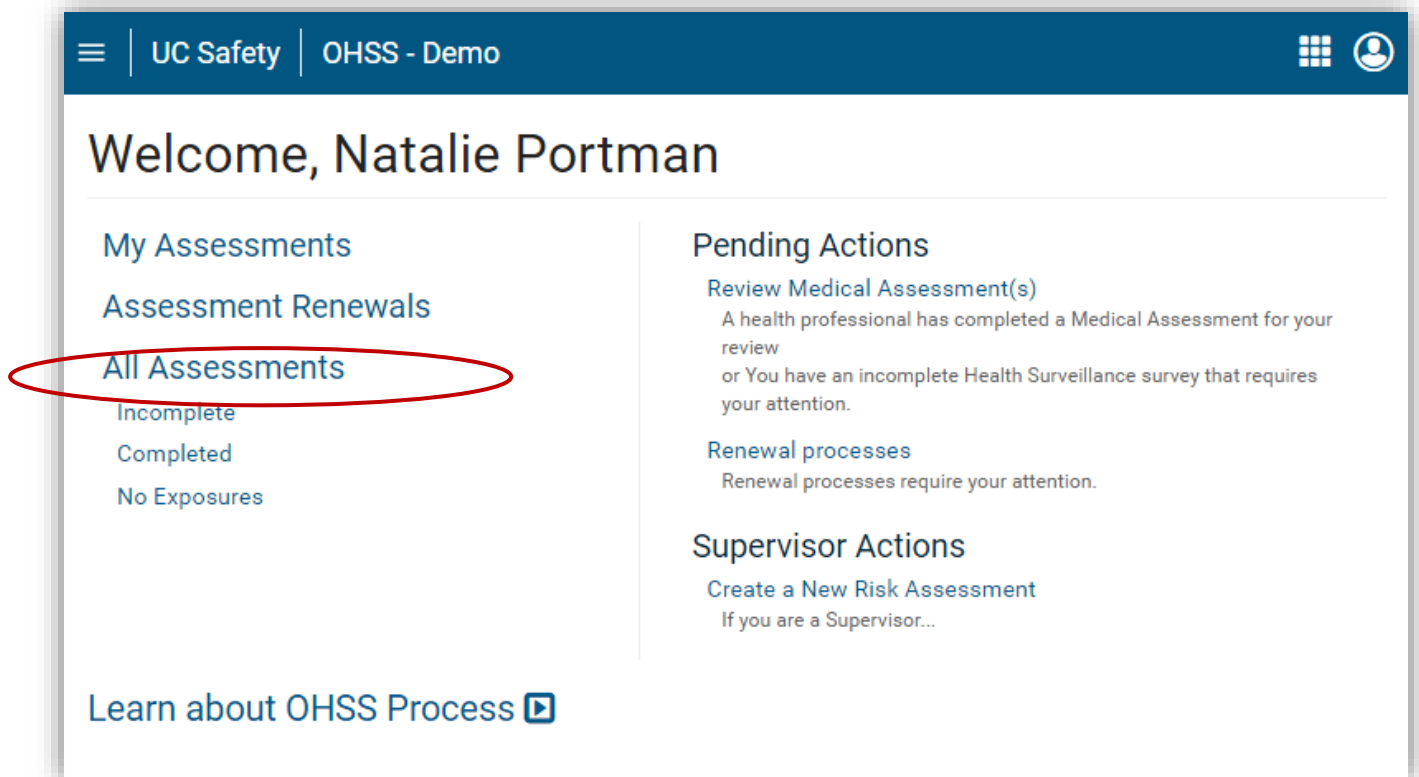
# PI's Copying a Risk Assessment

## Copying a Risk Assessment from an Existing One

Copying an existing Risk Assessment allows PIs to quickly create multiple assessments with similar hazards and risks. Follow these steps to copy a Risk Assessment:

1. **Navigate to All Assessments:**

- From the homepage, go to **All Assessments**.



2. **Locate the Existing Assessment:**

- In the **RA** column, find the name of the participant whose Risk Assessment you want to copy.

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## All Assessments + New

Incomplete | Completed | No Exposures

Archive

Participant ^	Supervisor ^	Department ^	RA ^ ⓘ	HQ ^ ⓘ	MA ^ ⓘ	Send Email
<input type="checkbox"/> Marion Cotillard	Natalie Portman	MEDICINE	10/05/2015 - A	05/22/2015 - C	--	

### 3. Access the Copy Option:

- Click the drop-down arrow next to the participant's name.
- Select **Copy Risk Assessment** from the options.

## Risk Assessment Form Copy

Supervisor: [REDACTED]

Participant: [REDACTED]

### 4. Search for the New Participant:

- Enter the name of the person (in the format **Last Name, First Name**) to whom the Risk Assessment will be applied.
- Select the participant from the list.

## Risk Assessment Copy

Create a new Risk Assessment using the same selections chosen from the Risk Assessment form for [REDACTED].

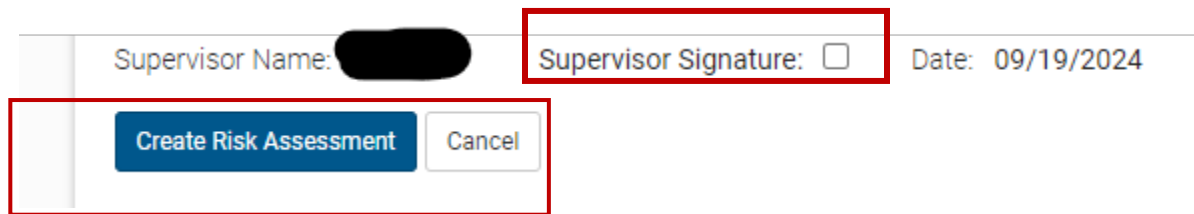
Search for person:

[Can't find the person?](#)



### 5. Edit and Finalize the Assessment:

- Review the copied Risk Assessment and make any necessary edits.
- The PI must electronically sign by selecting the “**Supervisor’s Signature**” checkbox. This action confirms that the information provided is accurate.
- Click the **Create Risk Assessment** button to complete the process.



Supervisor Name: [Redacted] Supervisor Signature:  Date: 09/19/2024

[Create Risk Assessment](#) [Cancel](#)

### Participant Review

Once the Risk Assessment is created, it is ready for the participant's review.

