

# Austin Peay State University IACUC Semi-Annual Program Review Checklist

| Date:                                                                                           | A | M | S |
|-------------------------------------------------------------------------------------------------|---|---|---|
| <b>1. IACUC MEMBERSHIP AND FUNCTIONS</b>                                                        |   |   |   |
| At least 5 members, appointed by CEO                                                            |   |   |   |
| Members include veterinarian, scientist, non-scientist, and non-affiliated, non-lab animal user |   |   |   |
| Responsible for oversight and evaluation of institution's program                               |   |   |   |
| Reports to Institutional Official (IO)                                                          |   |   |   |
| Conducts semi-annual evaluations of institutional animal facilities                             |   |   |   |
| Reviews and investigates concerns about animal care and use at institution                      |   |   |   |
| Procedures for review, approval and suspension of animal activities                             |   |   |   |
| Procedures for review & approval of significant changes to approved activities                  |   |   |   |
| Policies for special procedures (e.g. restraint, multiple survival surgery, fluid restriction)  |   |   |   |
| <b>2. IACUC RECORDS AND REPORTING REQUIREMENTS</b>                                              |   |   |   |
| <b>Reports to Institutional Official (IO)</b>                                                   |   |   |   |
| Reports of semi-annual program reviews & facility inspections are submitted to IO               |   |   |   |
| Include minority IACUC views                                                                    |   |   |   |
| Describe departures from Guide or PHS Policy and reasons for departure                          |   |   |   |
| Distinguish significant from minor deficiencies                                                 |   |   |   |
| Include plan and schedule for correction of each deficiency identified                          |   |   |   |
| <b>Reports to Office of Laboratory Animal Welfare</b>                                           |   |   |   |
| Reports include any minority IACUC views                                                        |   |   |   |
| Annual report to OLAW documents program changes & dates of IACUC semi-annual review             |   |   |   |
| Promptly advises OLAW of serious/ongoing <i>Guide</i> deviations or PHS Policy non-compliance   |   |   |   |
| Promptly advises OLAW of any suspension of activity by the IACUC                                |   |   |   |
| <b>Reports to United States Department of Agriculture (USDA)</b>                                |   |   |   |
| Annual report contains required information                                                     |   |   |   |
| Reporting mechanism in place for IACUC – approved exceptions to the regulations and standards   |   |   |   |
| Reports within 15 days failure to adhere to timetable for correction of deficiencies            |   |   |   |
| Reports suspension of activity by the IACUC to USDA and any Federal funding agency              |   |   |   |
| <b>Records</b>                                                                                  |   |   |   |
| Minutes of IACUC meetings and semi-annual reports maintained for 3 years.                       |   |   |   |
| IACUC review documentation maintained for 3 years after end of study                            |   |   |   |
| IACUC review of activities involving animals includes all required information                  |   |   |   |
| <b>3. VETERINARY CARE (See also next section – Veterinary Medical Care)</b>                     |   |   |   |
| Institutional arrangement for veterinarian with training or experience in lab animal medicine   |   |   |   |
| Veterinary access to all animals                                                                |   |   |   |
| Provision for back-up veterinary care                                                           |   |   |   |
| Must provide guidance on handling, immobilization, sedation, analgesia, anesthesia, euthanasia  |   |   |   |
| Must provide guidance/oversight on surgery programs and oversight of post-surgical care         |   |   |   |
| Veterinary authority to oversee all aspects of animal care and use                              |   |   |   |

| IACUC Semi-Annual Program Review Checklist Continued...   Date:                                          | A | M | S |
|----------------------------------------------------------------------------------------------------------|---|---|---|
| <b>4. PERSONNEL QUALIFICATIONS AND TRAINING</b>                                                          |   |   |   |
| Institution has established and implemented an effective training program                                |   |   |   |
| Includes professional/management/supervisory personnel                                                   |   |   |   |
| Includes animal care personnel                                                                           |   |   |   |
| Includes research investigators, instructors, technicians, trainees, students                            |   |   |   |
| <b>Training Program Content</b>                                                                          |   |   |   |
| Humane practices of animal care (e.g. housing, husbandry, handling)                                      |   |   |   |
| Humane practices of animal use (e.g. research procedures, use of anesthesia, pre- & post-operative care) |   |   |   |
| Research/testing methods that minimize numbers necessary to obtain valid results                         |   |   |   |
| Research/testing methods that minimize animal pain or distress                                           |   |   |   |
| Use of hazardous agents, including access to OSHA chemical hazard notices where applicable               |   |   |   |
| <b>5. OCCUPATIONAL HEALTH AND SAFETY OF PERSONNEL</b>                                                    |   |   |   |
| <b>Institutional program for a safe and healthy workplace</b>                                            |   |   |   |
| Program is established and implemented                                                                   |   |   |   |
| Covers <i>all</i> personnel who work in laboratory animal facilities                                     |   |   |   |
| Based on hazard identification and risk assessment                                                       |   |   |   |
| Personnel training (e.g. zoonosis, hazards, pregnancy/illness/immuno-suppression precautions)            |   |   |   |
| Personal hygiene procedures (e.g., work clothing, eating/drinking/smoking policies)                      |   |   |   |
| Procedures for use, storage & disposal of hazardous biologic, chemical, and physical agents              |   |   |   |
| Specific procedures for personnel protection (e.g., shower/change facilities, injury prevention)         |   |   |   |
| <b>Program for medical evaluation and preventive medicine for personnel</b>                              |   |   |   |
| Pre-employment evaluation including health history                                                       |   |   |   |
| Immunizations as appropriate (e.g. rabies, tetanus) & tests                                              |   |   |   |
| Zoonosis surveillance as appropriate (e.g. Q-fever, tularemia, Hantavirus, plague)                       |   |   |   |
| Procedures for reporting and treating injuries, including bites, etc.                                    |   |   |   |
| <b>Special precautions for personnel who work with primates</b>                                          |   |   |   |
| Tuberculosis screening includes all exposed personnel                                                    |   |   |   |
| Training and implementation of procedures for bites & scratches                                          |   |   |   |
| Education regarding <i>Cercopithecine herpes virus 1</i> (Herpes B)                                      |   |   |   |
| <b>Notes:</b>                                                                                            |   |   |   |
|                                                                                                          |   |   |   |

\* **A = Acceptable; M = Minor Deficiency; S = Significant Deficiency** (is or may be a threat to animal health or safety)