

## Georgia College & State University

Assurance #: D17-00963

### Animal Welfare Assurance for Domestic Institutions

I, Holley Roberts, as named Institutional Official for animal care and use at Georgia College & State University, 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, HHS, NSF and/or NASA. 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 Georgia College & State University components (Colleges, Schools, Departments, etc.) that are physically located on University property.
- B. No other institution(s), or branches and components of another institution are covered by this assurance.

#### 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 (subaward) or subcontract agreements have an Animal Welfare Assurance and that the activities have Institutional Animal Care and Use Committee (IACUC) approval.
- F. In the event of any report made by any individual concerning potentially wrongful or negligent activity, or any other activity, related to this Assurance, this Institution shall strictly comply with its established Retaliation Policy in the Campus Affairs section of its Policy Manual.<sup>1</sup> Further, with respect to employees, the Institution is subject to, and shall comply with, both the University System of Georgia's "Protection against Retaliation – Whistleblower Protection" policy under section 16.3.3. of its Business Procedures Manual, and the State of Georgia whistleblower statute as set forth under O.C.G.A. § 45-1-4.

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<sup>1</sup> <http://gcsu.smartcatalogiq.com/Policy-Manual/Policy-Manual/Campus-Affairs/Retaliation>

### 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:

University President: President Cathy Cox

Provost and Vice President for Academic Affairs: Dr. Costas Spirou

Associate Provost: Dr. Holley Roberts (Institutional Official)

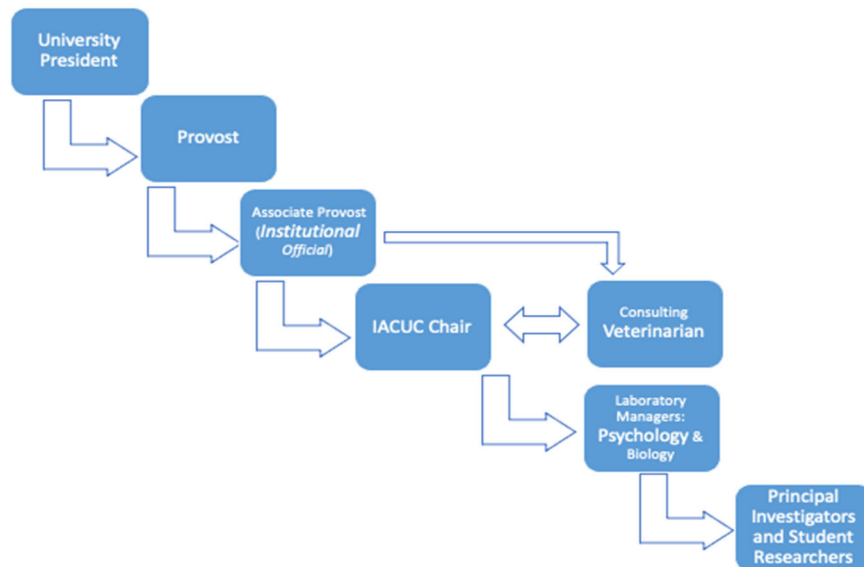
IACUC Chair: Dr. Katie Stumpf

Consulting Veterinarian: Dr. Dean Campbell

Laboratory Managers: Psychology & Biology

Principal Investigators and Student Researchers

*Open lines of communication exist between the IACUC and Institutional Official and between the Veterinarian and the Institutional Official.*



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. Dean Campbell

a. Qualifications

i. Degrees: Doctor of Veterinary Medicine, University of Georgia

ii. Dr. Campbell graduated from the University of Georgia - College of Veterinary Medicine in 2006. He has been practicing veterinary medicine for 13 years, and has owned his own practice in Milledgeville for 11 years. This is Dr. Campbell's first position requiring animal medicine specifically for research animals; however, his veterinary practice services small animals. This experience treating small rodents (specifically rats, mice, guinea pigs, rabbits) and reptiles (i.e., snakes and turtles) makes him well qualified to serve as the IACUC veterinarian

at our institution where research subjects primarily constitute rodents (rats/mice), fish, and small reptiles