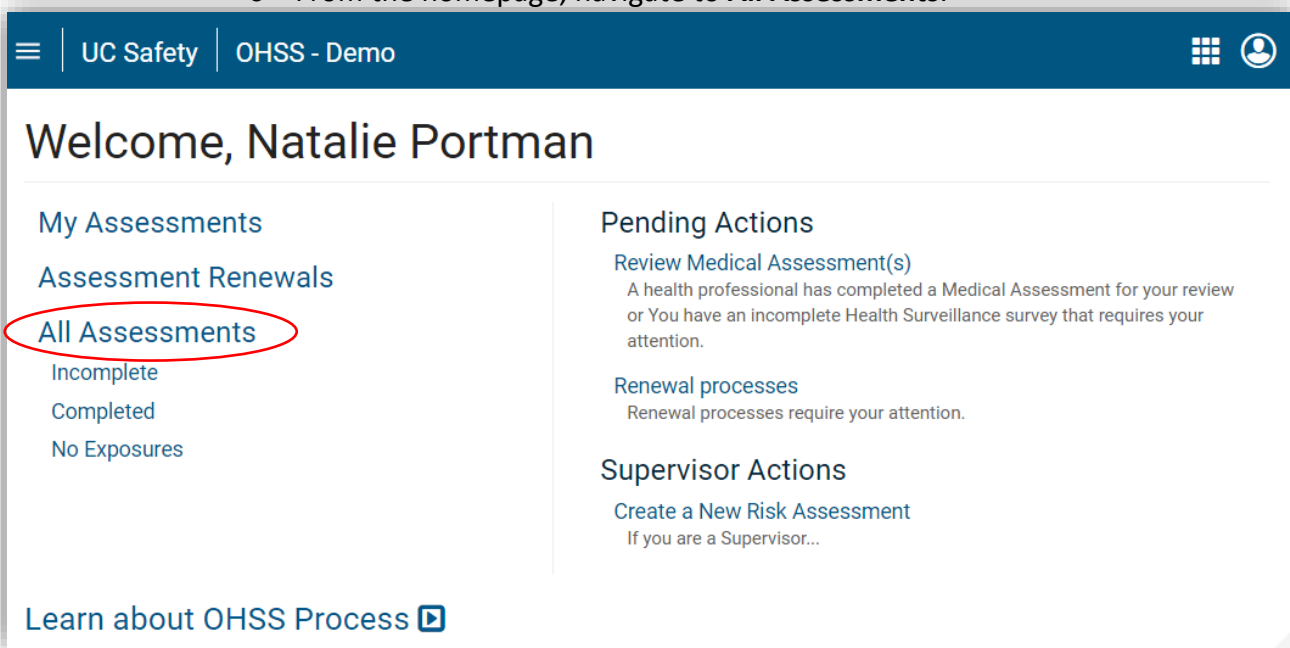
- The system allows the PI to send a pre-drafted email to the participant with instructions.
- A customizable text box in the email allows PIs to add specific details or notes

### Viewing a Participant’s Status

PIs can track a participant's progress in the Health Surveillance process without accessing Protected Health Information. Only the status of the Health Questionnaire (HQ) or Medical Assessment (MA) will be visible.

#### 1. Go to All Assessments:

- From the homepage, navigate to **All Assessments**.



UC Safety | OHSS - Demo

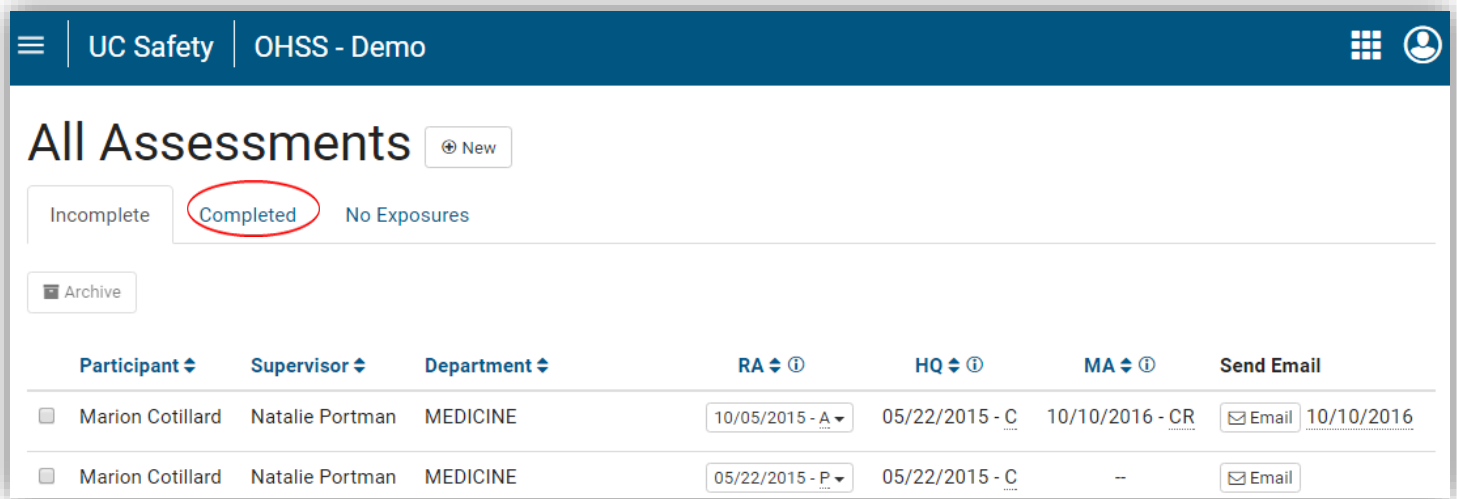
## Welcome, Natalie Portman

- My Assessments
  - Assessment Renewals
  - All Assessments**
  - Incomplete
  - Completed
  - No Exposures
- Pending Actions
  - Review Medical Assessment(s)  
A health professional has completed a Medical Assessment for your review or You have an incomplete Health Surveillance survey that requires your attention.
  - Renewal processes  
Renewal processes require your attention.
- Supervisor Actions
  - Create a New Risk Assessment  
If you are a Supervisor...

[Learn about OHSS Process](#)

## 2. View Status:

- By default, you will land on the **Incomplete** tab, showing participants who have not completed the process.
- To view completed assessments, switch to the **Completed** tab.

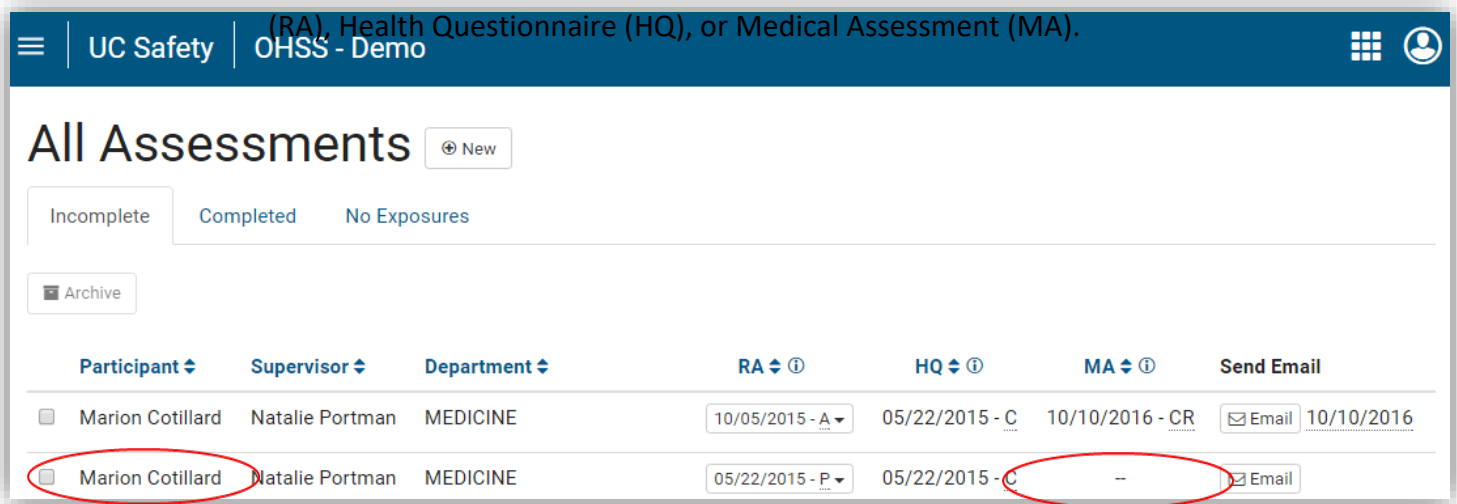


The screenshot shows the 'All Assessments' page in the UC Safety OHSS - Demo system. The 'Completed' tab is selected and circled in red. The table below shows two rows of assessment data for Marion Cotillard.

