

Occupational Health Program (OHP) Enrollment

1. Go to:

<https://www.southalabama.edu/departments/research/compliance/animalcare/occupational-health-enrollment.html>

2. Select “OHP Enrollment Instructions” to access the site link.

Occupational Health Enrollment

The Occupational Health Program is designed to provide preventative medical services and occupational risk assessment education to research faculty and staff in direct contact with live vertebrate animals, body fluids and tissues, wastes, or contaminated living quarters. The Occupational Health manual is intended to address employee risks of illness and injury associated with the care and use of animals in research. The OHP has been developed in accordance with the Occupational Health and Safety in the Care and Use of Research Animals document prepared by the National Research Council (NRC), the Guide for the Care and Use of Laboratory Animals (Institute of Laboratory Animal Resources [ILAR]), the Biosafety in Microbiological and Biomedical Laboratories [CDC, NIH], and the USA Biosafety Manual and Exposure Control Plan.

▼ OHP Enrollment Instructions

The Occupational Health Program Enrollment process

1. To enroll in the OHP, the employee will visit the [OHP Enrollment Site](#).
2. Download the Animal Allergies material. Please read the material and then acknowledge that you have read the information by checking the "Yes" box.
3. On the next screen is the Purpose and Privacy statements for the OHP. Please read the information before continuing and then click Next.
4. Follow the instructions and fill in all applicable and required fields.
5. Once you have completed the Occupational Initial Health Screening form, click Submit.
6. After your initial screening questionnaire is complete and submitted through REDCap, the form is routed to the Industrial Health provider and then a paper-based review is completed by the provider. If you are medically cleared with no restrictions, an email is generated and sent to you and your laboratory supervisor. If you are not medically cleared, an email is generated to you, requesting that you call the providers office to schedule an appointment.

If you have any questions about the enrollment process, please contact the IACUC office at (251) 341-4913.

3. Download and review the training materials

Please download and review the training materials attached here before proceeding to the Initial Health Screening.

Attachment: [Animal Allergies\(REDCap\).pdf](#) (0.19 MB)

4. Check “Yes” and continue to the next page

Have you reviewed the training materials provided as required?

* must provide value

Yes

5. Review the purpose and privacy information. Make a note of the healthcare provider information. Continue to the next page.

Occupational Health Program (OHP) Enrollment

6. Complete the contact information and OHP classification information.
a. Indicate the OHP classification. Click next to continue.

OHP Class:
* must provide value

- A. Rodents & Rabbits
- B. Dogs, Cats, Ruminants
- C. Non-human Primates
- D. Other or Human Pathogen
- E. Maintenance or Support Staff
- F. Fish, Amphibian, Reptile

ility ABSL-3 Facility

Works at/with:
* must provide value

Animal research BSL-3 Facility ABSL-3 Facility

Check ALL that apply

- b. If you elect not to participate, you will be redirected to the Election Not to Participate form to complete. Submit to continue.

ELECTION NOT TO PARTICIPATE IN THE USA COM OCCUPATIONAL HEALTH PROGRAM

The Occupational Health Program (OHP) for the University of South Alabama College of Medicine has been developed in order to define the various categories of animal exposure and to identify the potential health problems which are relevant to each category of animal exposure. Furthermore, the OHP sets forth the health-related procedures necessary to ensure that all personnel and animals are properly and effectively protected against illness related to research animal related exposures.

I have read, or have been made aware of the Occupational Health Program for University employees working with animals and do not wish to participate for the reasons stated below. I understand that my refusal to participate in this program may result in the disapproval of authorization to work with research animals.

I understand I have the right to appeal such disapproval to the Senior Associate Dean for Research and to Human Resources.

1) Date:
* must provide value

Today M-D-Y

2) Name:
* must provide value

3) Signature:
* must provide value

[Add signature](#)

4) Reason for non-participation:
* must provide value

7. Complete your medical history form.

- a. If you would like to receive vaccines, indicate that USA Health Industrial Medicine will contact you to schedule an appointment.

Occupational Health Program (OHP) Enrollment

- b. If you choose not to receive any vaccines, select no, and you will be redirected to the Declination Form after submitting the enrollment form.
- c. Click next to continue.

Declination Form Resize font: |

First Name:
* must provide value

Last Name:
* must provide value

Date of Birth: Today M-D-Y
* must provide value

I understand that my exposure to patients at healthcare facilities with the following diseases puts me at risk of acquiring the disease. Most of these diseases are preventable through vaccines. I have had the opportunity to be vaccinated for these diseases; however, I choose at this time to decline the vaccination(s) checked below. I understand that by declining vaccine protection I continue to be at risk of acquiring the disease.

Vaccination

Hepatitis B

TDAP (Tetanus, Diphtheria, Pertussis)

Other

Patient Signature: [Add signature](#) Date: Today M-D-Y

Witness Signature: [Add signature](#) Date: Today M-D-Y

8. Complete the Occupational Information section. Click next to continue.

Once you have submitted the completed enrollment form and any additional required forms, the Institutional Animal Care and Use Committee (IACUC) and USA Health Industrial Medicine will be notified.

The medical provider will review your submission. If a health professional must see you, USA Health Industrial Medicine will contact you to schedule an appointment. If the health provider needs to review your health records, you will receive an email with a Medical Record Request Form to complete and submit.

Once you are cleared for work, you, your supervisor, and IACUC will be notified by email.

Based on your work environment, you will be required to complete either annual or triennial reviews. Before your review date, you will receive up to 3 emails with a unique link to the Annual/Triennial review form for your record.

- # 1: 65 days before review is due
- # 2: 35 days before review is due if not completed
- # 3: 5 days before review is due if not completed