- b. Authority: Dr. Campbell has delegated program authority and responsibility for the Institution's animal care and use program including access to all animals.
  - c. Time contributed to program: Our program is comprised of a small unit; the consulting veterinarian is present at all semi-annual facility inspections (approximately 1-2 hours) and scheduled protocol review meetings (2-4 times per year) and as needed (for any routine or emergency needs). 1-3 hours every 1-3 months reviewing protocols and/or providing consultation on relevant program topics. One-hundred percent of this time contributes to our animal care and use program.
  - d. Further, we ask that if Dr. Campbell is unable to fulfill the role as veterinarian that he gives the University at least 4-weeks' notice in order to find a permanent replacement.
2. Secondary Veterinarian
- a. Name: Dr. Jessica Cutsforth
  - b. Qualifications:
    - i. Degree: Doctor of Veterinary Medicine, St. George University
    - ii. Training or Experience in Lab Animal Medicine: Dr. Cutsforth graduated from Georgia College & State University with her B.S. in Biology and graduated from St. George's University - College of Veterinary Medicine in 2012. She has been practicing veterinary medicine for 9 years, and has practiced at the Animal Hospital of Milledgeville for 5 of those years. This is Dr. Cutsforth's first position requiring animal medicine specifically for research animals; however, she has experience providing medical attention to small animals. Her experience treating small rodents (specifically rats, mice, and hamsters) and reptiles makes her well qualified to serve as the secondary IACUC veterinarian at our institution where research subjects primarily constitute rodents (rats/mice), fish, and small reptiles (i.e., snakes).
  - c. Authority: In the event that Dr. Campbell cannot fulfill his duties as attending veterinarian, Dr. Cutsforth has delegated program authority and responsibility for the Institution's animal care and use program including access to all animals.
  - d. Responsibilities: A secondary veterinarian, Dr. Cutsforth will be present as delegated authority for the following should the primary vet be unable to attend: All semi-annual facility inspections (approximately 1-2 hours) and scheduled protocol review meetings (2-4 times per year) and as needed (for any routine or emergency needs). 1-3 hours every 1-3 months reviewing protocols and/or providing consultation on relevant program topics.
  - e. Time contributed to program: Our program is comprised of a small unit; the consulting Veterinarian is present at all semi-annual facility inspections (approximately 1-2 hours) and scheduled protocol review meetings (2-4 times per year) and as needed (for any routine or emergency needs). 1-3 hours every 1-3 months reviewing protocols and/or providing consultation on relevant program topics. One-hundred percent of this time contributes to our animal care and use program should the Primary Veterinarian be unable to fulfill his responsibilities.

- f. Further, we ask that if Dr. Cutsforth is unable to fulfill the role as secondary veterinarian that she give the University at least 4-weeks' notice in order to find a permanent replacement.
- 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 IACUC consists of at least 5 members, and its membership meets the composition requirements of PHS Policy IV.A.3.b. Attached 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 6 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:**
    - a) Program reviews will be conducted every six months, in conjunction with the program's 6-month animal facility inspections or during a regularly scheduled meeting.
    - b) Reviews will be conducted with a quorum of IACUC members. No member will be involuntarily excluded from participating in any portion of the reviews.
    - c) To conduct the review, the Committee will use the *Guide* and a checklist based on the OLAW Program and Facility Checklist provided at:  
<http://grants.nih.gov/grants/olaw/sampledoc/cheklist.htm>
    - d) Reviews will include, but not be limited to, assessment of the following criteria: Animal Care and Use Program; IACUC Membership, Policies, and Responsibilities; IACUC Reporting and record Requirements; IACUC training; Veterinary Care; and Occupational Health and Safety of Personnel. Criteria will be re-evaluated as needed.
    - e) Criteria will be identified as: Acceptable (A), Minor Deficiency (M); Significant Deficiency (S) or a Change made to criteria (C). Program deficiencies will include a detailed plan from the Committee to correct said deficiencies.
  2. **Inspect at least once every 6 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:**
    - Facility inspections will be held every 6 months.
    - Inspections will be conducted with a quorum of IACUC members. This will include the consulting Veterinarian. No member will be involuntarily excluded from participating on any portion of the reviews.
    - To conduct the inspections, the Committee will use the *Guide* and a checklist based on the OLAW Program and Facility Checklist provided at:  
<http://grants.nih.gov/grants/olaw/sampledoc/cheklist.htm>
      - The inspection will include, but not be limited to, assessment of: Active protocols; General animal care (including enclosures, food, and water); Facility upkeep (including general cleanliness, lighting, and power); and General safety. Reviewed criteria will be re- evaluated as needed.

