Visitors

All visitors at Wake Forest School of Medicine must adhere to the training and occupational health requirements as determined by their role and responsibilities while in the lab setting.

Review the information below to determine requirements based on visitor activity and species.

**Proximity**

* No Exposure, i.e., no animal within 10 feet – **no IACUC involvement**
* Animal Contact = Direct contact or within 10 feet (aerosols)– *proceed to next question*

**Human Resources Involvement**

* Will the visitor…
  + **Receive a WFBMC badge? *or* Receive individual electronic access to WFBMC, i.e, MEDCTR ID and email address? or contact with Baptist Hospital patients during visit?**
    - **Yes** 
      * **On IACUC Protocol – YES**
      * **Occupational Health – Same as for employees; however, vaccinations are performed by a private medical provider and costs are assumed by the visitor.**
      * **IACUC-required Training – Same as for employees. Standard Employee Orientation.**
    - **No** 
      * **P**roceed to next question*. \*Keep in mind that the visitor is the responsibility of the Wake Forest sponsor and must be escorted at all times.*

**Species/Occupational Health risk Category**

Low/Mild Laboratory rats, laboratory mice, rabbits, guinea pigs, hamsters, gerbils, birds, and swine

Moderate Dogs, cats, sheep, cattle, goats, bats, and wild rodents

Marked Nonhuman Primates

**Low/Mild** – Species/Occupational Health Risk - e.g., Laboratory rats, laboratory mice, rabbits, guinea pigs, hamsters, gerbils, birds, and swine

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Add to Visitor Section of IACUC Protocol** | **Sign** [Medical History Questionnaire Waiver Form](https://wakehealth.sharepoint.com/:w:/r/teams/CTSIWebCollection/Shared%20Documents/IACUC/FORMS/Medical%20History%20Questionnaire%20for%20Escorted%20Visitors%207-2-12.docx) | **Sign** [Occupational Health and Zoonitic Concerns When Using Laboratory Animals or Tissues](https://wakehealth.sharepoint.com/:b:/r/teams/CTSIWebCollection/Shared%20Documents/IACUC/FORMS/ARP-Occupational%20Health%20and%20Zoonitc%20Concerns%20When%20Using%20Laboratory%20Animals%20or%20Tissues.pdf?csf=1&web=1&e=fP9e0Y) | **IACUC Required Training or Equivalent (see** [Animal Exposure Questionnaire](https://wakehealth.sharepoint.com/:w:/r/teams/CTSIWebCollection/Shared%20Documents/IACUC/FORMS/AnimalExposureQuestionnaire.doc)**)** |
| Trainee |  |  |  |  |
| Trainer | **X** |  |  | **X** |
| Observer/Technical Support Only |  |  |  |  |
| Perform Procedures | **X** |  |  | **X** |

**Moderate** – Species/ Occupational Health Risk – e.g., Dogs, cats, sheep, cattle, goats, bats, and wild rodents

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Add to Visitor Section of IACUC Protocol** | **Sign** [Medical History Questionnaire Waiver Form](https://wakehealth.sharepoint.com/:w:/r/teams/CTSIWebCollection/Shared%20Documents/IACUC/FORMS/Medical%20History%20Questionnaire%20for%20Escorted%20Visitors%207-2-12.docx) | **Sign** [Occupational Health and Zoonitic Concerns When Using Laboratory Animals or Tissues](https://wakehealth.sharepoint.com/:b:/r/teams/CTSIWebCollection/Shared%20Documents/IACUC/FORMS/ARP-Occupational%20Health%20and%20Zoonitc%20Concerns%20When%20Using%20Laboratory%20Animals%20or%20Tissues.pdf?csf=1&web=1&e=fP9e0Y) | **IACUC Required Training or Equivalent (see** [Animal Exposure Questionnaire](https://wakehealth.sharepoint.com/:w:/r/teams/CTSIWebCollection/Shared%20Documents/IACUC/FORMS/AnimalExposureQuestionnaire.doc)**)** |
| Trainee |  | **X** | **X** |  |
| Trainer | **X** | **X** | **X** | **X** |
| Observer/Technical Support Only |  | **X** | **X** |  |
| Perform Procedures | **X** | **X** | **X** | **X** |

**Marked** – Nonhuman Primates

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity** | **Add to Visitor Section of IACUC Protocol** | **Sign** [Medical History Questionnaire Waiver Form](https://wakehealth.sharepoint.com/:w:/r/teams/CTSIWebCollection/Shared%20Documents/IACUC/FORMS/Medical%20History%20Questionnaire%20for%20Escorted%20Visitors%207-2-12.docx) | **Sign** [Occupational Health and Zoonitic Concerns When Using Laboratory](https://wakehealth.sharepoint.com/:b:/r/teams/CTSIWebCollection/Shared%20Documents/IACUC/FORMS/ARP-Occupational%20Health%20and%20Zoonitc%20Concerns%20When%20Using%20Laboratory%20Animals%20or%20Tissues.pdf?csf=1&web=1&e=fP9e0Y) **Animals or Tissues** | **Proof of MMR and recent TB (less than 6 months)** | **IACUC Required Training or Equivalent (see** [Animal Exposure Questionnaire](https://wakehealth.sharepoint.com/:w:/r/teams/CTSIWebCollection/Shared%20Documents/IACUC/FORMS/AnimalExposureQuestionnaire.doc)**)** |
| Trainee | **X** |  | **X** | **X** |  |
| Trainer | **X** |  | **X** | **X** | **X** |
| Observer/Technical Support Only | **X** |  | **X** | **X** |  |
| Perform Procedures | **X** |  | **X** | **X** | **X** |