March 3, 2011
University Safety Committee (USC)
Subcommittee: Health and Safety for Animal Personnel

The safety program should include ALL employees who have contact with animals or animal products.

Suggested Protocol:

Step 1: Exposure to Health Risks/Physical Demands Form (HR, form filled out by the supervisor)
Step 2: Initial Medical Questionnaire (completed by University physician)/Students Exposure Report (filled out by department supervisor)/Rabies Surveillance Record
Step 3: Training (key areas)
   Personal hygiene procedures
   Procedures for use, storage, and disposal of hazardous materials
      (biologic, chemical, physical)
   Personnel protection
   Procedures for reporting and treating injuries

Helpful Links:

http://www.uphys.msu.edu/unit/occhealth/index.html
http://www.crcbs.msu.edu/
http://safetyservices.ucdavis.edu/

#7 to determine training
Protocol for Occupational Health Services for Animal Handlers

All employees who have contact with animals or animal products

Complete initial questionnaire

Review of questionnaire by occupational health professional

Further testing or services needed?

No
Record as compliant in database

Annual short interim questionnaire completed

Yes
Appt set up for service in Occupational Health

Needs recurrent services?

Yes

Interval Appointments according to protocol based on job risk
Michigan State University
Occupational Health
Rabies Surveillance Record

Vaccine Request – sign if you have NOT had rabies vaccine and want it.
I have been informed that I may be at risk of rabies exposure through contact with animals. I elect to receive the rabies vaccine consisting of three injections over a 28 day period. I have been informed of the potential risks and side effects.

Signature: ___________________________ Date: ___________________________
Witness: ___________________________ Date: ___________________________

Vaccine Record – Complete if you have received rabies vaccine in the past.
Please list the dates:  #1 ___________ #2 ___________ #3 ___________
List dates of any boosters or additional doses if vaccine given post exposure

If you don’t know the exact dates, give an approximate year and the number of doses received.
Year: ___________________________ # of doses arterial pressure_ ___________________________

When was your last rabies titer? Date: ___________________________ I never had a titer: ❑

If you don’t know the exact date, give an approximate year.

Was the titer “adequate” or “present”? Yes ❑ No ❑
(Adequate or present means you didn’t need a booster)

Waiver – sign if you have NOT had rabies vaccine and do NOT want it.
I understand the risks and benefits involved, but I do not wish to receive a rabies vaccine at this time. I understand that I may request a rabies vaccine in the future and, if I still work at a job where I am at potential risk of exposure I will be vaccinated.

Signature: ___________________________ Date: ___________________________
Witness: ___________________________ Date: ___________________________