

Central Washington University

A- _____ -01

Animal Welfare Assurance

I, Kevin Archer, as named Institutional Official for animal care and use at Central Washington University (CWU), provide assurance that this Institution will comply with the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals (Policy).

I. Applicability of Assurance

This Assurance applies whenever this Institution conducts the following activities: all research, research training, experimentation, biological testing, and related activities involving live vertebrate animals supported by the PHS. This Assurance covers only those facilities and components listed below.

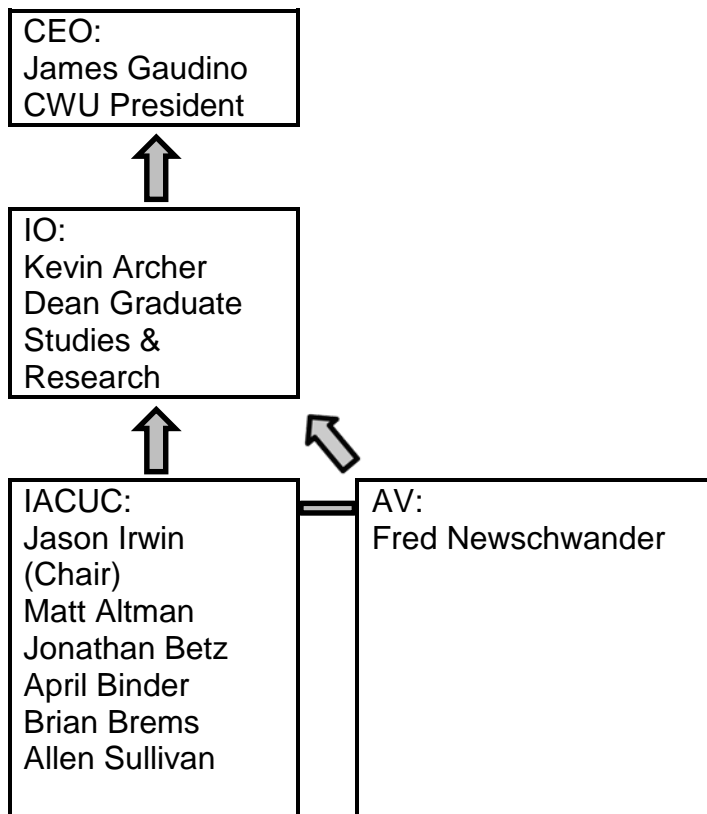
- A. The following are branches and components over which this Institution has legal authority, included are those that operate under a different name: All components of CWU that are physically located on the university's campus in Ellensburg, Washington. There are no off-campus satellite facilities and / or other covered components. Currently, animals are housed in the Vivarium, Dept. of Biological Sciences and the Animal Facility, Dept. of Psychology.
- B. The following are other institution(s), or branches and components of another institution: None at this time.

II. Institutional Commitment

- A. This Institution will comply with all applicable provisions of the Animal Welfare Act and other Federal statutes and regulations relating to animals.
- B. This Institution is guided by the "U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research, and Training."
- C. This Institution acknowledges and accepts responsibility for the care and use of animals involved in activities covered by this Assurance. As partial fulfillment of this responsibility, this Institution will ensure that all individuals involved in the care and use of laboratory animals understand their individual and collective responsibilities for compliance with this Assurance, and other applicable laws and regulations pertaining to animal care and use.
- D. This Institution has established and will maintain a program for activities involving animals according to the *Guide for the Care and Use of Laboratory Animals (Guide)*.
- E. This Institution agrees to ensure that all performance sites engaged in activities involving live vertebrate animals under consortium (sub-award) or subcontract agreements have an Animal Welfare Assurance and that the activities have Institutional Animal Care and Use Committee (IACUC) approval.

III. Institutional Program for Animal Care and Use

- A. The lines of authority and responsibility for administering the program and ensuring compliance with the PHS Policy are as follows:



The arrows on the diagram above indicate the reporting pathways. There is also a reporting system for the public, concerned students, etc., via contact information provided on the IACUC web page.

Central Washington University has a relatively small vertebrate research program (33 protocols in the 2013-2014 academic year, many for undergraduate class projects). The two Animal Facilities (housed in Psychology and Biological Sciences) are primarily managed by the faculty members using the facilities in coordination with the department chairs. Jonathan Betz, the Instructional Technician who works extensively in the Biological Sciences Animal Facility, is a member of the IACUC.

- B. The qualifications, authority, and percent of time contributed by the veterinarian(s) who will participate in the program are as follows:

1. Name: Dr. Fred Newschwander

Qualifications

- Degrees: DVM (WSU 1974)
- Training or experience in laboratory animal medicine or in the use of the species at the institution: Dr. Newschwander has been the primary Attending

Veterinarian since formation of CWU's IACUC in the 1980s. He was the primary veterinarian for all CWU animals (including the chimpanzees until their departure from CWU in 2013) and has a broad range of experience (35+ years) in small and large animal practice, including the care of animals used in research. He remains strongly committed to the activities of the IACUC, including protocol review and site inspections, and in responding to questions and concerns.

Authority: Dr. Newschwander has direct program authority and responsibility for the Institution's animal care and use program including access to all animals.

Time contributed to program: Dr. Newschwander is present at the Institution an average of approximately 10 hours per month. One hundred percent of this time is contributed to the animal care and use program. In addition Dr. Newschwander contributes on average approximately 10 hours per month to the program while off-site reviewing protocols and providing consultation on various program related topics.

2. Back-up veterinarian: If Dr. Newschwander is not available, we consult Dr. Mike Fuller, DVM (WSU, 1982). His practice services both large and small animals and he has extensive experience with exotics. His practice also includes 24-hour emergency service. CWU has consulted Dr. Fuller occasionally in Dr. Newschwander's absence.

C. The IACUC at this Institution is properly appointed according to PHS Policy IV.A.3.a. and is qualified through the experience and expertise of its members to oversee the Institution's animal care and use program and facilities. The President, as Chief Executive Officer (C.E.O.), appoints the members of the IACUC. The IACUC consists of at least five members, and its membership meets the composition requirements of PHS Policy IV.A.3.b. Part VIII is a list of the chairperson and members of the IACUC and their names, degrees, profession, titles or specialties, and institutional affiliations.

D. The IACUC will:

1. **Review at least once every six months the Institution's program for humane care and use of animals, using the *Guide* as a basis for evaluation. The IACUC procedures for conducting semiannual program reviews are as follows:**

- Program reviews are conducted by a majority portion of CWU's IACUC in a face-to-face meeting every six months (typically December and June, when classes end). No member is involuntarily excluded from participation in the inspections.