Participant	Supervisor	Department	RA	HQ	MA	Send Email
<input type="checkbox"/> Marion Cotillard	Natalie Portman	MEDICINE	10/05/2015 - A	05/22/2015 - C	10/10/2016 - CR	<input type="checkbox"/> Email 10/10/2016
<input type="checkbox"/> Marion Cotillard	Natalie Portman	MEDICINE	05/22/2015 - P	05/22/2015 - C	--	<input type="checkbox"/> Email

## 3. Locate the Participant:

- Use column headers to sort the data as needed.
- Hover over the letter next to the date to check the status of the Risk Assessment (RA), Health Questionnaire (HQ), or Medical Assessment (MA).

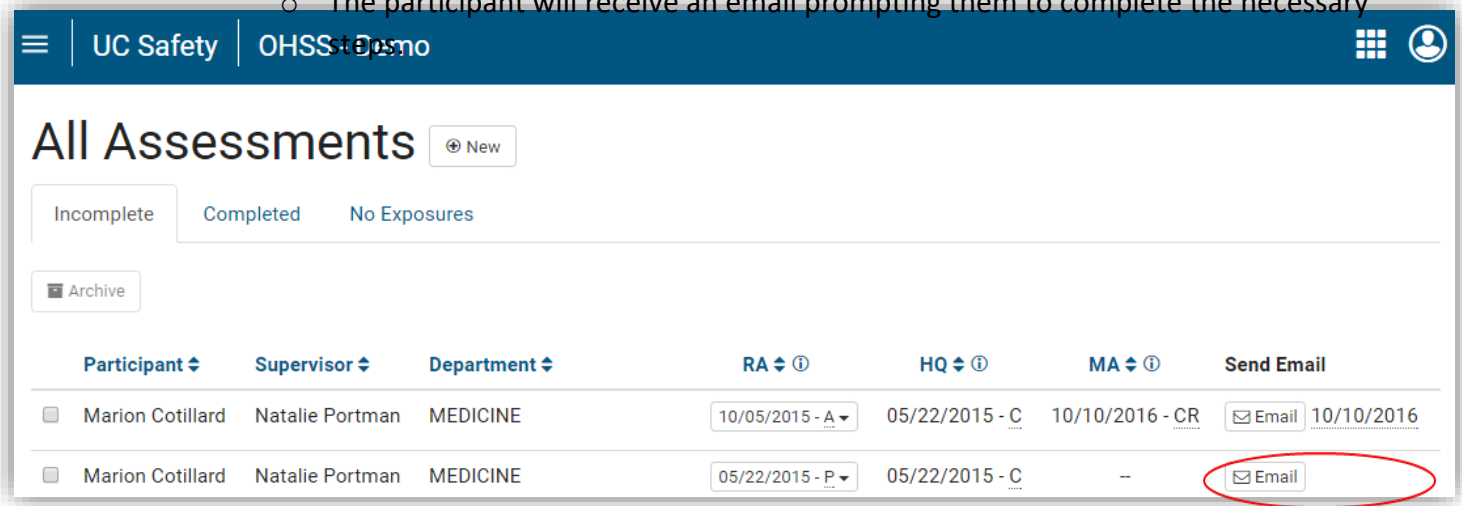


The screenshot shows the 'All Assessments' page with the 'Completed' tab selected. The second row of the table is highlighted with a red circle, and the 'MA' column for that row is also circled in red, showing '--'.

Participant	Supervisor	Department	RA	HQ	MA	Send Email
<input type="checkbox"/> Marion Cotillard	Natalie Portman	MEDICINE	10/05/2015 - A	05/22/2015 - C	10/10/2016 - CR	<input type="checkbox"/> Email 10/10/2016
<input type="checkbox"/> Marion Cotillard	Natalie Portman	MEDICINE	05/22/2015 - P	05/22/2015 - C	--	<input type="checkbox"/> Email

**4. Send Reminders:**

- If action is needed, click the **Email** button on the far right to resend the last notification.
- A new tab will open, allowing you to add notes to the email before sending.
- The participant will receive an email prompting them to complete the necessary



The screenshot shows the 'All Assessments' page in the UC Safety OHSS Demo system. The page has a blue header with 'UC Safety | OHSS Demo' and a user profile icon. Below the header, there's a 'New' button and filter tabs for 'Incomplete', 'Completed', and 'No Exposures'. An 'Archive' button is also present. The main content is a table with the following columns: Participant, Supervisor, Department, RA, HQ, MA, and Send Email. The table contains two rows of data for Marion Cotillard, supervised by Natalie Portman in the MEDICINE department. The 'Send Email' column for the second row is circled in red.

Participant	Supervisor	Department	RA	HQ	MA	Send Email
<input type="checkbox"/> Marion Cotillard	Natalie Portman	MEDICINE	10/05/2015 - A	05/22/2015 - C	10/10/2016 - CR	<input type="button" value="Email"/> 10/10/2016
<input type="checkbox"/> Marion Cotillard	Natalie Portman	MEDICINE	05/22/2015 - P	05/22/2015 - C	--	<input type="button" value="Email"/>

# PI's- Archiving/Deactivating Assessments

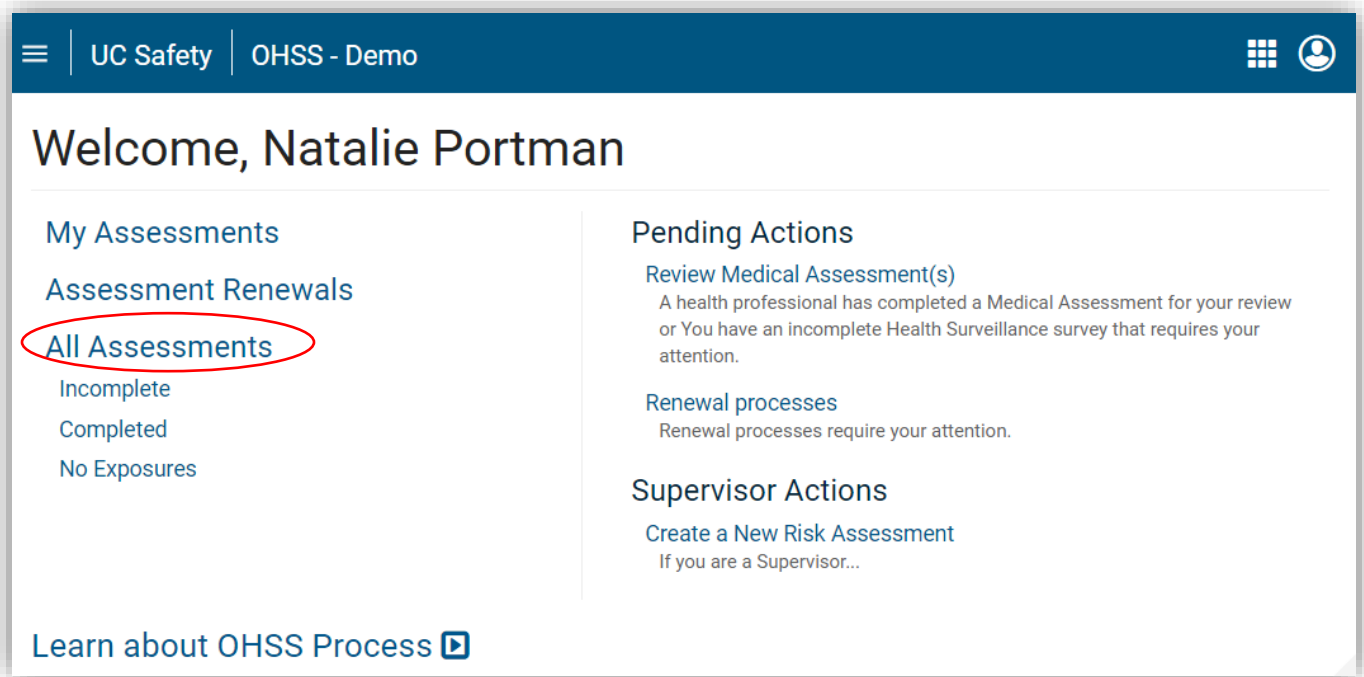
## Managing Archived or Deactivated Assessments

If a participant is no longer part of the Occupational Health Surveillance program or has transitioned to a new PI, their assessments can either be archived or deactivated.

