

Introduction and Overview

The **Occupational Health Surveillance System (OHSS)** streamlines risk assessments and medical evaluations for employees and researchers exposed to workplace or laboratory hazards, including animal biohazards. Effective **November 1, 2024**, OHSS replaces the traditional Medical History Questionnaire (MHQ) process.

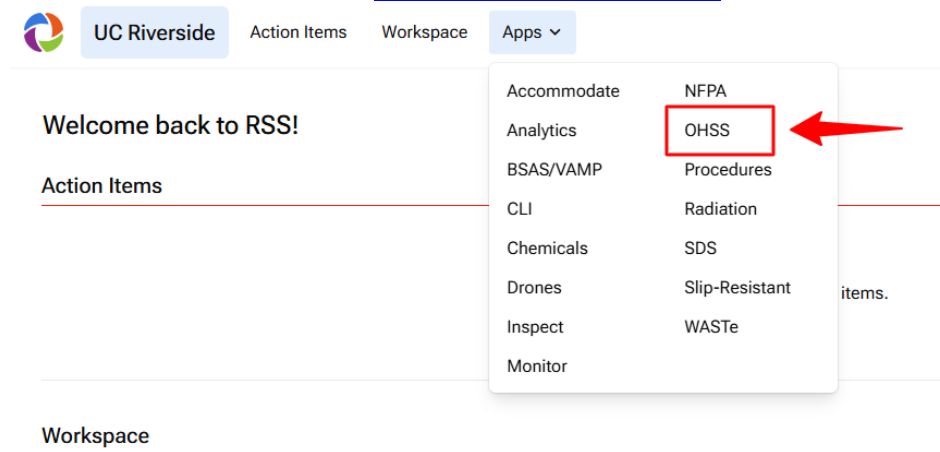
As part of this process, all participants listed for the first time on an Animal Use Protocol (AUP) are required to submit an initial Health Questionnaire through OHSS. This ensures appropriate medical surveillance and compliance with institutional and regulatory requirements.

Health Questionnaires must be renewed:

1. As defined in the associated AUP (e.g., annually or every third year) **OR**
2. Based on the Occupational Health Physician's assessment of the participant's health status and the risk level (typically every 1-3 years).

Participants will receive an automated email reminder from UCR Occupational Health ehsocchealth@ucr.edu 60, 30, and 15 days prior to the renewal date.

Accessing the system: Visit <https://ehs.ucop.edu/ohss>



Browser Recommendations:

- Recommended: Use Chrome for optimal performance.
- Alternatives: Internet Explorer (IE) or Firefox must be updated to the latest versions for the best results.

UCR Net ID:

A valid UCR NetID is necessary to access OHSS. This ID serves as the gateway for UC Riverside services.

- **Faculty and Staff:**

NetIDs are created during hiring and triggered by UCPATH Payroll System entries. Support: Contact **BearHelp** at 951-827-4848 or visit <https://its.ucr.edu/support#gethelp>.

- **Students:**

NetIDs are included in acceptance letters upon submission of the Statement of Intent to Register (SIR).

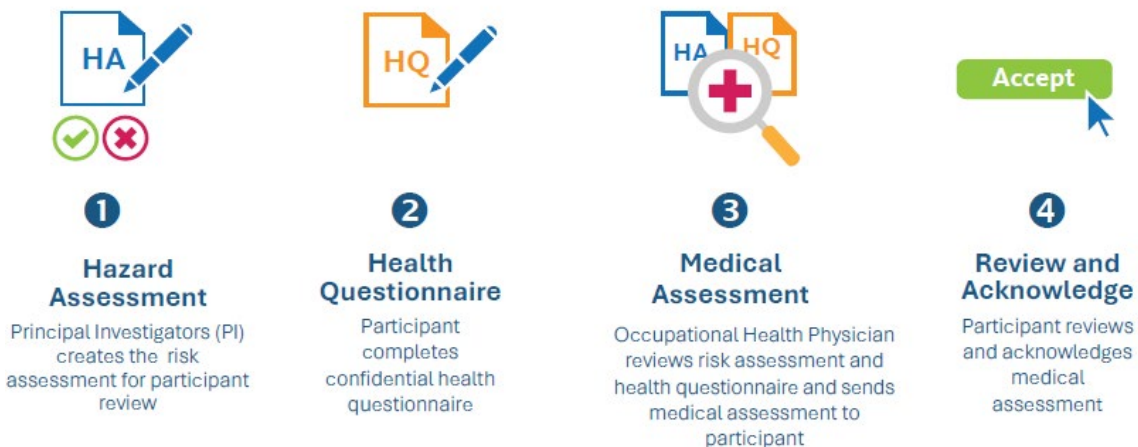
- Support: Email helpdesk@student.ucr.edu or call 951-827-6495.

- **Non-employees (e.g., volunteers):**

Sponsoring departments facilitate NetID creation.

- Support: Contact **BearHelp** at 951-827-4848 or visit <https://its.ucr.edu/support#gethelp>.

Workflow



Roles:

Supervisor/ Principal Investigator (PI)

At UCR, the PI oversees research involving animal use and ensures compliance with all regulatory standards.