- The IACUC follows the checklist provided by OLAW as the basis for the review. Topics covered by the review include, but are not limited to:

- a. Institutional and Individual Responsibilities
- b. IACUC Membership and Functions;
- c. IACUC Member Experience and Training
- d. IACUC Records and Reporting Requirements;

- e. Husbandry and Veterinary Care (all aspects);
 - f. Personnel Qualifications (Experience and Training);
 - g. Occupational Health and Safety;
 - h. Emergency and Disaster Planning.
 - i. Security (personal and facility)
 - j. The Institutional Assurance (once approved)
- Deficiencies identified during the program review are classified as minor or significant. Significant deficiencies are those that pose a threat to the health and safety of the animals or personnel. The Committee develops a reasonable and specific plan for the correction of each deficiency within a specified time-frame.
- 2. Inspect at least once every six months all of the Institution's animal facilities, including satellite facilities and animal surgical sites, using the *Guide* as a basis for evaluation. The IACUC procedures for conducting semiannual facility inspections are as follows:**
- Semiannual facility inspections are performed at least once every six months by at least two voting members of the IACUC (usually a majority of members participate). No member is involuntarily excluded from participation in the inspections.
 - Not counted as contributing toward the minimum requirement of two members are Jonathan Betz (Animal Care Technician and member of the IACUC) and IACUC members performing research in the facility under inspection. However, both Mr. Betz and faculty-users of the facilities are invited to join the inspection, fully participate, and to provide information and respond to feedback. Any input and/or feedback, including deficiencies (minor or significant) are also written into the Inspection Report.
 - The inspection follows the OLAW checklist. Inspected areas include any animal housing areas (including the areas housing animals for more than 12h (for example, Psychology Animal Facility), animal care support areas, storage areas (for materials related to animal care), laboratories where animal manipulations are conducted (including areas where surgeries are performed), and equipment used for transporting of animals. Inspections procedures are the same for all areas, regardless of whether they house only non-USDA regulated species or not.
 - Deficiencies identified during the inspections are classified as minor or significant. Significant deficiencies are those that pose a threat to the health and safety of the animals or personnel. The Committee develops a reasonable and specific plan for the correction of each deficiency within a specified time-frame.
- 3. Prepare reports of the IACUC evaluations according to PHS Policy IV.B.3. and submit the reports to the Institutional Official. The IACUC procedures for developing reports and submitting them to the Institutional Official are as follows:**

- IACUC reports are prepared by the Chair, based on the discussions and review of the checklists during the program review and inspections.
- The reports will contain a description of the nature and extent of the institution's adherence to the Guide and the PHS Policy.
- The reports will specifically identify any IACUC approved departures from the provisions of the Guide and the PHS Policy, and state the reasons for each departure. If there are no departures, this will be stated in the reports.
- Approved departures must be approved as part of a protocol, protocol amendment, or other written document, using either FCR or DMR as delineated below in Section III.D.6.
- Departures from the provisions of the Guide that are not IACUC approved are considered deficiencies and addressed as such, i.e., the IACUC will develop a reasonable plan and schedule for discontinuing the departure or for having the departure properly reviewed and approved.
- Deficiencies identified during the program review, during facility inspections, or at other times (e.g., via anonymous reports) are listed in the reports. The reports will distinguish significant deficiencies from minor deficiencies. And, that if program or facility deficiencies are noted, the reports will contain a reasonable and specific plan and schedule for correcting each deficiency in a timely manner.
- The reports will identify any of the institution's facilities that are accredited by AAALAC International.
- Reports are distributed to all members of the IACUC via email for review/feedback, and to the final, revised hard copy if signed by a majority of the committee members. At this time, minority views are recorded in the report and are submitted to the IO as part of the report. If there are no minority opinions, the report will so state.
- Deficiencies will be tracked by the IACUC Chair. At the date set out for correction, a visit is made to the facility/laboratory in question. If the situation has not been corrected, appropriate action will be taken.
- Significant deficiencies not corrected within the specified timeline will be reported to OLAW within 15 days.

4. Review concerns involving the care and use of animals at the Institution. The IACUC procedures for reviewing concerns are as follows:

- Concerns regarding animals care can be reported by anyone (students, faculty & staff, and members of the public) via email, phone, the IACUC web page, or in writing.
- To facilitate reporting, notices have been placed both within and outside the animals facilities on campus and on the IACUC web page with instructions on to

whom concerns regarding animals use may be addressed. (The web page also gives examples of potential concerns that one may wish to report.)

- Included on both the notices and the IACUC web page are phone numbers and email addresses for the IO, AV, members of the IACUC, relevant staff, and the email contact for the IACUC itself. In addition, both also provide the IACUC web page address where anonymous reports can be made via a web form. Also provided is the contact information for the Washington State Whistleblower Program and instructions where complaints can be made with anonymity, along with a statement regarding the protections provided by the State Whistleblower's Act.
- Concerns received by the IO or Office of Graduate Studies and Research (in which the IACUC administration is housed), would be directed to the IACUC Chair.
- All reported concerns will be brought to the attention of the full Committee.
- If necessary the IACUC Chair will convene a meeting to discuss, investigate, and address any reported concern.
- Concerns received by the IACUC or its members would be shared with the IACUC members, IO, and AV. Therefore, concerns are recorded in the minutes of IACUC meetings which are available in the Office of Graduate Studies and Research.
- The Committee will report such actions, in writing, to the IO and, as warranted, to OLAW. Reports to the IO may be either via meeting minutes, semiannual report of IACUC evaluations, or separate document. Reports to OLAW will be in writing and through the IO. Preliminary reports to both the IO and OLAW may be made verbally.

5. Make written recommendations to the Institutional Official regarding any aspect of the Institution's animal program, facilities, or personnel training. The procedures for making recommendations to the Institutional Official are as follows:

- Program responsibility is shared by the IO, AV, and the IACUC. The IACUC (and/or the AV) identifies program needs (both in terms of the program administration/policies and the animal facilities), although the IACUC would be responsive to needs brought to our attention by the IO. It is the responsibility of the IO to allocate the resources to respond to needs identified by the IACUC and AV.
- Recommendations regarding any aspects of the institution's animal program or facilities are discussed and developed by the Committee.
- The Committee's recommendations are included in the IACUC Meeting minutes or a report of the IACUC's evaluations or a separate letter. These documents are reviewed by the Committee, revised as appropriate, and then submitted to the IO.
- The IACUC semi-annual inspections and program reviews are submitted directly to the IO. Communication with the IO is not limited to the inspection and program review reports. Other concerns regarding any aspect of the animal care program or

IACUC activities can be reported, in writing, to the IO at any time. This includes support for training of the IACUC and other resources to support the IACUC and animal program and facilities at CWU.