- **Archiving:** Used for incomplete assessments.
- **Deactivating:** Stops the renewal process for completed assessments and disables email reminders to the current PI for those assessments.

## Archiving Incomplete Assessments

1. Navigate to **All Assessments** from your homepage.



2. The system will automatically display the **Incomplete** tab.
3. Select the checkbox next to the name of the participant whose assessment you wish to archive.

UC Safety | OHSS - Demo

## All Assessments New

**2** Incomplete Completed No Exposures

**4** Archive

Participant	Supervisor	Department	RA	HQ	MA	Send Email
<input type="checkbox"/> Natalie Portman	Marion Cotillard	UCDMC MEDICAL CENTER	10/05/2015 - A	10/05/2015 - C	10/05/2015 - CR	
<b>3</b> <input checked="" type="checkbox"/> Marion Cotillard	Natalie Portman	MEDICINE	10/05/2015 - A	05/22/2015 - C	--	

4. Click the **Archive** button.
5. Provide a reason for archiving when prompted.

### Deactivating Assessments Up for Renewal

1. Go to the **Assessment Renewals** page.

UC Safety | OHSS - Demo

## Welcome, Natalie Portman

**My Assessments**

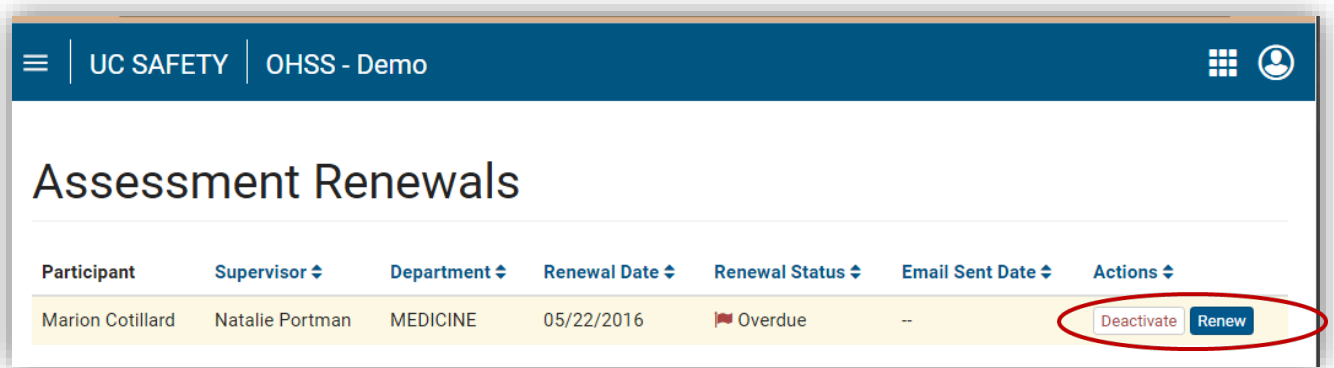
- Assessment Renewals**
- All Assessments
  - Incomplete
  - Completed
  - No Exposures

[Learn about OHSS Process](#)

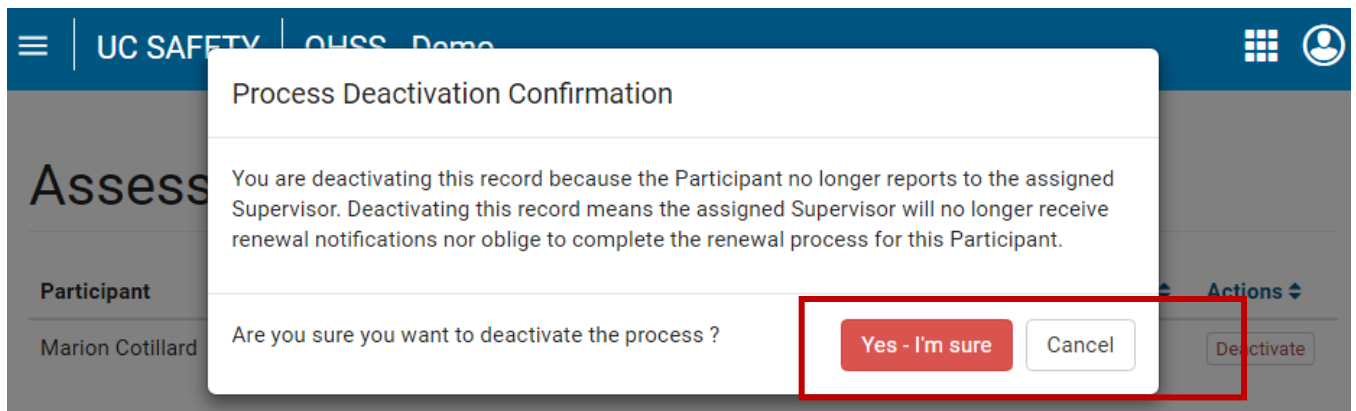
**Pending Actions**

- Review Medical Assessment(s)**  
A health professional has completed a Medical Assessment for your review or You have an incomplete Health Surveillance survey that requires your attention.
- Renewal processes**  
Renewal processes require your attention.
- Supervisor Actions**  
[Create a New Risk Assessment](#)  
If you are a Supervisor...

2. Locate the assessment to be deactivated.
3. Select the **Deactivate** option.



4. Confirm the action by clicking **Yes - I'm Sure**.



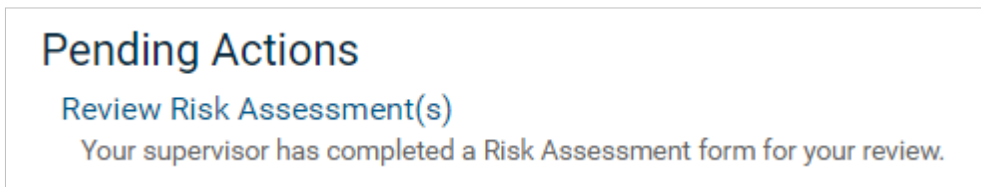
# OHSS – Quick Tips for Participants

## Supervisory Role in the Program

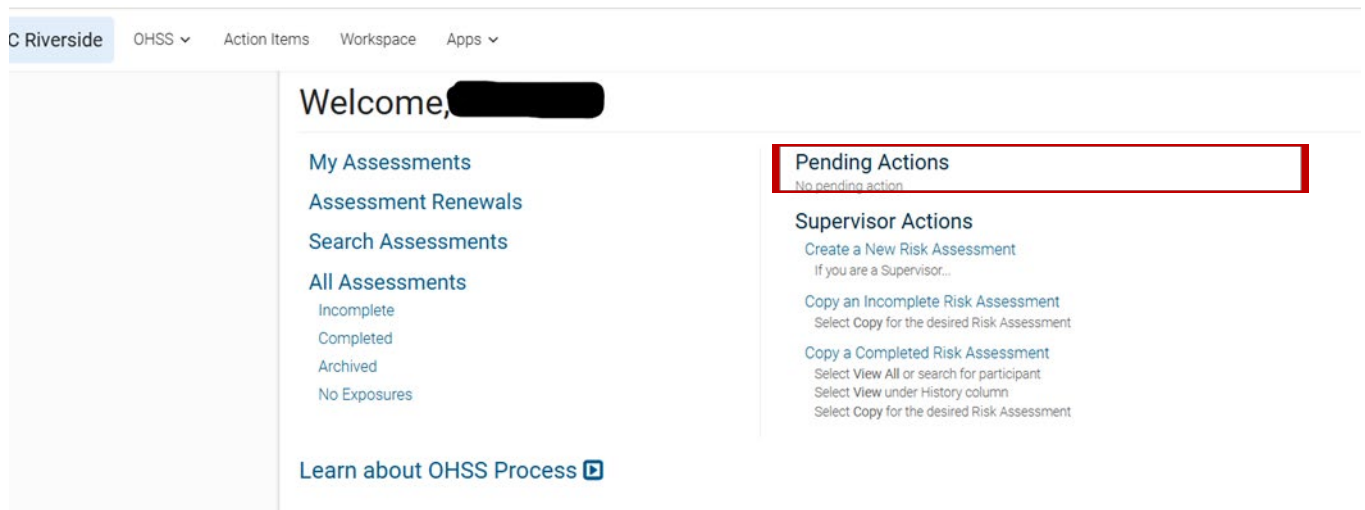
In this program, it is recognized that while the supervisor is responsible for signing timesheets, they may not have in-depth knowledge of the IACUC protocol, nor fully understand compliance requirements for institutional, state, and federal regulations (including IACUC, USDA, and NIH guidelines), or all potential risks a participant might face. As a result, the **Principal Investigator (PI)** will assume the supervisory role for the animal protocol.