- Criteria will be identified as: Acceptable (A), Minor Deficiency (M); Significant Deficiency (S) or Not Applicable (NA). Program deficiencies will include a detailed plan from the Committee for correction of said deficiency.
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:**
- a. Members will individually evaluate the program and its facilities. Based on these observations semi-annual reviews will be compiled by the committee chairperson and copies of the reports will be sent to members (electronically). In accordance with OLAW policy, final reports will be reviewed and approved by a majority vote of the IACUC signed by the IACUC chair and denoting any dissenting votes before submission to the IO (electronically). Items will include:
    - *The institution's adherence to the PHS Policy and the Guide*
    - *General animal care*
    - *Protocol adherence*
    - *Identification of deficiencies and designation as either minor or significant*
    - *Schedule and plan for correcting deficiencies*
    - *General laboratory safety*
    - *Any minority views*
  - b. Departures from PHS policy will be made on a case-by-case basis, based on justified reasons. Any departures will be approved by the IACUC and reviewed at least once every three years. The report will note any departures from PHS policy and/or the Guide. The report will also state if no departures exist. Deficiencies (Minor or Significant) will be identified during 6-month inspections. Laboratories that have minor deficiencies will have until the following inspection period to correct for said deficiency. Depending on the nature of any significant deficiencies, the Committee will create a detailed and reasonable plan to correct for said deficiency.
  - c. Deficiencies will be monitored by the IACUC chairperson or designee to ensure resolution. Final reports will be approved by a majority vote of the IACUC, including any minority opinions. Following completion of evaluations, the report will be submitted electronically to the IO in a timely manner. Reports will identify any facilities accredited by AAALAC or another accrediting body recognized by the PHS, in accordance with (Policy) IV.B.3.e.

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

In accordance with the Guide, an individual with any concern related to this Assurance is encouraged to contact, with protection from any retaliation or discrimination, the IACUC chairperson or IO directly. If desired, the individual may raise their concern anonymously through a Feedback link which is publicly available on the Institution's website. Anonymous notifications will be sent directly to the IO. Placards notifying individuals of this right to report will be posted throughout laboratories and any other campus facilities where animals are, or may be, kept. The placards will advise students and employees regarding how they may report any concerns to the IO and/or IACUC chair in order to exercise this right.

- a) Students, employees, and other stakeholders reporting any concern at the Institution, whether related to this Assurance or otherwise, are broadly protected from retaliation under the Institution's established Retaliation Policy. In addition, any employee reporting

concerns to the Institution is further protected by both the University System of Georgia's "Protection against Retaliation – Whistleblower Protection" policy under section 16.3.3. of its Business Procedures Manual, and the State of Georgia whistleblower statute as set forth under O.C.G.A. § 45-1-4.

- b) All concerns will be brought to the full Committee. If necessary, concerns will be discussed in a face-to-face meeting in order to seek resolution.
- c) Concerns and/or recommendations will be documented in writing as part of meeting minutes, semi-annual reports, or a separate document if necessary. This report will be shared with the IO electronically; if necessary, the Committee chairperson will meet with the IO to discuss the concern and possible resolutions. The IO is made aware of urgent concerns through direct contact with the IACUC chairperson and/or attending veterinarian. In the event of urgent or time sensitive concerns, the IO can be directly reached by both the IACUC chair and attending veterinarian or through the anonymous feedback link posted on the institution's IACUC website. Based on the nature of the complaint the IACUC will work to ensure a resolution. IACUC members will recuse themselves from any matters in which they are personally involved. If needed, the IACUC and IO have access to in-house General Counsel at the institution.