6. Review and approve, require modifications in (to secure approval), or withhold approval of PHS-supported activities related to the care and use of animals according to PHS Policy IV.C.1-3. The IACUC procedures for protocol review are as follows:

- Protocols are submitted and distributed via a private (CWU log-in required), web-based system.
- Protocol applications originating from undergraduate or graduate students are first directed to the student's faculty mentor, who must approve the application before it is forwarded to the IACUC.
- There is no formal process for pre-screening of applications originating from faculty or staff, but the IACUC Chair does sometimes share information on best-practices when questioned by those planning to submit an application.
- IACUC members are notified via email or by logging in to the system that a protocol application has been submitted and can view protocols as well as post comments.
- No member may participate in the IACUC review or approval of a protocol in which the member has a conflicting interest (e.g., is personally involved in the project) except to provide information requested by the IACUC; nor may a member who has a conflicting interest contribute to the constitution of a quorum.
- Should any member of the IACUC have a conflict-of-interest with any protocol application (e.g., mentor for student submitting protocol, spouse of researcher, etc.), that member does not play a role in approval of the protocol, other than to provide clarification or additional information as any other applicant would.
- The IACUC may invite consultants to assist in reviewing complex issues. Consultants may not approve or withhold approval of an activity or vote with the IACUC unless they are also members of the IACUC.
- Meetings of the IACUC are typically conducted in person but individuals may join via live teleconference or videoconference when necessary. Any use of telecommunications will be in accordance with NIH Notice NOT-OD-06-052 of March 24th, 2006, entitled Guidance on Use of Telecommunications for IACUC Meetings under the PHS Policy on Humane Care and Use of Laboratory Animals.
- Each IACUC member will be provided with a list of proposed activities/projects to be reviewed and written descriptions of activities/projects (protocols) that involve the care and use of animals shall be provided or available to all IACUC members. Based on this information, any IACUC member can request full-committee review (via a checkbox on the web form), which results in a face-to-face meeting of the IACUC being called to discuss and vote on the protocol.

Full-Committee Review (FCR)

- If FCR is requested, approval of those protocols may be granted only after review at a convened meeting of a quorum of the IACUC and with the approval vote of a majority of the quorum present. Voting is by verbal response: “yea”, “nay”, or “abstain” of non-recused members.
- FCR may result in:
 - a. approval (requires a majority of quorum vote to approve)
 - b. modifications required (to secure approval)
 - c. approval withheld

There are no “conditional” or “provisional” approvals.

- Review of Required Modifications Subsequent to FCR. When the IACUC requires modifications (to secure approval), of a protocol, such modifications are reviewed as follows:
 - a. FCR or DMR following all applicable procedures as delineated in the PHS Policy and elsewhere in Part III.D.6 of this Assurance.
 - b. If all members of the IACUC are present at the meeting, the committee may decide by unanimous consent to have the revised protocol reviewed by DMR (please see below). Otherwise, the revised protocol will be considered again through FCR. Even if DMR is allowed, any member of the IACUC can call for FCR of the revised protocol at any time.
 - c. If not all of the IACUC members are present at the meeting, there must be both a unanimous consent of the members present to have the revised protocol reviewed by DMR and the non-attending members must have an opportunity to review the protocol and proposed required modifications and to call for FCR. Once both criteria are fulfilled and no members have called for FCR, then the revised protocol can be reviewed by DMR.
 - d. If all current IACUC members have previously agreed in writing (e.g., documented a policy) that the quorum of members present at a convened meeting may decide by unanimous decision to use DMR subsequent to FCR when modification is needed to secure approval, the member present alone may decide by unanimous consent to have the revised protocol reviewed by DMR. However, any member of the IACUC can call for FCR of the revised protocol at any time.

Minor modifications of an administrative nature, i.e., typographical or grammatical errors, required signatures, etc. may be confirmed by IACUC administrative/support personnel.

Designated-Member Review (DMR)

- As described above, protocols are distributed via an on-line system. Email notifications that new (or revised) protocols have been received are sent to all committee members automatically immediately upon receipt.
- If no requests for FCR are received within three full working days following notification of IACUC members of the protocol for review, the Chair designates a qualified member of the IACUC to perform designated-member review of the protocol.
- The on-line application system tracks the results of each committee member's request for FCR (or lack thereof) and comments on the protocol. The name of the designated reviewer is also listed on the protocol. A hard copy of every protocol application, including the information outlined above, is printed and kept on record in the Office of Graduate Studies and Research.
- Other IACUC members may provide the designated reviewer(s) with comments and/or suggestions for the reviewer's consideration only. That is, concurrence to use the designated-member review (DMR) method may not be conditional..
- Protocols that undergo DMR may be
 - a. approved by the designated member
 - b. returned to the PI for required modifications (to secure approval), or
 - c. referred for FCR.

Protocols may be not rejected (approval withheld) by the designated member.

- If multiple designated reviewers are used for a single protocol, the final revised protocol (that is, identical document with all of the required modifications included) is submitted to all of the designated reviewers for review and approval. The multiple designated reviewers must be unanimous in their decisions, otherwise the protocol will be reviewed by FCR.
- If the designated member does not think the protocol should be approved, a meeting of the IACUC is convened to discuss and vote on this protocol.
- Applications originating from students as a part of their coursework (e.g., student projects in animal physiology) are expedited and review is completed as soon as possible—generally within seven days of submission. That is, the IACUC members are asked to review the protocol more quickly, but even expedited reviews are bound by the review process as described in the paragraphs above.
- In order to approve proposed protocols or proposed significant changes in ongoing protocols, the IACUC will conduct a review by FCR or DMR of those components related to the care and use of animals and determine that the proposed protocols are in accordance with the PHS Policy. In making this determination, the IACUC will confirm that the protocol will be conducted in accordance with the Animal Welfare Act insofar as it applies to the activity, and that the protocol is consistent with the Guide unless acceptable justification for a departure is presented. Further, the IACUC shall determine that the protocol conforms to the institution's PHS Assurance and meets the following requirements:

- a. Procedures with animals will avoid or minimize discomfort, distress, and pain to the animals, consistent with sound research design.
 - b. Procedures that may cause more than momentary or slight pain or distress to the animals will be performed with appropriate sedation, analgesia, or anesthesia, unless the procedure is justified for scientific reasons in writing by the investigator.
 - c. Animals that would otherwise experience severe or chronic pain or distress that cannot be relieved will be painlessly killed at the end of the procedure or, if appropriate, during the procedure.
 - d. The living conditions of animals will be appropriate for their species and contribute to their health and comfort. The housing, feeding, and nonmedical care of the animals will be directed by a veterinarian or other scientist trained and experienced in the proper care, handling, and use of the species being maintained or studied.
 - e. Medical care for animals will be available and provided as necessary by a qualified veterinarian.
 - f. Personnel conducting procedures on the species being maintained or studied will be appropriately qualified and trained in those procedures.
 - g. Methods of euthanasia used will be consistent with the current American Veterinary Medical Association (AVMA) Guidelines for the Euthanasia of Animals unless a deviation is justified for scientific reasons in writing by the investigator.
- 7. Review and approve, require modifications in (to secure approval), or withhold approval of proposed significant changes regarding the use of animals in ongoing activities according to PHS Policy IV.C. The IACUC procedures for reviewing proposed significant changes in ongoing research projects are as follows:**
- CWU's on-line protocol submission system has an additional form for "Modifications" to previously-approved protocols.
 - Those requesting "significant" changes according to OLAW guidelines (including change in PI, increases in animal numbers or species, changes to the study design, greater pain/distress/invasiveness, changes to survival surgery, impacts on personnel safety, or others deemed significant by the IACUC Chair are considered fully by the IACUC by the same process used for new protocol applications. That is, Review and approval of significant changes will be handled in the same manner as new protocols. See Part III.D.6. above.
 - Examples of changes considered to be significant include, but are not limited to, changes:

- a. in the objectives of a study
 - b. from non survival to survival surgery;
 - c. resulting in greater discomfort or in a greater degree of invasiveness;
 - d. in the species used
 - e. in Principal Investigator;
 - f. that impact personnel safety
 - g. in anesthetic agent(s) or the use or withholding of analgesics;
 - h. in the method of euthanasia;
 - i. in the duration, frequency, or number of procedures performed on an animal
 - j. in approximate number of animals used
- Changes that are not “significant” (including changes to personnel other than the PI, decreases in animal numbers) may be approved by the IACUC Chair and appropriately recorded.
 - All IACUC members and the AV have full access to the Modification applications and may request full committee review.

8. Notify investigators and the Institution in writing of its decision to approve or withhold approval of those activities related to the care and use of animals, or of modifications required to secure IACUC approval according to PHS Policy IV.C.4. The IACUC procedures to notify investigators and the Institution of its decisions regarding protocol review are as follows:

- Protocol approvals are sent initially by email, but always followed-up with a letter to all of the researchers involved, the relevant department chair, and any animal care technicians that may be involved (to facilitate preparations in anticipation of animal acquisition and care, etc.).
- Approval letters include the name of the researchers, the title of the proposed work, a unique protocol number, and the date when the protocol will expire.
- If modifications are required to secure approval, the IACUC Chair contacts the PI directly (or student’s mentor, if an undergraduate is the PI), often in person or by phone, to discuss alternatives that would comply with IACUC standards. A written notification is also provided, outlining the modifications that would be required to achieve approval. Protocol applications can then be modified via the web-based system, and ultimately resubmitted to the IACUC for consideration.
- Approval Withheld - In the rare case where approval will not be granted, the researchers will first be informed via email, then with a follow-up letter which is also sent to the department chair. These communications include the reason for the decision and provide the investigator an opportunity to respond in person or in writing.

9. Conduct continuing review of each previously approved, ongoing activity covered by PHS Policy at appropriate intervals as determined by the IACUC, including a complete review at least once every 3 years according to PHS Policy IV.C.1.-5. The IACUC procedures for conducting continuing reviews are as follows:

Post-Approval Monitoring

- Post-approval monitoring is ongoing, especially by IACUC members in the departments that are active in animal research.
- The semi-annual facility inspection provides an opportunity to visit active research areas and ensure that standards are being met.
- CWU holds a large annual undergraduate research symposium with a high rate of student participation.
- The IACUC reviews all submitted symposium abstracts to ensure that prior IACUC approval was obtained, where necessary. This also allows assurance that projects are being performed as outlined in the protocols.

Continuing Protocol Review

- The IACUC reviews each multi-year protocol at least annually. This annual review includes a complete evaluation of the protocol by the same procedure applied to new protocols (that is, with complete review as outlined in PHS Policy IV.C.1.-4).
- The IACUC treats USDA and non-USDA regulated species the same in regards to continuing protocol review.
- Protocols are approved for a maximum of 36 months. That is, all protocols expire no later than the three-year anniversary of the initial IACUC approval.
- If activities will continue beyond the expiration date, prior to expiration of the original or preceding protocol a new protocol must be submitted, reviewed, and approved as described in Part III.D.6. above.

10. Be authorized to suspend an activity involving animals according to PHS Policy IV.C.6. The IACUC procedures for suspending an ongoing activity are as follows:

- The IACUC may suspend an activity that it previously approved if it determines that the activity is not being conducted in accordance with applicable provisions of the Animal Welfare Act, the Guide, the institution's Assurance, or IV.C.1.a.-g. of the PHS Policy.
- The IACUC may suspend an activity only after review of the matter at a convened meeting of a quorum of the IACUC and with the suspension vote of a majority of the quorum present.
- If the IACUC suspends an activity involving animals, or any other institutional intervention results in the temporary or permanent suspension of an activity due to noncompliance with the Policy, Animal Welfare Act, the *Guide*, or the institution's Assurance, the Institutional Official, in consultation with the IACUC, shall review the reasons for suspension, take appropriate corrective action, and report that action

with a full explanation, in writing, to OLAW. Preliminary reports may be made verbally.

- E. The risk-based occupational health and safety program for personnel working in laboratory animal facilities and personnel who have frequent contact with animals is as follows:

1. Administration/management.

- Occupational Health and Safety (OHS) involves several offices on campus, primarily Environmental Health Services, the Student Medical and Counseling Clinic, the IACUC, and the Office of Research and Sponsored Programs.
- The OHS Program is directly supervised by the Executive Director of the Student Medical and Counseling Clinic who holds primary / overall responsibility for the program.
- The responsibility to enroll personnel involved in the care of use animals lies in the Office of Research and Sponsored Programs.
- The IACUC Program Coordinator is housed in this office and is responsible for ensuring the enrollment of personnel in the OHS Program, especially that the assessment of a medical health history is completed by those working with vertebrate animals, and that the individual has been cleared by the OHS to begin the proposed activities.
- Completion of enrollment into the OHS Program is part of a checklist of activities that is required to submit an IACUC application. An Advanced Registered Nurse Practitioner with credentials in Occupational Health and Safety is involved in the OHS Program.