## Pending Actions

- The **Pending Actions** section, located on the right side of the homepage, lists tasks requiring the attention to move the process forward.



**Pending Actions**  
[Review Risk Assessment\(s\)](#)  
Your supervisor has completed a Risk Assessment form for your review.



C Riverside OHSS Action Items Workspace Apps

Welcome, [Redacted]

**My Assessments**  
Assessment Renewals  
Search Assessments

**All Assessments**  
Incomplete  
Completed  
Archived  
No Exposures

[Learn about OHSS Process](#)

**Pending Actions**  
No pending action

**Supervisor Actions**  
Create a New Risk Assessment  
If you are a Supervisor...  
Copy an Incomplete Risk Assessment  
Select Copy for the desired Risk Assessment  
Copy a Completed Risk Assessment  
Select View All or search for participant  
Select View under History column  
Select Copy for the desired Risk Assessment

## Checking the Status of the Assessment

1. From the home screen, navigate to **My Assessments**.

Welcome, [Redacted]

**My Assessments**

Assessment Renewals

Search Assessments

All Assessments

Incomplete

Completed

Archived

No Exposures

[Learn about OHSS Process](#)

Pending Actions

No pending action

Supervisor Actions

Create a New Risk Assessment

If you are a Supervisor...

Copy an Incomplete Risk Assessment


Select Copy for the desired Risk Assessment

Copy a Completed Risk Assessment

Select View All or search for participant

Select View under History column

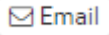
Select Copy for the desired Risk Assessment

- Look for items marked with a red flag—these require immediate attention.  09/21/2016 - P
- Use the column headers to sort the assessments as needed.
- Hover over the date in the Risk Assessment (RA), Health Questionnaire (HQ), or Medical Assessment (MA) columns to view the status code.

## My Assessments

Supervisor	RA	HQ	MA	Process Completed	Renewal Date
[Redacted]	08/07/2024 - A	08/29/2024 - MP	--	--	--
[Redacted]	04/30/2024 - A	08/12/2024 - C	08/29/2024 - C	08/29/2024	08/29/2027
[Redacted]	04/18/2024 - A	04/18/2024 - C	04/18/2024 - C	04/18/2024	04/18/2027

### 5. For PI Actions:

- Resend reminder emails by selecting the email button on the far right. 
- Archive inactive participants or assessments to remove them from the list (data will still be retained in the system).

Participant	Supervisor	Department	RA	HQ	MA	Send Email
Marion Cotillard	Natalie Portman	MEDICINE	10/05/2015 - A	05/22/2015 - C	10/10/2016 - CR	 Email 10/10/2016
Marion Cotillard	Natalie Portman	MEDICINE	05/22/2015 - P	05/22/2015 - C	--	 Email



## Acknowledging the Medical Assessment

Participants must acknowledge their Medical Assessment, even if no services are required, to complete the process.

1. Log in to <https://ehs.ucop.edu/ohss>.
2. Under **Pending Actions**, select **Review Medical Assessment** (this option appears only if the assessment is ready for acknowledgment).

Action Items    Workspace    Apps ▾

Welcome, [REDACTED]

**My Assessments**

[Assessment Renewals](#)

[Search Assessments](#)

**All Assessments**

- [Incomplete](#)
- [Completed](#)
- [Archived](#)
- [No Exposures](#)

[Learn about OHSS Process](#)

**Pending Actions**

[Review Medical Assessment\(s\)](#)  
A health professional has completed a Medical Assessment for your review or you have an incomplete Health Surveillance survey that requires your attention.

**Supervisor Actions**

- [Create a New Risk Assessment](#)  
If you are a Supervisor...
- [Copy an Incomplete Risk Assessment](#)  
Select Copy for the desired Risk Assessment
- [Copy a Completed Risk Assessment](#)  
Select View All or search for participant  
Select View under History column  
Select Copy for the desired Risk Assessment

3. You will be redirected to the **My Assessments** page.
  - In the **MA** column, assessments requiring acknowledgment are flagged with a red icon.

Action Items    Workspace    Apps ▾

**My Assessments**

= Action Required

Supervisor ▾	RA ▾ Ⓜ	HQ ▾ Ⓜ	MA ▾ Ⓜ	Process Completed ▾	Renewal Date ▾
[REDACTED]	08/07/2024 - Ⓜ	08/29/2024 - Ⓜ	11/27/2024 - Ⓜ	--	--
[REDACTED]	04/30/2024 - Ⓜ	08/12/2024 - Ⓜ	08/29/2024 - Ⓜ	08/29/2024	08/29/2027
[REDACTED]	04/18/2024 - Ⓜ	04/18/2024 - Ⓜ	04/18/2024 - Ⓜ	04/18/2024	04/18/2027

4. Select the date to view the Medical Assessment.
5. Review the assessment and click the appropriate acknowledgment button.

**I Have Reviewed My Medical Assessment**

- A confirmation screen will appear once the process is complete.