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:**

- a) Written recommendations will be developed by, and come from, the Committee. Recommendations are documented in semi-annual reviews and/or separate meeting minutes and memorandums; recommendations are sent electronically to the IO.

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:**

- a) Protocols are submitted electronically to the Committee chairperson who acknowledges date of receipt (electronically) and disseminates them to the Committee as a whole.
- b) All IACUC members receive an electronic copy of each protocol at least 1 week prior to a Full Committee Review (FCR). FCRs will be conducted in person, except in cases where extenuating circumstances prevent this. In those cases, the use of telecommunications will be utilized to hold FCRs in accordance with NIH notice NOT-OD-06-052.
- c) No member who has a conflicting interest (i.e., member is the PI on a protocol or benefits personally or professionally from the approved protocol) may participate in the IACUC review or approval of said protocol. If this member is the chairperson, he/she will designate another full voting member of IACUC to serve as chairperson for that review.
- d) If a member is recused, the chair makes sure a majority of members is still available to vote. If we lose a quorum we will not vote on the protocol.
- e) New protocols or amendments to protocols may be reviewed with either FCR or DMR in accordance with applicable guidelines. In cases where DMR is utilized, FCR can be requested by a full voting member of the committee or PI of the protocol under review.

**Full Committee reviews (FCR)**

Approval of protocols will be granted only after a review of said protocol by a quorum of the IACUC and with the approval of a majority of that quorum. Minority opinions will be recorded on the protocol and in meeting minutes. Outcomes of FCR include: approval, required modifications (in order to secure approval), or approval withheld.

- If the outcome of FCR is: 'require modifications to secure approval', the PI of the protocol will be contacted by the Committee chairperson in writing (electronically), requesting the modifications. The PI will make any suggested changes and submit a new version of the proposal electronically to the chair. This version will then be disseminated electronically to the committee for DMR review. When disseminated, committee members will be given the option to call for a FCR of the proposal earlier than the standing scheduled meeting where new protocols are reviewed. If no FCR is called, the proposal will be evaluated via DMR; the IACUC chairperson will appoint one IACUC scientist member or veterinarian with appropriate qualifications to serve as the designated reviewer, along with the chairperson.
- Minor modifications, such as grammatical and typographical errors, may be approved and confirmed by the IACUC Chairperson.

#### **Designated-Member Review (DMR)**

- In cases where DMR is utilized, protocols will be distributed electronically to all voting IACUC members for review; they will be provided five work days to review the protocol(s) and have the opportunity to call for a FCR. If no member requests a FCR, the chairperson will delegate at least one voting member to review the protocol.
- The person (or persons) conducting the DMR will have the authority to approve, require modifications (to secure approval), or request a full committee review. If more than one member is involved in the DMR, they must reach a consensus on the outcome. After required modifications, if any, are made, an electronic copy of the final protocol will be submitted to the DMR for review and approval. If more than one DMR is appointed, and additional modifications are required to secure approval, each member will review identical copies of the protocol.
- No alternative processes will be utilized for special or expedited reviews.
- The IACUC will confirm that all protocols reviewed by FCR or DMR: “be conducted in accordance with the Animal Welfare Act insofar as it applies to the research project, and that the research project is consistent with the *Guide* unless acceptable justification for a departure is presented. Further, the IACUC shall determine that the research project conforms to the institution's 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 recommendations of
  - h) the American Veterinary Medical Association (AVMA) Panel on Euthanasia, 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:**
- The review and approval of significant modifications and changes will be handled in the same manner as new protocols (see section 6 above). Significant changes may include, but are not limited to: from nonsurvival to survival surgery; resulting in greater pain, distress, or degree of invasiveness; in housing and or use of animals in a location that is not part of the animal program overseen by the IACUC; in species; in study objectives; in Principal Investigator (PI); and that impact personnel safety; anesthesia, analgesia, sedation, or experimental substances; euthanasia to any method approved in the AVMA Guidelines for the Euthanasia of Animals; and duration, frequency, type, or number of procedures performed on an animal.
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:**
- The chairperson of the IACUC will inform all investigators in writing (via email) of the decisions regarding submitted protocols. For protocols not approved by the IACUC, investigators will be notified as to the reasons for rejection and provided with feedback for how to improve their proposal. The PI can request further justification and if a full review was not completed, request a full review. They may also contact the IO.
  - A copy of all protocols, and resulting decisions, are forwarded to the Institutional Official.
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 is conducted continuously by animal care and use staff. We will accomplish continuous reviews by completing semi-annual inspections, semi-annual reviews, and annual project renewals. Results of the semi-annual program reviews and inspections will be compiled in a report and submitted to the IO. The annual project renewals are received by the chair and discussed and approved by a majority vote of the IACUC members at the regularly scheduled meetings.