2. Scope.

- The OHS Program with regards to personnel working with vertebrate animals is multi-faceted but includes medical history and evaluation, risk assessment and minimization of hazards, training (at various levels), and treatment of individuals when necessary. The program includes all faculty, staff, and students that have contact with vertebrate animals, their viable tissues, body fluids, or wastes.
- Personnel are organized into categories that reflect the specific surveillance needs of the individuals based on real or potential occupational exposure to specific species of animals.
 - a. Category 1 Personnel: those with only one-time contact with animals (or tissues, etc.), or those whose contact is limited to directly supervised activities in teaching laboratories.
 - b. Category 2 Personnel: those working in animal husbandry, or having contact more than one-time, with animals (or tissues, etc.).

3. Health Histories and Evaluations.

- All Category 2 Personnel (regardless of whether faculty, students, or staff) completes a confidential “Vertebrate Animal Contact Medical Questionnaire” (fully compliant with federal, state, and local HIPAA regulations). The “Initial Health Questionnaire” (IHQ, upon initial enrollment in the OHS Program) includes detailed health information as well as consideration of the degree of exposure and other potential risks.
- The OHS medical professional (based in the Student Medical and Counseling Clinic) assesses the individual’s risk based on the health history questionnaire and the degree of risk (e.g., exposure to particular pathogens). The medical professional may also request more information or a physical exam, to complete the assessment. He or she then provides confidential advice to personnel to minimize risk, suggest vaccinations, assist in selection of personal protective equipment, etc., based on the information provided. This may include referral to the office of Environmental Health and Safety (EHS) to minimize risk via engineering controls and/or personal protective equipment.
- After the initial assessment, participants complete and “Annual Health Status Questionnaire” (AHQ) each year or when changes in the individual’s health status arise.
- Only once medical clearance has been received, in writing, by the IACUC Program Coordinator from OHS can use of vertebrates in research or teaching commence.

4. Hazard Identification and Risk Assessment.

- Hazard identification and risk assessment in work and laboratory spaces fall under the purview of Environmental Health and Safety (EHS) and the IACUC (via facility inspections and protocol review), except those issues that arise from assessment of the health status questionnaires which are identified by OHS.
- EHS divides animal-related hazards into five broad categories: bites and scratches, allergens, protocol-related hazards, zoonoses, and inherent hazards. Within these categories, the risk associated with each hazard can be graded as unlikely, likely, or very likely. Further, the severity of the risk is graded as slightly harmful, harmful, or very harmful.
- EHS conducts inspections, responds to incidents, trains personnel, assists in developing adequate engineering controls and the selection of personal protective equipment all in response to hazard identification and risk assessment.
- Hazard identification and risk assessment are also part of the IACUC protocol review process as well as the semi-annual facility inspections.
- The Occupation Health Specialist assesses health questionnaires in the broader context of the hazards and risks to which each person may be exposed.

5. Procedures in Place to Alleviate Hazards and Minimize Risks.

- The aim of any risk control/reduction measures identified and implemented are to reduce the residual risk from the hazard to as low a level as is reasonably practicable. Routine facility inspections are performed by IACUC and EHS staff to provide ongoing hazard and risk assessment, as well as to assess the adequacy of control measures. OHS medical professionals contribute to the comprehensive risk assessment process by evaluating the health status of the individual with respect to particular animal species contacted, potential exposure to harmful materials or activities, and the nature and extent of the contact with the animal.
- Hand washing is recommended after handling animals and prior to leaving animal care and use areas. In areas where sinks are not available in the immediate vicinity, hand sanitizer dispensing stations are provided to readily facilitate infection control until proper hand washing facilities become available.
- Laboratory coats, scrub tops, gowns, disposable coveralls, or other garments are worn as appropriate to protect street clothes from contamination when handling animals. Gloves are worn whenever handling animals, their fluids, tissues, excreta, or soiled bedding to reduce exposure to allergens and potentially zoonotic agents.
- Protective equipment such as head covers, shoe covers, eye protection, hearing protection, surgical masks and respirators may be required as determined by risk assessment.
- Personnel who use respirators are enrolled in the University Respiratory Protection Program managed by EHS. Essential elements of this program include medical clearance, respirator selection and fit testing, and training.
- Protective clothing and equipment is not worn beyond the boundary of animal work areas.
- Sharps precautions are rigidly enforced, as are methods to minimize human exposure to biological agents and hazardous experimental or laboratory chemicals (e.g. anesthetic gases, tissue fixatives).
- EHS tracks and manages certification of all chemical fume hoods and biological safety cabinets used to protect personnel.
- Safety Equipment (Primary Barriers & Personal Protective Equipment)
 - a. A risk assessment should determine the appropriate type of personal protective equipment to be utilized.
 - b. Special containment devices or equipment may not be required as determined by appropriate risk assessment.

- c. Protective laboratory coats, gowns, or uniforms may be required to prevent contamination of personal clothing. Protective outer clothing is not worn outside areas where infectious materials and/or animals are housed or manipulated. Gowns and uniforms are not worn outside the facility.
 - d. Protective eyewear is worn when conducting procedures that have the potential to create splashes of microorganisms or other hazardous materials. Persons who wear contact lenses should also wear eye protection when entering areas with potentially high concentrations or airborne particulates.
 - e. Gloves are worn to protect hands from exposure to hazardous materials.
 - i. A risk assessment should be performed to identify the appropriate glove for the task, and alternatives to latex gloves should be available.
 - ii. Change gloves when contaminated, glove integrity is compromised, or when otherwise necessary.
 - iii. Gloves must not be worn outside the animal rooms.
 - iv. Gloves and personal protective equipment should be removed in a manner that prevents transfer of infectious materials.
 - v. Do not wash or reuse disposable gloves. Dispose of used gloves with other contaminated waste.
 - f. Persons must wash their hands after handling animals and before leaving the areas where infectious materials and/or animals are housed or manipulated. Hand washing should occur after the removal of gloves.
- Laboratory Facilities (Secondary Barriers)
 - a. The animal facility is separated from areas that are open to unrestricted personnel traffic within the building. External facility doors are self-closing and self-locking.
 - i. Access to the animal facility is restricted.
 - ii. Doors to areas where infectious materials and/or animals are housed, open inward, are self-closing, are kept closed when experimental animals are present, and should never be propped open. Doors to cubicles inside an animal room may open outward or slide horizontally or vertically.
 - b. The animal facility has a sink for hand washing. Sink traps are filled with water and/or appropriate liquid to prevent the migration of vermin and gases.
 - c. The animal facility is designed, constructed, and maintained to facilitate cleaning and housekeeping. The interior surfaces (walls, floors and ceilings)

are water resistant. Floors must be slip resistant, impervious to liquids, and resistant to chemicals.