6. To confirm completion, check the **Process Completed** column on the **My Assessments** page.

Action Items    Workspace    Apps ▾

## My Assessments



 = Action Required

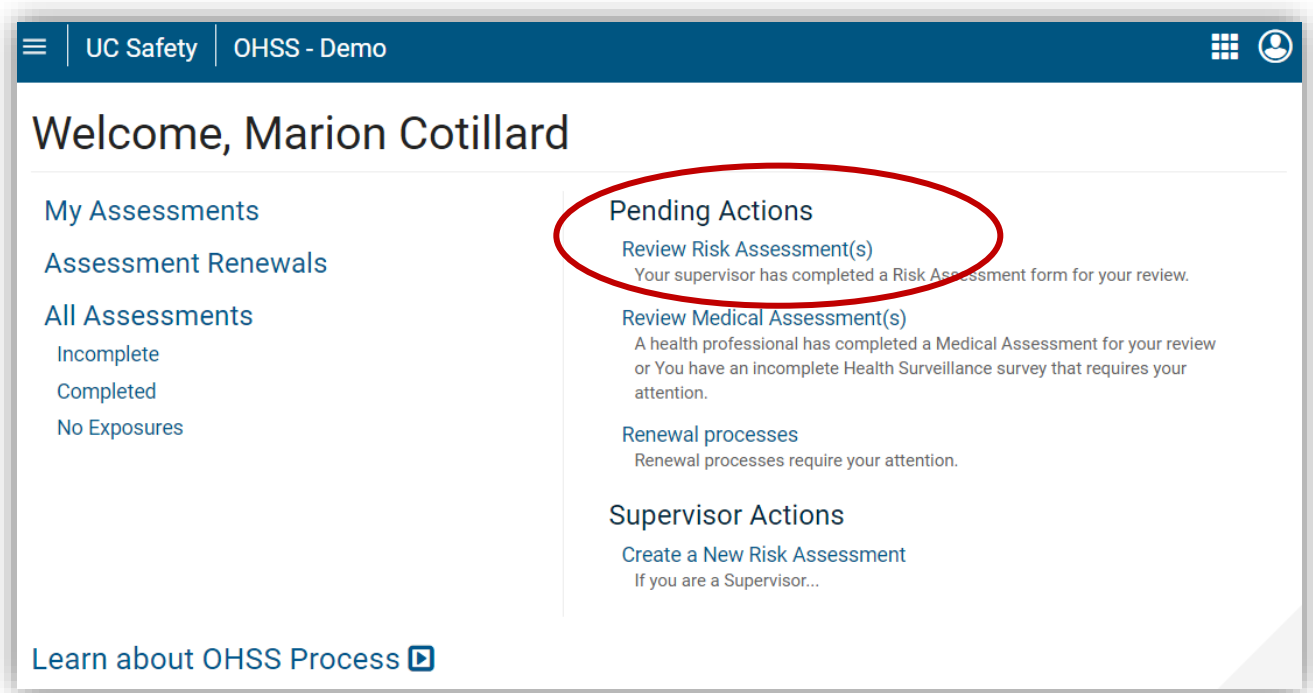
Supervisor ▾	RA ▾ ⓘ	HQ ▾ ⓘ	MA ▾ ⓘ	Process Completed ▾	Renewal Date ▾
[REDACTED]	08/07/2024 - <a href="#">A</a>	08/29/2024 - <a href="#">C</a>	 11/27/2024 - <a href="#">CB</a>	--	--
[REDACTED]	04/30/2024 - <a href="#">A</a>	08/12/2024 - <a href="#">C</a> ▾	08/29/2024 - <a href="#">C</a>	08/29/2024	08/29/2027
[REDACTED]	04/18/2024 - <a href="#">A</a>	04/18/2024 - <a href="#">C</a> ▾	04/18/2024 - <a href="#">C</a>	04/18/2024	04/18/2027

# Participant – Review a Risk Assessment

## Reviewing an Assessment

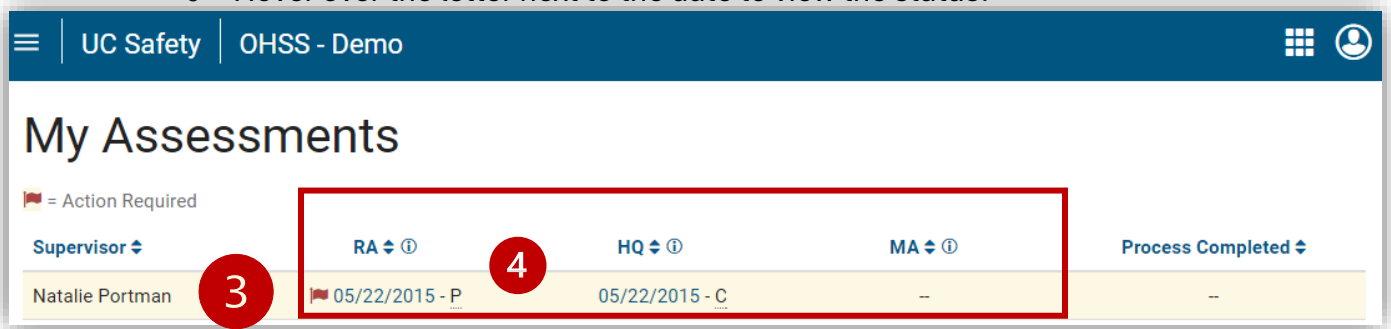
When a PI completes a Risk Assessment for a participant, the participant will receive an email notification. If they do not receive the email, they can log in to <https://ehs.ucop.edu/ohss> to review the assessment.

1. From the homepage, under **Pending Actions**, select **Review Risk Assessment(s)**.



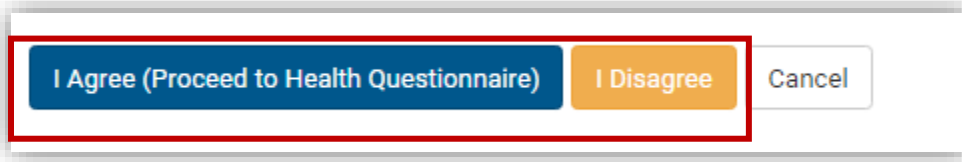
2. Participants will be redirected to the **My Assessments** page, displaying Risk Assessments (RA), Health Questionnaires (HQ), and Medical Assessments (MA) for which you are the participant.
3. Identify items marked with a red flag, which require attention.
4. Select the date to review the assessment.

- Hover over the letter next to the date to view the status.



5. After reviewing, you will be prompted to **Accept** or **Disagree** with the Risk Assessment.

- If you disagree, click **I Disagree**.



- The Risk Assessment will be sent back to the PI for editing.
- You may also send an email explaining your disagreement.

6. If you agree, you will proceed to the Health Questionnaire

### Health Questionnaire Form

Participant: [REDACTED]

By completing this form, I hereby authorize the UCI COEH (Center for Occupational and Environmental Health) to exchange, receive, and discuss medical information pertinent to my care concerning the use of animals and/or insects, including potential zoonotic risks, in research with the UCR EH&S Occupational Health Division. I further acknowledge this form is required and must be updated and resubmitted either every 3 years or at an interval determined by Occupational Health and/or the overseeing occupational health physician. When filling out your confidential Health Questionnaire (HQ), make sure to have your vaccination history available. Vaccine history, including date, is requested on the HQ and does not automatically pre-populate from previous forms or previous vaccination and/or testing services performed by Occupational Health. If you have had a vaccination, but it is not entered on the questionnaire or "I don't know" is marked, the Occupational Health Physician may recommend this service before providing clearance. This may create an unnecessary appointment or clearance delay.

Date of Birth  (MM/DD/YYYY)

#### Vaccines

Have you previously received the full dose of Hepatitis B immunization series?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> I don't know	If yes, the estimated completed date: <input type="text"/> (MM/YYYY)
Have you had the Tetanus vaccine?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> I don't know	If yes, the estimated completed date: <input type="text"/> (MM/YYYY)
Have you had the Rabies vaccine?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> I don't know	If yes, the estimated completed date: <input type="text"/> (MM/YYYY)
Have you had a Rabies titer?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> I don't know	If yes, the estimated completed date: <input type="text"/> (MM/YYYY)

# Participant Submitting the Health Questionnaire Form

## Submitting a Health Questionnaire Form

After completing a Risk Assessment, participants will be directed to the Health Questionnaire (HQ), which they must complete and submit. The HQ is routed to a Medical Professional for review. Participants will be notified if their HQ is approved or requires further action.

### Key Points

- **Confidentiality:** The PI or Supervisor does not have access to the Health Questionnaire.
- **Reusability:** The HQ is completed once and reused for multiple Risk Assessments.
- **Time Limit:** Participants have **30 minutes** to complete the HQ. Ensure access to your medical information during this process.

**Note: Include vaccination history, including dates, when filling out the HQ. This information does not auto-populate from prior records. Missing or incomplete vaccine details may delay clearance and require unnecessary appointments.**

### Health Questionnaire Content

The HQ provides Medical Professionals with a participant's medical history, including:

- Vaccines
- Tuberculosis Screening
- General Health History
- Exposures
- Biological Hazards
- Allergies
- Prescription Medications
- Health Status Changes

# Health Questionnaire Form

Participant: [REDACTED]

By completing this form, I hereby authorize the UCI COEH (Center for Occupational and Environmental Health) to exchange, receive, and discuss medical information pertinent to my care concerning the use of animals and/or insects, including potential zoonotic risks, in research with the UCR EH&S Occupational Health Division. I further acknowledge this form is required and must be updated and resubmitted either every 3 years or at an interval determined by Occupational Health and/or the overseeing occupational health physician.