- In addition to semi-annual meetings, a complete review of all the existing animal protocols by the IACUC is required on a three-year basis according to PHS Policy IV.C.1.-5. This is completed prior to the expiration date. This review requires a formal protocol renewal of the original, approved protocol. This protocol will undergo the same evaluation as a new or revised proposal as previously described in section 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:**
- If necessary, the IACUC will suspend an ongoing activity if it is determined that the activity does not comply with the Animal Welfare Act, and Guide, the Institution's Assurance, or PHS guidelines.
  - 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 a previously approved activity, the Institutional Official (IO) in consultation with the IACUC shall review the reasons for the suspension, take appropriate corrective action, and report that action to OLAW in writing.
  - Animal use cannot be resumed without full review and approval by the IACUC and evidence that the corrective actions recommended by the IO and the IACUC have been implemented.

- 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:
- The Assistant Director of Facilities for Environmental Health and Safety and Fire Safety (EHS) is involved in planning and general monitoring of the OHSP. The EHS is trained in occupational health and safety and administers the OHSP in collaboration with health professionals at Georgia College Student Health Services or individual medical providers.
  - All persons working in laboratory animal facilities with frequent or substantial animal contact will be required to complete the "Working with the IACUC" modules, the "Animal Biosafety" course, and animal specific courses as part of CITI training requirements. This training includes a course on zoonoses, allergies, and other hazards. All persons will also be provided an information pamphlet explaining potential risks to specific animals pertaining to pregnancy, illness, or decreased immunocompetence.
  - Additionally, all PIs will ensure IACUC in writing that all participants in the lab will have animal information and safety protocols specific to their animals in the lab.
  - All personnel who come into physical contact with animals are required to complete the Georgia College Animal Health and Safety Assessment prior to beginning work with animals and at any time their personal health situation changes (i.e. pregnancy, illness, decreased immunocompetence, etc). The Animal Health and Safety Form prompts personnel to provide information including tetanus vaccine status to determine if further evaluation is required by a medical health professional, but does not collect specific health information. Based on this initial assessment and confirmation of vaccine status, the tetanus vaccination may be required. This confidential health and safety assessment is reviewed by the Assistant Director of Facilities for Environmental Health and Safety and Fire Safety (EHS) in order to determine if further assessment by a medical professional is necessary before beginning work with animals and to issue the appropriate Personal Protection Equipment (PPE) to ensure the continued

safety of those working with animals. The Assistant Director's review is based on provided information and evaluated against current federal, state and local HIPAA regulations.