- d. Cabinets and bench tops must be impervious to water and resistant to heat, organic solvents, acids, alkalis, and other chemicals. Spaces between benches, cabinets, and equipment should be accessible for cleaning.
- e. Chairs used in animal areas must be covered with a non-porous material that can be easily cleaned and decontaminated. Furniture must be capable of supporting anticipated loads and uses. Sharp edges and corners should be avoided.
- f. There are no external windows.
- g. Ventilation is provided in accordance with the Guide for Care and Use of Laboratory Animals. No recirculation of exhaust air may occur.
 - i. The animal rooms have inward directional airflow.
 - ii. The ventilation system design considers the heat and high moisture load produced during the cleaning of animal rooms and the cage wash process.
- h. Internal facility appurtenances, such as light fixtures, air ducts, and utility pipes, are arranged to minimize horizontal surface areas to facilitate cleaning and minimize the accumulation of debris or fomites.
- i. If floor drains are provided, the traps are filled with water, and/or appropriate disinfectant to prevent the migration of vermin and gases.
- j. Cages are washed manually or in a mechanical cage washer. The mechanical cage washer has a final rinse temperature of at least 180°F (82°C). If manual cage washing is utilized, ensure that appropriate disinfectants are selected.
- k. Illumination is adequate for all activities, avoiding reflections and glare that could impede vision.
- l. Emergency eyewash and shower are readily available.
Personnel mandatory training
- m. Trainings required by the IACUC, including those offered through CITI, and IACUC-approved SOPs often contain specific training regarding hazards and risks associated with certain hazards, and various techniques to minimize these hazards.

6. Immunizations.

- CWU policy states that all personnel working with animals should receive a tetanus vaccination every 10 years, and those who have contact with random source or wild mammals, or mammals kept outdoors, should receive a rabies vaccination. Additional special procedures/vaccinations may be necessary for certain projects such as work with non-human primates.
- The supervisor is responsible for notifying employees of vaccination requirements and ensuring that vaccinations are received according to Student Medical and Counseling Clinic's recommendations.
- Vaccinations required for employment-related activities are provided by the university.
- Review of medical history with enrollment in the OHS Program may identify additional vaccinations that are required.
- The Student Medical and Counseling Clinic monitors vaccinations using the Mediat Immunization Compliance Manager system and uses the Travax system to identify required vaccinations for those traveling.

7. Precautions Taken During Pregnancy, Illness or Decreased Immunocompetence.

- As part of enrollment in the OHS Program, personnel are educated on the importance of updated changes in health status, such as pregnancy, illness, or immunocompetence.
- These issues will be caught with the initial or annual health questionnaires (IHQ and AHQ).
- Whether present upon enrollment or at a later date, the medical professional assesses these conditions, in light of the individual's exposure and risk level, to determine a course of action.

8. Provisions for Personnel Who Are Not Involved in Animal Care and/or Use But Nevertheless Need to Enter Areas Where Animals Are Housed or Used.

- Personnel in this instance are typically classified as Category 1 by the OHS Program (described above). OHS Policy dictates that these individuals must receive specific instruction on the health risks associated with their animals contact. Such instruction is initiated by their direct supervisor contacting the facility director or department chair.

9. Availability and Procedures for Treatment of Bites, Scratches, Illness or Injury.

- If an employee is injured during working hours, and has not sustained a medical emergency, the supervisor should complete a Supervisor's Medical Treatment Authorization Form and call one of the approved medical facilities such as the Student Medical and Counseling Clinic on campus or the Kittitas Valley Healthcare (KVH) facility before sending the employee for treatment.

- If an employee is injured off campus, he or she should use whatever existing medical care facility is available. It is still the supervisor's responsibility to complete all the appropriate forms.
- Those bitten by a venomous reptile should call 911 and contact KVH Hospital for appropriate treatment, not the Student Medical and Counseling Clinic.
- If all of the approved medical facilities are closed, the injury occurs while out of the Kittitas County area, or the injury is serious, the injured person should go the nearest hospital.

10. Procedures/Program for Reporting and Tracking Injuries and Illnesses.

- OSHA requires that records of all occupational injuries and illnesses be maintained and reported to employees and regulatory agencies. Required record keeping includes:
 - a. A continuously maintained log of each reportable occupational injury or illness.
 - b. A supplementary record, giving detailed data for each individual accident, injury, or illness.
- EHS will maintain the records. The Supervisor is responsible to send all completed forms to EHS and a copy of completed medical services to the OHS program to be added to the individual's confidential medical record.

11. Other Pertinent Information Regarding the OH&S Program.

- The Animal Facility in the Department of Biological Sciences does sometimes house venomous snakes (typically the local Northern Pacific Rattlesnake, *Crotalus oreganus*). These snakes are housed in a locked room within the secure Vivarium (Dept. of Biological Sciences) in containers with secure lids.
 - Anyone working with the snakes is trained by an experienced faculty member and all handling is in accordance with the IACUC-approved standard operating procedure developed for this purpose. During transport to or from the facility, the containers containing the snakes are secured with a lock.
- F. The total gross number of square feet in each animal facility (including each satellite facility), the species of animals housed there and the average daily inventory of animals, by species, in each facility is provided in Part X. the Facility and Species Inventory table.
- G. The training or instruction available to scientists, animal technicians, and other personnel involved in animal care, treatment, or use is as follows:

1. IACUC Members

- IACUC members are given a paper copy of the most recent edition of the Guide for the Care and Use of Laboratory Animals, PHS Policy on Humane Care and Use of Laboratory Animals, our most recent Animal Welfare Assurance, and the CWU IACUC Policy Manual. These materials, as well as other supplementary materials are also available on the IACUC web page.
- New members are given one-on-one instruction highlighting the review process, CWU IACUC policies, and major concerns. The process is further discussed in meetings of the IACUC, particularly the semi-annual inspections and program reviews.
- Collaborative Institutional Training Initiative (CITI) trainings are used for new and continuing IACUC members. New members are required to take “Working with the IACUC”, “Essential for IACUC Members”, and “Post-Approval Monitoring” modules. Continuing members will be asked to repeat the latter two of these every three years, or more frequently as needed. The “IACUC Member Refresher – Case Studies” is also available.
- All IACUC members are encouraged to visit the OLAW website at least semi-annually and to complete the IACUC tutorial module (initial visit) and to familiarize themselves with the other pertinent modules and information, e.g., OLAW FAQs, Policies and Laws, Guidance, Educational and other Resources.