When filling out your confidential Health Questionnaire (HQ), make sure to have your vaccination history available. Vaccine history, including date, is requested on the HQ and does not automatically pre-populate from previous forms or previous vaccination and/or testing services performed by Occupational Health. If you have had a vaccination, but it is not entered on the questionnaire or "I don't know" is marked, the Occupational Health Physician may recommend this service before providing clearance. This may create an unnecessary appointment or clearance delay.

Date of Birth  (MM/DD/YYYY)

## Vaccines

- |                                                                                |                                                                                                  |                                                                      |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Have you previously received the full dose of Hepatitis B immunization series? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> I don't know | If yes, the estimated completed date: <input type="text"/> (MM/YYYY) |
| Have you had the Tetanus vaccine?                                              | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> I don't know | If yes, the estimated completed date: <input type="text"/> (MM/YYYY) |
| Have you had the Rabies vaccine?                                               | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> I don't know | If yes, the estimated completed date: <input type="text"/> (MM/YYYY) |
| Have you had a Rabies titer?                                                   | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> I don't know | If yes, the estimated completed date: <input type="text"/> (MM/YYYY) |

## General History

- Arthritis, Chronic Pain or Joint Pain?  Yes  No  
 If yes, please explain:
- Do these conditions interfere with your work?  Yes  No  
 If yes, please explain:
- Immune system compromised condition?  Yes  No  
 If yes, please explain:
- Have you been diagnosed with a heart or lung disease that would interfere with your ability to wear a respirator?  Yes  No

## Exposures

Are you or will you be wearing a respirator at work? If uncertain, review the risk assessment and contact your supervisor.

Yes  No

If yes, please select the type of respirator:

Dust Mask  N-95  Surgical Mask  1/2 Face  Full Face  PAPR

Do you wear protective goggles or protective clothing at work?

Yes  No

If yes, protection from what agent or action?

If you work in noisy or loud environments, is hearing protection readily available for your own comfort at work?

Yes  No  N/A

If working with needles, do you know how to report a needle stick injury?

Yes  No  N/A

If you work in extreme environmental conditions have you been trained on how to protect yourself?

Yes  No  N/A

## Biological Hazards

If your work requires you to work with human blood, tissue, or body fluids, have you been offered a Hep B vaccine through Occupational Health Services and completed Blood Borne Pathogens training?

Yes  No  N/A

- I need to have a blood test (Hepatitis B titer) to document immunity.
- I would like to receive a Hepatitis B vaccine.
- I have declined to receive Hepatitis B vaccine and have signed a declination form at the time of the training.

Would you like to speak to a physician about any of your workplace exposures?

Yes  No

## Allergies

Please indicate which symptoms you have experienced:

- |                                                                 |                                                     |                                                                  |
|-----------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Chronic Cough                          | <input checked="" type="checkbox"/> Asthma/Wheezing | <input type="checkbox"/> Itchy, Irritated Eyes (Conjunctivitis)  |
| <input type="checkbox"/> Hay Fever (Dust)                       | <input type="checkbox"/> Hives or Skin Rash         | <input type="checkbox"/> Chronic Allergies (Food, Pollens, Dust) |
| <input type="checkbox"/> Bronchitis                             | <input type="checkbox"/> Pneumonia                  | <input type="checkbox"/> Itchy, Runny Nose (rhinitis)            |
| <input type="checkbox"/> Chest Tightness or Shortness of Breath |                                                     |                                                                  |

Are these allergies more frequent at work?  Yes  No  N/A

Please indicate which animals or substances cause you symptoms:

- |                                            |                                          |                                                                     |
|--------------------------------------------|------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Alfalfa           | <input type="checkbox"/> Bird (Feathers) | <input type="checkbox"/> Cat                                        |
| <input checked="" type="checkbox"/> Cattle | <input type="checkbox"/> Chemicals       | <input type="checkbox"/> Dog                                        |
| <input checked="" type="checkbox"/> Goat   | <input type="checkbox"/> Grasses         | <input type="checkbox"/> Guinea Pig                                 |
| <input type="checkbox"/> Horse             | <input type="checkbox"/> Latex           | <input type="checkbox"/> Metals                                     |
| <input type="checkbox"/> Primates          | <input type="checkbox"/> Rabbit          | <input type="checkbox"/> Rat or Mice                                |
| <input type="checkbox"/> Sheep (Wool)      | <input type="checkbox"/> Swine           | <input type="checkbox"/> Trees                                      |
| <input type="checkbox"/> Weeds             | <input type="checkbox"/> Wood            | <input type="checkbox"/> Other (e.g. chemicals, food, environment): |

Do your allergies require treatment?  Yes  No  N/A

Have you had to wear a respirator, goggles or protective clothing to protect yourself from allergies?  Yes  No

Have you been given an alternative to using latex gloves?  Yes  No

Are you being treated by your private doctor for allergies or asthma?  Yes  No

## Prescription Medications

Are you currently taking any prescription medications?  Yes  No

If yes, please list separated by commas (e.g. Prilosec, Advair):

Has your health status changed in the last year?  Yes  No

If yes, describe:



### Reproductive Health

Are you pregnant?  Yes  No  N/A

Would you like to have a "Reproductive Health Consult" with an Health Physician?  Yes  No

Note: Saving this Health Questionnaire Form will create a new OHSS process with a copy of the following Risk Assessment.

Save Health Questionnaire Form

Cancel

### Completing the Health Questionnaire

- Automatic Redirection:** Participants will be directed to the HQ after agreeing to the Risk Assessment.
  - If you opt to complete it later, access it via **Pending Actions** on the homepage.

Welcome, [REDACTED]

My Assessments


Pending Actions



### 2. Review or Modify Existing HQ:

- If an HQ is already on file, you can:
  - Approve it with no changes.
  - Modify it if your health status has changed by clicking the **Update** button.

### My Assessments

 = Action Required

Supervisor ↕	RA ↕ ⓘ	HQ ↕ ⓘ	MA ↕ ⓘ	Process Completed ↕	Renewal Date ↕
[REDACTED]	08/07/2024 - A	08/29/2024 - C	 11/27/2024 - CR	--	--
[REDACTED]	04/30/2024 - A	08/12/2024 - C	08/29/2024 - C	08/29/2024	08/29/2027
[REDACTED]	04/18/2024 - A	04/18/2024 - C	04/18/2024 - C	04/18/2024	04/18/2027

04/18/2024 - A	<div data-bbox="703 470 1019 598"><p> View</p><p> Update</p></div>	04/18
----------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------

3. **Save and Submit:** Once completed, click **Save Health Questionnaire** to submit it.