- If medical evaluation is warranted as assessed from the completed Georgia College Animal Health and Safety Form based on the risks outlined in the IACUC Brochure Occupational Health Program— the individuals are advised to contact Georgia College Student Health Services or their own medical provider to secure clearance and/or recommendations or accommodations. Once clearance is provided from the medical professional to the EHS officer, the EHS submits to the PI and the individual instructions to keep the documentation on file for the duration of the protocol plus an additional three years.
- Personnel who do not touch but who would be in the vicinity of animal(s) will be provided the information pamphlet explaining potential risks to specific animals and will complete the appropriate waiver form in lieu of enrollment in the occupational health and safety program (which includes the individual risk assessment by a medical professional).
- The required Georgia College Animal Health and Safety Form is included on the IACUC Checklist for Faculty.
- As a voting member, The Assistant Director of Facilities for Environmental Health and Safety (EHS) will attend the biannual protocol and facilities reviews in addition to the review of the health forms. Investigators identify risks and hazards when filling out IACUC protocols. All protocols are evaluated by the IACUC. The IACUC identifies potential hazards during initial protocol review and during semiannual facility inspections.
- The Assistant Director is also the University Biosafety Officer and a voting member of the Institutional Biosafety Committee (IBC). The IBC is comprised of two faculty members from the Department of Biology and Environmental Science, the BSO, the Biology and Environmental Science Laboratory Coordinator and a volunteer community member. Purchases of hazardous biologic, chemical, and physical agents must be accompanied by an IBC approval protocol number.
- Visitors to the individual laboratories are provided an information pamphlet explaining potential risks to specific animals pertaining to pregnancy, illness, or decreased immunocompetence and then complete the Waiver of Participation in the Georgia College Animal Research Occupational Health Program before entering a laboratory.
- Currently there is no use of hazardous materials in animal research at Georgia College, however, if a new laboratory is established that will change this status, the IBC will work with the PI to adopted an appropriate immunization schedule to protect against work related infection.
- Common hazards and risks include: 1) Allergic reactions: Main sources of allergens at Georgia College include rodent urine and saliva. To minimize this, education, protective clothing, gloves, and frequent hand washing is utilized. 2) Zoonoses: Animals used at Georgia College are pathogen free and purposely bred for research. Standard precautions are used when handling the animals, animal waste, bedding, and fluids. 3) Bites & Scratches: Bites or scratches are washed immediately with antiseptic soap and water. Minor injuries can be cared for at first-aid stations in the laboratory or at the Georgia College Student Health Center. Injuries or illness requiring more than first-aid procedures may require immediate response by Georgia College Campus Safety officers and the Atrium Health Navicent Baldwin Hospital (previously named Oconee Regional Medical Center) which is open 24 hours a day seven days a week. This information is posted in each of the animal facilities. Any personnel working with animals must report promptly to their immediate supervisor any work-related injury. Any

injurious accident or any disease suspected of being employment related should be reported in writing, within 24 hours, to the Georgia College Office of Human Resources and the IACUC Chairperson.

- Laboratory personnel are responsible for ensuring a safe environment for those working with animals. Precautions include:
  - i. No eating, drinking or smoking in areas housing animals or where animals are tested.
  - ii. Protective clothing shall be worn in animal areas and removed prior to leaving those areas.
  - iii. Hand washing is required after handling animals and prior to leaving an animal housing area.
  - iv. All work surfaces are required to be decontaminated after each procedure.
- Each lab is in charge of arranging summer and weekend care – this is either the PI or a trained student worker. Several of the labs have keypad locks for security (in A&S). Maintenance and housekeeping may not enter lab spaces without contacting the PI of the lab and housekeeping does not perform any cleaning duties in the animal laboratories.
- Each lab has an animal specific written contingency plan to address natural disasters and other threats. Training is conducted by the PI at the beginning of employment and plan notebook is readily available to all personnel in a communal area of the lab. The plans and containment safety are reviewed by the annual facility inspections by the IACUC. Any revisions are submitted to the Director of Georgia College Public Safety to update the institution's Emergency Operations Plan.
- All animal laboratories are equipped with key-pad or physical key locks –codes for key-pads are only held by faculty and students authorized to be in the lab, in addition to the attending veterinarian who receives codes at the start of each academic year. Any and all threats toward the animal research personnel or facilities are to be reported to Public Safety and receive the fullest investigation possible with a report back to the Lab PI, IACUC Chair and the Institutional Official