2. Animal Care and Use Personnel

- An overview of CWU’s IACUC policies and procedures is presented to all incoming faculty, relevant staff, and graduate students (as part of orientation). This includes the structure of the on-line system for protocol submission and modification, access to resources (the Guide, PHS Policy, CWU Policy, PHS Assurance, etc.), and methods to report concerns regarding animal use without fear of reprisal.
- CITI trainings are required as part of the checklist when submitting a protocol via our on-line application system.
- All personnel that will be working with animals must be listed in an approved protocol, and their relevant training documented and available for IACUC review.
- Those working with animals must complete the CITI “Working with the IACUC” training module before work commences. This includes faculty, staff, and students.
- When relevant, personnel will be asked to complete the “Post-procedure Care of Mice and Rats in Research: Minimizing Pain & Distress”, “Wildlife Research”, and other taxon-specific trainings (for example, “Working with Amphibians in Research Settings” for those working with amphibians). Completion of the training is monitored and recorded by the IACUC Program Coordinator.
- A number of Standard Operating Procedures (SOPs) have been developed by animal care and use personnel. New personnel are trained on these SOPs as

outlined in an approved protocol. Such trainings are performed by qualified personnel.

- As a relatively small animal care and use program, we rely on the expertise of the investigators (i.e., faculty) in training students, particularly on specialized techniques that would be used only in one investigator's laboratory, under the guidance and approval of the IACUC. Such trainings extend from basic animal handling to euthanasia. Trainings are part of the protocol application process and require explanation of who will be taught each technique and the qualifications of the trainer. In fact, such training and hands-on experiences are an essential part of an undergraduate education at CWU. All trainings are documented by the IACUC Program Coordinator.
- Occasionally, we bring in an outside expert to update training of personnel and the IACUC members. For example, in January of 2015, we had Dr. Cynthia Pekow (DVM, DACLAM) provide two training sessions, one for students, faculty, and staff that use animals in research and teaching, and a second for IACUC members and potential future IACUC members (including local veterinarians that may become an Attending Veterinarian in the future).

IV. Institutional Program Evaluation and Accreditation

A. All of this Institution's programs and facilities (including satellite facilities) for activities involving animals have been evaluated by the IACUC within the past six months and will be reevaluated by the IACUC at least once every six months according to PHS Policy IV.B.1.-2. Reports have been and will continue to be prepared according to PHS Policy IV.B.3. All IACUC semiannual reports will include a description of the nature and extent of this Institution's adherence to the PHS Policy and the Guide. Any departures from the Guide will be identified specifically and reasons for each departure will be stated. Reports will distinguish significant deficiencies from minor deficiencies. Where program or facility deficiencies are noted, reports will contain a reasonable and specific plan and schedule for correcting each deficiency. Semiannual reports of the IACUC's evaluations will be submitted to the Institutional Official. Semiannual reports of IACUC evaluations will be maintained by this Institution and made available to the OLAW upon request.

B. This Institution is Category 2 — not accredited by the Association for Assessment and Accreditation of Laboratory Animal Care International (AAALAC). As noted above, reports of the IACUC's semiannual evaluations (program reviews and facility inspections) will be made available upon request. The report of the most recent evaluations (program review and facility inspection) is attached.

V. Recordkeeping Requirements


- A. This Institution will maintain for at least three years:
1. A copy of this Assurance and any modifications made to it, as approved by the PHS
 2. Minutes of IACUC meetings, including records of attendance, activities of the committee, and committee deliberations

3. Records of applications, proposals, and proposed significant changes in the care and use of animals and whether IACUC approval was granted or withheld
 4. Records of semiannual IACUC reports and recommendations (including minority views) as forwarded to the Institutional Official, Kevin Archer, Dean of Graduate Studies and Research
 5. Records of accrediting body determinations
- B. This Institution will maintain records that relate directly to applications, proposals, and proposed changes in ongoing activities reviewed and approved by the IACUC for the duration of the activity and for an additional three years after completion of the activity.
- C. All records shall be accessible for inspection and copying by authorized OLAW or other PHS representatives at reasonable times and in a reasonable manner.

VI. Reporting Requirements


- A. The Institutional reporting period is the calendar year (January 1 – December 31). The IACUC, through the Institutional Official, will submit an annual report to OLAW by January 31 of each year. The annual report will include:
1. Any change in the accreditation status of the Institution (e.g., if the Institution obtains accreditation by AAALAC or AAALAC accreditation is revoked)
 2. Any change in the description of the Institution's program for animal care and use as described in this Assurance
 3. Any change in the IACUC membership
 4. Notification of the dates that the IACUC conducted its semiannual evaluations of the Institution's program and facilities (including satellite facilities) and submitted the evaluations to the Institutional Official, Kevin Archer, Dean of Graduate Studies and Research.
 5. Any minority views filed by members of the IACUC
- B. The IACUC, through the Institutional Official, will promptly provide OLAW with a full explanation of the circumstances and actions taken with respect to:
1. Any serious or continuing noncompliance with the PHS Policy
 2. Any serious deviations from the provisions of the *Guide*
 3. Any suspension of an activity by the IACUC
- C. Reports filed under VI.A. and VI.B. above should include any minority views filed by members of the IACUC.

VII. Institutional Endorsement and PHS Approval

| | |
|---|---------------|
| A. Authorized Institutional Official | |
| Name: Kevin Archer | |
| Title: Dean of Graduate Studies and Research | |
| Name of Institution: Central Washington University | |
| Address: <i>(street, city, state, country, postal code)</i> | |
| School of Graduate Studies and Research, MS-7510 400 E. University Way Ellensburg, WA 98926-7510 | |
| Phone: (509) 963-3101 | Fax: |
| E-mail: arecherke@cwu.edu | |
| Acting officially in an authorized capacity on behalf of this Institution and with an understanding of the Institution's responsibilities under this Assurance, I assure the humane care and use of animals as specified above. | |
| Signature:  | Date: 6-30-15 |

B. PHS Approving Official *(to be completed by OLAW)*

for

| | |
|---|--------------------------|
| Eileen M. Morgan-Director, Division of Assurances Office of Laboratory Animal Welfare National Institutes of Health 6705 Rockledge Drive RKL1-Suite 360-MSC 7982 Bethesda, MD 20892-7982 | |
| Signature:  | Date: 6/30/15 |
| Assurance Number: A4729-01 | |
| Effective Date: 6/30/15 | Expiration Date: 6/30/19 |