Save Health Questionnaire Form

Cancel

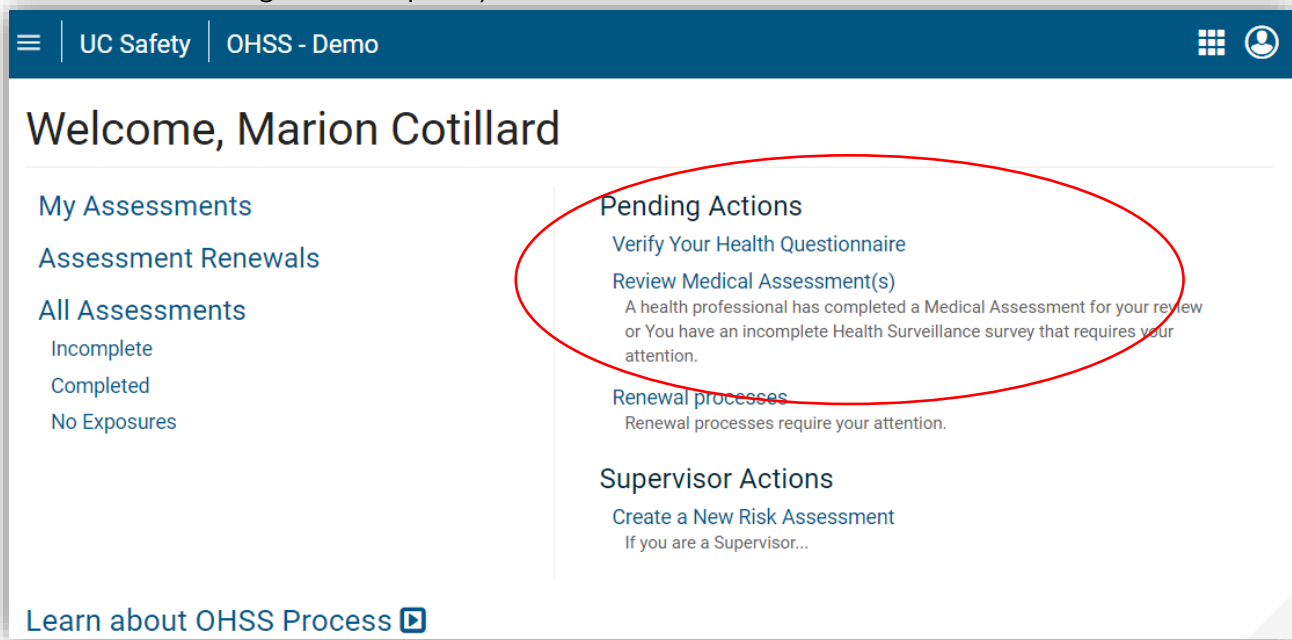
## Participant- Acknowledging a Medical Assessments

### Medical Assessment Review and Acknowledgment


1. **Medical Review:** After submission, a Medical Professional reviews the Risk Assessment and HQ to determine if any medical services or consultations are needed before protocol work can begin.
2. **Acknowledgment Required:** Participants must acknowledge the Medical Assessment in the system, regardless of whether services are required.

### Acknowledging the Medical Assessment

1. Log in to <https://ehs.ucop.edu/ohss>.
2. Under **Pending Actions**, select **Review Medical Assessment** (this option is only visible if acknowledgment is required).



The screenshot shows the OHSS user interface for Marion Cotillard. The navigation bar includes 'UC Safety' and 'OHSS - Demo'. The main content area is divided into sections: 'My Assessments', 'Assessment Renewals', 'All Assessments' (with sub-items: Incomplete, Completed, No Exposures), 'Pending Actions', and 'Supervisor Actions'. The 'Pending Actions' section is circled in red and contains three items: 'Verify Your Health Questionnaire', 'Review Medical Assessment(s)' (with a sub-description: 'A health professional has completed a Medical Assessment for your review or You have an incomplete Health Surveillance survey that requires your attention.'), and 'Renewal processes' (with a sub-description: 'Renewal processes require your attention.'). The 'Supervisor Actions' section contains 'Create a New Risk Assessment' (with a sub-description: 'If you are a Supervisor...'). A 'Learn about OHSS Process' link is visible at the bottom left.

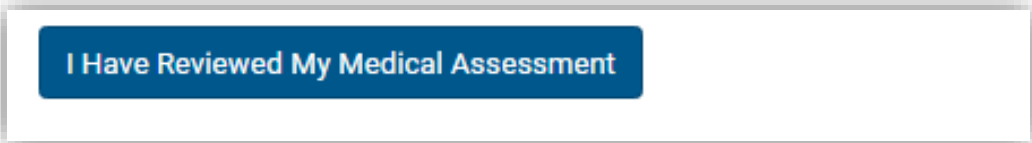
3. Navigate to the **My Assessments** page.
  - o Medical Assessments requiring acknowledgment will be marked with a red flag in the **MA** column.  = Action Required

## My Assessments

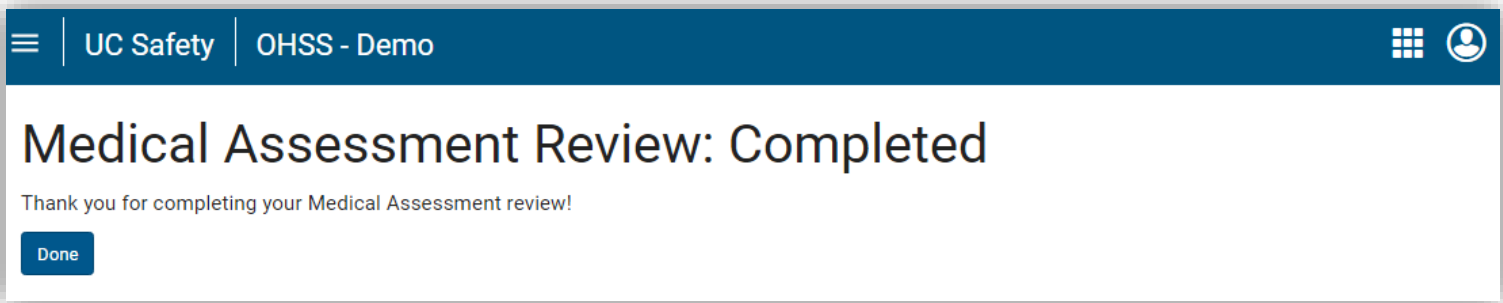
🚩 = Action Required

Supervisor ↕	RA ↕ ⓘ	HQ ↕ ⓘ	MA ↕ ⓘ	Process Completed ↕	Renewal Date ↕
██████████	08/07/2024 - ⚙️	08/29/2024 - ⚙️	🚩 11/27/2024 - ⚙️	--	--

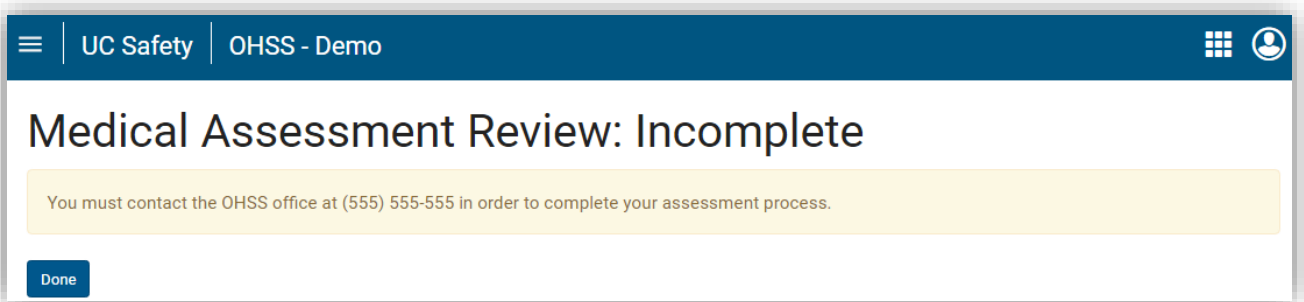
4. Select the date to view the Medical Assessment.
5. Carefully review the document and click **I Have Reviewed My Medical Assessment** to confirm acknowledgment.



6. **Completion Status:**
  - If no services are required or services are optional recommendations, the system will clear you.



- If services are needed, you will receive instructions to contact the Occupational Health team at [ehsochealth@ucr.edu](mailto:ehsochealth@ucr.edu).



7. Check the **Process Completed** column on the **My Assessments** page to verify completion.



Supervisor	RA	HQ	MA	Process Completed
Natalie Portman	10/10/2016 - A	05/22/2015 - C	10/11/2016 - C	10/11/2016