G. *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 the attached Facility and Species Inventory table.*

See attached Facility and Species Inventory table. Total Sq Ft: 895

H. *The training or instruction available to scientists, animal technicians, and other personnel involved in animal care, treatment, or use is as follows:*

The IACUC will evaluate the effectiveness of the training program at Georgia College & State University as part of semi-annual program and facility inspections. In collaboration with the Office of Grants and Sponsored Projects the IACUC at Georgia College & State University has adopted training, via the Collaborative Institutional Training Initiative ([www.citiprogram.org](http://www.citiprogram.org)), for all scientists, animal technicians, and other personnel involved in animal care, treatment or use, on research or testing methods that minimize the number of animals required to obtain valid results and minimize distress. Training is effective August 1st, 2016.

#### 1. IACUC Specific Training

- All IACUC members will be provided:

- i. Access to the Guide for the Care and Use of Laboratory Animals: Eighth Edition (the Guide)
- ii. The PHS Policy on Humane Care and use of Laboratory Animals (revised 2015)
- iii. A copy of this assurance.
- The IACUC chairperson will regularly be notified of special OLAW events and IACUC 101 series and make this information available for members.
- New members and any personnel working with animals will meet formally with the IACUC chairperson and/or other qualified personnel in order to communicate their role on the committee as indicated in The Guide, especially in relation to animal care, treatment or use, on research or testing methods that minimize the number of animals required to obtain valid results and minimize distress. This will be in addition to an orientation of the University's IACUC website, access to the OLAW/ARENA IACUC Guidebook, and approved Animal Welfare Assurance
- Regardless of any prior training, effective August 1st, 2016, all Committee members (current and future) will be required to complete initial CITI training on the Essentials for IACUC Members or IACUC Community Member course, which includes an overview of applicable federal government regulations. This training will be renewed every 3 years. Completion of this training will be monitored by the IACUC chairperson and the Office of Research and Sponsored Projects.
- The Institutional Official (IO) will also be required to complete CITI training. Institutional Official: Animal Care and Use course covering the responsibilities of the IO.

## 2. Animal Care and Use Personnel

- All persons involved in animal care will be provided a copy of the approved assurance document via the University website.
- In collaboration with the Office of Occupational and Health Safety, lab managers/primary investigators (PIs) will notify all personnel involved in animal care of potential health and safety concerns prior to starting their animal work. For students working in labs to earn course credit, this will be communicated to them on course syllabi.
- All personnel will receive a copy of the Animal Information and Safety Sheet specific to their lab. These sheets are also posted in conspicuous sites throughout the animal laboratories.
- An individual's qualifications, experience, and/or training with specific animal species will be evaluated by the IACUC (i.e., degrees and certifications).
- For undergraduate and graduate research students and other personnel, on-site training under the guidance of qualified laboratory management/primary investigators will take place as needed (i.e., when a student joins a research laboratory). This will be monitored by IACUC during semi-annual inspections. Effective August 1st, 2016, regardless of prior training, all animal care and use personnel (including primary investigators, graduate, and undergraduate student researchers), will be required to undergo CITI training *prior to starting their animal research* and submit to the faculty investigator a copy of the certificate of completion. Training will include basic courses on Working with the IACUC and animal specific courses on care and management. This training will be renewed every 3 years. Completion of this training will be monitored by the IACUC chairperson and the Office of Research and Sponsored Projects.

#### **IV. Institutional Program Evaluation and Accreditation**

All of this Institution's programs and facilities (including satellite facilities) for activities involving animals have been evaluated by the IACUC within the past 6 months and will be reevaluated by the IACUC at least once every 6 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.

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) was submitted.