VIII. Membership of the IACUC

| Date: May 22, 2015 | | | |
|---|---|--------------------------------|--|
| Name of Institution: Central Washington University | | | |
| Assurance Number: <i>current application</i> | | | |
| IACUC Chairperson | | | |
| Name*: Jason Irwin | | | |
| Title*: Associate Professor | | | Degree/Credentials*: PhD |
| Address*: (<i>street, city, state, zip code</i>) | | | |
| Dept. of Biological Sciences, MS-7537 400 E. University Way Ellensburg, WA 98926-7537 | | | |
| E-mail*: irwinj@cwu.edu | | | |
| Phone*: (509) 963-2884 | | | Fax*: (509) 963-2730 |
| IACUC Roster | | | |
| Name of Member/ Code** | Degree/ Credentials | Position Title*** | PHS Policy Membership Requirements**** |
| Matt Altman | Ph.D., Philosophy | Associate Professor | Nonscientist (Ethics) |
| Jonathan Betz | B.S., Biology | Instructional Technician | Scientist (Biology) |
| April Binder | Ph.D., Biochemistry/Molecular Biosciences | Assistant Professor | Scientist (Biology) |
| Patti Gylling | B.S., Psychology | Screen printer, goat farmer | Non-affiliated Member |
| Jason Irwin | Ph.D., Zoology | Associate Professor | Scientist (Biology) |
| Fred Newschwander | D.V.M. | Veterinarian | Veterinarian |
| Allen Sullivan | Ph.D., Geography | Assistant Professor | Member |

* This information is mandatory.

** Names of members, other than the chairperson and veterinarian, may be represented by a number or symbol in this submission to OLAW. Sufficient information to determine that all appointees are appropriately qualified must be provided and the identity of each member must be readily ascertainable by the institution and available to authorized OLAW or other PHS representatives upon request.

*** List specific position titles for all members, including nonaffiliated (e.g., banker, teacher, volunteer fireman; not “community member” or “retired”).

**** [PHS Policy](#) Membership Requirements:

Veterinarian veterinarian with training or experience in laboratory animal science and medicine or in the use of the species at the institution, who has direct or delegated program authority and responsibility for activities involving animals at the institution.

Scientist practicing scientist experienced in research involving animals.

Nonscientist member whose primary concerns are in a nonscientific area (e.g., ethicist, lawyer, member of the clergy).

Nonaffiliated individual who is not affiliated with the institution in any way other than as a member of the IACUC, and is not a member of the immediate family of a person who is affiliated with the institution. This member is expected to represent general community interests in the proper care and use of animals and should not be a laboratory animal user. A consulting veterinarian may not be considered nonaffiliated.

[Note: all members must be appointed by the CEO (or individual with specific written delegation to appoint members) and must be voting members. Non-voting members and alternate members must be so identified.]

IX. Other Key Contacts (optional)

If there are other individuals within the Institution who may be contacted regarding this Assurance, please provide information below.

| | |
|--|--------------------------|
| Contact #1 | |
| Name: Julie Guggino | |
| Title: Director, Research and Sponsored Programs | |
| Phone: (509) 963-2640 | E-mail: gugginoj@cwu.edu |
| Contact #2 | |
| Name: Leslie Lotspeich | |
| Title: Program Coordinator | |
| Phone: (509) 963-3111 | E-mail: niemil@cwu.edu |

X. Facility and Species Inventory (page 1 of 2)

| Date: May 22, 2015 | | | |
|--|---|---|-------------------------------------|
| Name of Institution: Central Washington University | | | |
| Assurance Number: | | | |
| Laboratory, Unit, or Building* | Gross Square Feet [include service areas] | Species Housed [use common names, e.g., mouse, rat, rhesus, baboon, zebrafish, African clawed frog] | Approximate Average Daily Inventory |
| Vivarium (Science Bldg.) | 1400 | Hamsters | 55 |
| | | Mice | 63 |
| | | Pacific rattlesnakes | 20 |
| | | Coastal Giant Salamanders | 33 |
| | | Ball Python | 1 |
| | | Great Basin Pocket Mouse | 2 |
| | | Red Tailed Shark | 1 |
| | | Algae Eater | 1 |
| | | Suckermouth Catfish | 1 |
| | | Rosy Boa | 1 |
| | | Bearded Lizard | 2 |
| | | American Bullfrogs | 12 |
| | | Spring Peeper Tadpoles | 76 |
| | | Sulcata Tortoise | 1 |
| | | Veiled Chameleon | 1 |
| | | Leopard Lizard | 1 |
| | | Guppies | 50 |
| | | Largemouth Bass | 3 |
| | | Dyeing Dart Frog | 7 |
| | | Common Snapping Turtle | 1 |
| | | Gopher Snake | 4 |
| | | Pacific Tree Frog | 3 |
| | | Night Snake | 3 |
| | | Southern Alligator Lizard | 1 |
| | | Rubber Boa | 3 |
| | | Boa constrictor | 1 |
| | | Leopard Frog | 1 |
| X. Facility and Species Inventory (Page 2 of 2) | | | |

| Date: May 22, 2015 | | | |
|--|--|--|-------------------------------------|
| Name of Institution: Central Washington University | | | |
| Assurance Number: | | | |
| Laboratory, Unit, or Building* | Gross Square Feet [<i>include service areas</i>] | Species Housed [<i>use common names, e.g., mouse, rat, rhesus, baboon, zebrafish, African clawed frog</i>] | Approximate Average Daily Inventory |
| Vivarium (Science Bldg.) <i>Continued</i> | | Ornate Box Turtle | 1 |
| | | Rough-skinned Newt | 1 |
| | | Aquatic Salamander | 3 |
| | | Ensatina Salamander | 2 |
| | | Tiger Salamander | 1 |
| | | Northern Pacific Rattlesnake | 25 |
| | | Wandering Garter Snake | 2 |
| | | Leopard Gecko | 1 |
| | | Corn Snake | 1 |
| | | California King Snake | 1 |
| | | Mexican Milk Snake | 1 |
| | | Mexican King Snake | 1 |
| | | Bearded Dragon | 1 |
| Psychology Animal Facility (Psychology Bldg.) | 5774 | Mice | 25 |
| | | Pigeons | 5 |

Unless otherwise indicated, mice and rats means mice of the genus *mus* and rats of the genus *rattus* that are purposely bred for research.

*Institutions may identify animal areas (buildings/rooms) by a number or symbol in this submission to OLAW. However, the name and location must be provided to OLAW upon request.