

IACUC Training Exercise #4 – 2022 (Semiannual Evaluation – Post-Review Documentation)



The following exercise is a continuation of exercises #1-2022, #2-2022, and #3-2022, and may be useful in stimulating discussion regarding compliance with PHS Policy and VA Handbook 1200.07. This will be most meaningful if the IACUC has worked through exercises #1, #2, and #3 for 2022, before beginning this one. To facilitate discussion, pages 1 and 2 of this exercise, and a copy of Part 3 from the VA Semiannual Report form, may be distributed to the IACUC members prior to a meeting. After a few minutes of discussion during the meeting, page 3 may be distributed for the committee's further consideration.

Recall: Ted Bramble and Dr. Cheryl Spring had conducted a facility inspection for the semiannual evaluation, and noted deficiencies. Anne Marie, the IACUC Coordinator, had prepared Parts 1 and 2 of the Semiannual Report for the IACUC to review, categorize the deficiencies and then decide on appropriate corrective actions for each deficiency.

Next: Several of IACUC members thought the IACUC Chair had acted hastily and asked that Autumn and Jerry return to tell the IACUC about the two deficiencies (see below) identified by Ted and Dr. Spring.

- (1) Overheated (empty) rat room - Autumn explained the advanced planning and coordination with Facilities Management to ensure that the rodents were moved prior to beginning the equipment repairs that required the Building Management System to be offline. She also praised the quick response by Facilities Management to the high temperature excursion that she had reported to them.
- (2) Bedding on the floor in a rat room - Autumn and Jerry explained that the debris on the floor that looked like bedding turned out to be from mice that had made a nest inside the Sheetrock wall adjacent to the electrical box with a loose electrical outlet cover plate. Jerry had reported the mouse nest to Autumn as soon as he discovered it, and she had contacted the pest control company to eradicate the rodent infestation and prevent recurrence.

Once the IACUC heard this, their perception of the deficiencies changed substantially. The IACUC determined that the overheated (empty) rat room was actually not a deficiency at all because animal welfare had not been endangered, but they did suggest the VMU Supervisor and Attending Veterinarian meet with the Facilities Management to develop procedures for monitoring temperatures in animal facility space when the Building Management System is temporarily offline. With regard to the "bedding" on the rat room floor, the IACUC determined that this was a significant deficiency because rodent infestation is an animal welfare and potential public health concern. Through Autumn, the VMU Supervisor, the IACUC was informed that the pest control company had already identified where the mice were entering, and sealed the entry points. They estimated that it would take one

week to eliminate the current rodent infestation, and they recommended implementation of a monthly monitoring program to prevent re-infestation. A work order had been submitted to Facilities Management for repairs to the wall and electrical outlet in the rat room where the infestation was first identified. In the meantime, the VMU staff decontaminated the rat room. Due to potential exposure of the rats to the mice that were living in the wall, the Attending Veterinarian quarantined the rats until their health status could be confirmed. The IACUC estimated that it would take three months to fully address the issue and put the room back into service as a rat housing room.

After the IACUC made its determinations, Anne Marie filled in Part 2 with the corrective action plans and timetables that the IACUC had decided on. All that was left then was Part 3, the Post-Review Documentation. Anne Marie filled in the requested information about the dates of the evaluation, documentation of any minority opinions (none had been submitted), AAALAC Accreditation, and the names of the IACUC members. She then sent all three parts of the report out to the IACUC members for review. The IACUC members were all eager to be done with this and promptly indicated by their signatures their agreement with what Anne Marie had documented in the report. The Chair then asked Anne Marie to set up an appointment for the meeting with the Director to review the report and collect the Director's signature.

For IACUC discussion: Has the IACUC taken care of everything it needs to do before meeting with the Director about the Semiannual Evaluation?

In Part 3 (Post-Evaluation Documentation) of the Semiannual Report, there was nothing entered in Section A. Section A is for “Summary of Semiannual Evaluation”, and is actually the most important part of the Report. This is where the IACUC puts together all the observations in Part 1 and corrective action plans in Part 2, to summarize them in context, in terms of what they say about the program overall. **The bullets in the form for Part 3 are prompts for what is needed:**

- Note the total number of “departures” from PHS policy, including the provisions of the Guide, that have been approved by the IACUC.

- Provide summary overviews of the programmatic and facility deficiencies
 - o If there were no deficiencies, include a statement to this effect in the report.
 - o If deficiencies were identified, evaluate the overall number and severity of the deficiencies, and what the number and severity indicate about the quality of the program and facilities (refer to the complete list provided in Part 2 – Table of Deficiencies and Departures).

- Comment on any patterns or trends suggested by the observations during this semiannual evaluation and also in the light of previous semiannual reports.

- Acknowledge any laudable aspects of the overall animal care and use program (i.e., related to the program, facility, or personnel).

- Provide a concluding paragraph that: (1) assesses the institution’s overall compliance with applicable PHS Policy, the Guide, the AWA, and VA Policy; (2) provides recommendations to the IO; and (3) highlights any other pertinent information the IO should be made aware of.

This summary can serve as an excellent starting point for the review with the Director.