#### **V. Recordkeeping Requirements**


- A. This Institution will maintain for at least 3 years:
  - i. A copy of this Assurance and any modifications made to it, as approved by the PHS
  - ii. Minutes of IACUC meetings, including records of attendance, activities of the committee, and committee deliberations
  - iii. Records of applications, proposals, and proposed significant changes in the care and use of animals and whether IACUC approval was granted or withheld
  - iv. Records of semiannual IACUC reports and recommendations (including minority views) as forwarded to the Institutional Official, Holley Roberts.
  - v. 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 3 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 federal fiscal year (October 1- September 30). The IACUC, through the Institutional Official, will submit an annual report to OLAW after September 30 but on or before December 1. 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, Holley Roberts.
  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

<b>A. Authorized Institutional Official</b>	
Name: Dr. Holley Roberts	
Title: Associate Provost	
Name of Institution: Georgia College & State University	
Address: <i>(street, city, state, country, postal code)</i> 231 W. Hancock Street, CBX 024, Milledgeville, GA 31061	
Phone: 478-445-6848	Fax: 478-445-5151
E-mail: holley.roberts@gcsu.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: 1/18/22

<b>B. PHS Approving Official</b> <i>(to be completed by OLAW)</i>	
Name/Title: Jane J. Na / Director, Division of Assurances Office of Laboratory Animal Welfare (OLAW) National Institutes of Health 6700B Rockledge Drive Suite 2500, MSC 6910 Bethesda, MD USA 20892 (FedEx Zip Code 20817) Phone: +1 (301) 496-7163 Fax: +1 (301) 451-5672	
Signature:	Date: January 19, 2022
Assurance Number: <b>D17-00963</b>	
Effective Date: <b>January 19, 2022</b>	Expiration Date: <b>January 31, 2025</b>

### VIII. Membership of the IACUC

Date: January 18, 2022			
Name of Institution: Georgia College & State University			
Assurance Number: D17-00963			
<b>IACUC Chairperson</b>			
Name*: Katie Stumpf			
Title*: Associate Professor		Degree/Credentials*: Ph.D.	
Address*: <i>(street, city, state, zip code)</i> 231 W. Hancock Street, CBX 081, Milledgeville, GA 31061			
E-mail*: iacuc@gcsu.edu			
Phone*: 478-445-0811		Fax*: 478-445-0856	
<b>IACUC Roster Codes: *(scientist); #(nonscientist); %(nonaffiliated)</b>			
Name of Member/ Code**	Degree/ Credentials	Position Title***	PHS Policy Membership Requirements****
Dr. Katie Stumpf	PhD	Associate Professor	Scientist
1	PhD	Professor	Scientist
2	PhD	Professor	Scientist
3	PhD	Assistant Professor	Scientist
4	JD	Lawyer	Nonscientist & nonaffiliated
5	B.S.	Assistant Director of Facilities Operations	Scientist
Dr. Dean Campbell	DVM	Veterinarian	Veterinarian

### IX. Other Key Contacts (optional)

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

<b>Contact #1</b>	
Name: Donna Douglas	
Title: Interim Director, OGSP	
Phone: 478-445-3497	E-mail: grants@gcsu.edu
<b>Contact #2</b>	
Name:	
Title:	
Phone:	E-mail:



**X. Facility and Species Inventory**

Date: January 18, 2022			
Name of Institution: Georgia College & State University			
Assurance Number: D17-00963			
Laboratory, Unit, or Building*	Gross Square Feet	Species Housed	Approximate Average Daily Inventory
Herty Hall Room #105	337	<i>Herpetofauna</i>  Eastern Kingsnake – 2 Mole Kingsnake – 1 Scarlet Kingsnake – 2 Desert Kingsnake – 2 Mexican Hognose Snake – 2 Western Hognose Snake – 2 Eastern Hognose Snake – 1 Green Rat Snake – 2 Baird’s Rat Snake – 1 Western Milk Snake – 1 Woma Python – 1  Timber Rattlesnake – 2-4 Pigmy Rattlesnake – 1 Rock Rattlesnake – 2 Eastern Diamond-backed Rattlesnake – 1 Broad-banded Copperhead – 1	20-30
Arts and Sciences Room #156-C	168	Betta Fish	15
Arts and Sciences Room #156-D	390	Rats	0
Herty Hall Room #275	165	Mice	30
Herty Hall Room #134	77	<i>Cyprinella lutrensis</i> (Red Shiner)  <i>Cyprinella venusta</i> (Blacktail Shiner)	100  75

\*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.