- PIs monitor [Risk Assessment](#) statuses but do not access personal health information.
- PIs are critical in maintaining team safety, protocol adherence, and ethical standards.

- **Important:** You will have **30 minutes** to complete the form. Unsaved data will be lost if not submitted within this timeframe. This requirement is in place to ensure the form remains compliant with HIPAA regulations.
- Access to the confidential Health Questionnaire is limited to the participant and the reviewing medical professional. Principal Investigators (PIs) do not have access to any personal medical information other than their own.

Participants (Employees, Researchers, Lab Workers, Volunteers):

- **Review and Respond to the Risk Assessment:** Participants must review the Risk Assessment and indicate their agreement or disagreement.
- **Complete the Health Questionnaire:** Participants will have **30 minutes** to complete the form. Please note that unsaved data will be lost if not submitted within this timeframe. This time limit ensures compliance with **HIPAA regulations**.
- **Acknowledge the Medical Assessment:** After submitting the Health Questionnaire, you will be required to acknowledge the medical review process.
- **Confidentiality of Medical Information:** Access to the Health Questionnaire is strictly limited to the participant and the reviewing medical professional. **Principal Investigators (PIs)** do not have access to any personal medical information other than their own.
- **Reuse of Health Questionnaire:** Participants may reuse their Health Questionnaire for multiple Risk Assessments, provided there are no changes in health status or exposure risks.
- **Vaccination Records – Important Note:** When completing the Health Questionnaire, participant should have their **vaccination records** readily available. The form does **not auto-fill** prior vaccination or testing information collected by Occupational Health. If the vaccine history is incomplete, the reviewing medical professional may recommend additional services, potentially delaying the clearance.
- **Digital Vaccine Record (DVR):** Participants can request a **Digital Vaccine Record** from the [California Immunization Registry \(CAIR\)](#). Failure to provide vaccination documentation may result in unnecessary appointments or delays in processing your medical clearance.

Medical/Admin (EH&S and UCI COEH Physicians):

- Develop medical assessments, consult, and determine participant clearance.
- Assign roles and oversee campus records.

Reviewer (EH&S Occupational Health Coordinator):


- Tracks participant progress and follows up as needed.

- Provides referrals but does not access private health details.
- IACUC will be notified exclusively when individuals are cleared.

Navigating OHSS


- To get back to the home page, select **OHSS** from the header bar.



- All columns on the assessment pages are sortable
 - Double-click the column header to sort the data.
- Hover over the  to view informational/help text
- Hover over the letter next to the date to view the assessment's status.
- Red flags indicate items requiring immediate attention.

My Assessments

 = Action Required

Supervisor ⇅	RA ⇅ ⓘ	HQ ⇅ ⓘ	MA ⇅ ⓘ
Marion Cotillard	10/05/2015 - A	10/05/2015 - C	 10/05/2015 - CR

Checking Participant Status

- Select **All Assessments** from the home page.
- Navigate between tabs: **Incomplete**, **Completed**, **Archived**, or **No Exposures**.
- Hover over the status code to see its meaning:

All Assessments

Incomplete

Completed

Archived

No Exposures

All Assessments

Incomplete Completed Archived No Exposures

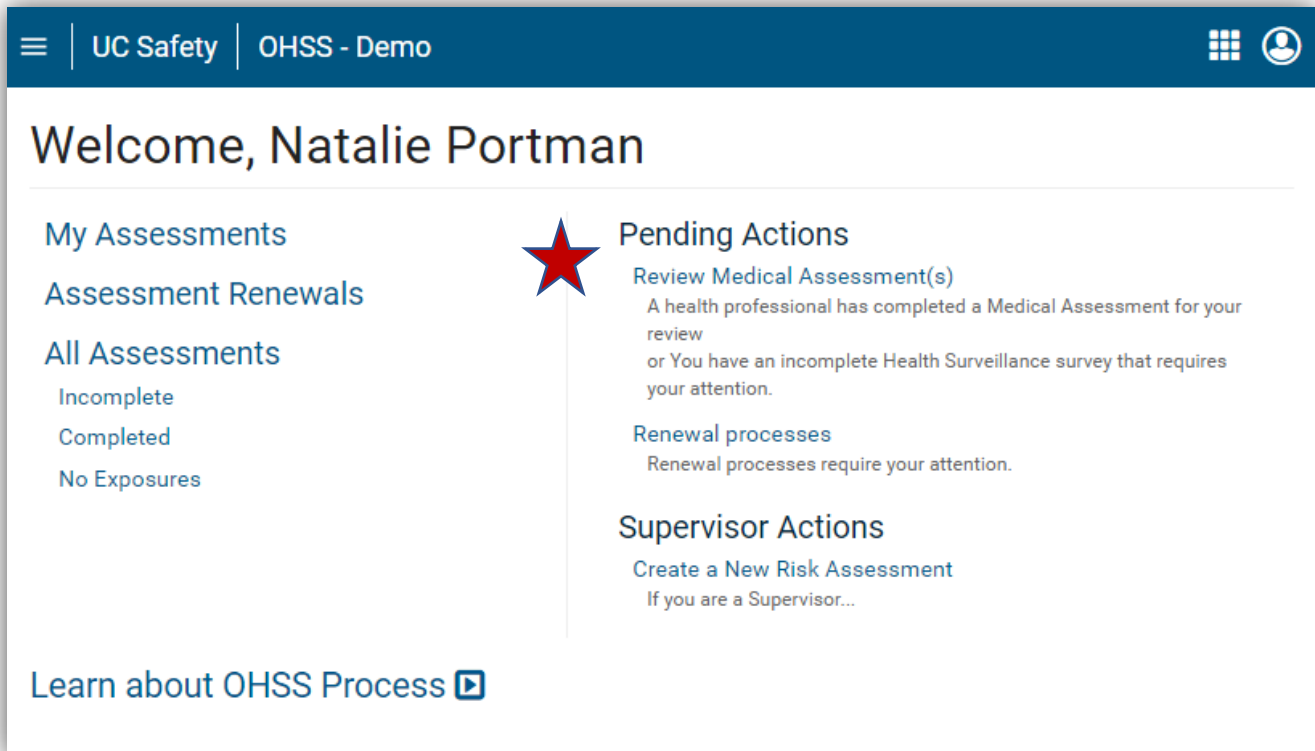
Archive Export

Participant	Supervisor	Department	RA	HQ	MA	Send Email
<input type="checkbox"/> [REDACTED]	[REDACTED]	[REDACTED]	11/19/2024 - A	11/19/2024 - P	--	
<input type="checkbox"/> [REDACTED]	[REDACTED]	--	08/07/2024 - A	08/29/2024 - MP	--	
<input type="checkbox"/> [REDACTED]	[REDACTED]	[REDACTED]	02/21/2024 - A Copy	04/18/2024 - CN	--	08/29/2024
<input type="checkbox"/> [REDACTED]	[REDACTED]	[REDACTED]	02/29/2024 - A Copy	04/18/2024 - CN	--	08/29/2024
<input type="checkbox"/> [REDACTED]	[REDACTED]	[REDACTED]	11/19/2024 - P	--	--	Email 11/19/2024

You can view each code definition by hovering over the letter to see the tool tip. Each code is listed in the

Status Code	Definition
A	Agreed to by the participant
C	Complete
CA	Consultations Acknowledged by Participant
CN	Clarification needed
CR	Consultation required by Medical Provider
D	Disagreed to by the participant
P	Pending participant review
R	Participant not cleared for works

PI = Supervisor's Home Page



The screenshot shows a web interface for the UC Safety OHSS - Demo system. The header includes a menu icon, 'UC Safety | OHSS - Demo', and user icons. The main content area is titled 'Welcome, Natalie Portman'. It features a sidebar with 'My Assessments' (Assessment Renewals, All Assessments) and a main section with 'Pending Actions' (Review Medical Assessment(s), Renewal processes) and 'Supervisor Actions' (Create a New Risk Assessment). A red star icon highlights the 'Pending Actions' section. At the bottom, there is a link to 'Learn about OHSS Process' with a play button icon.

UC Safety | OHSS - Demo

Welcome, Natalie Portman

My Assessments


- Assessment Renewals
- All Assessments
 - Incomplete
 - Completed
 - No Exposures

Pending Actions

- Review Medical Assessment(s)**
A health professional has completed a Medical Assessment for your review
or You have an incomplete Health Surveillance survey that requires your attention.
- Renewal processes**
Renewal processes require your attention.

Supervisor Actions

- Create a New Risk Assessment**
If you are a Supervisor...

[Learn about OHSS Process](#) 

All actions and information available to a PI can be accessed directly from their homepage.

Sections

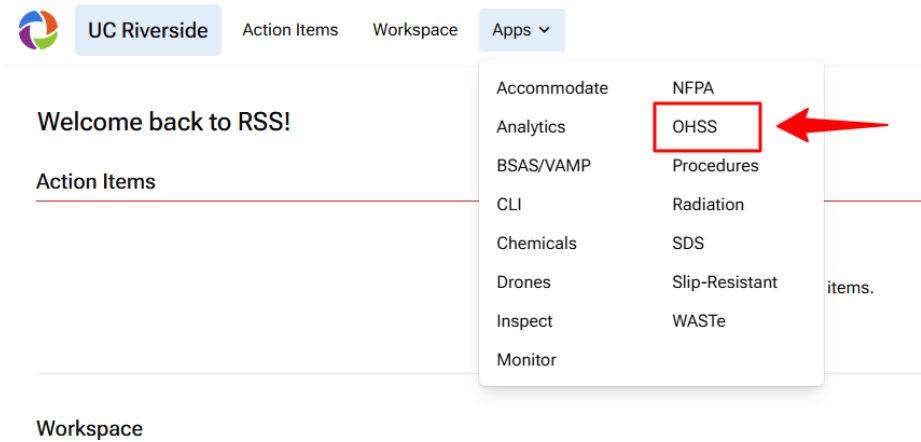
The PI or Supervisor Home Page is organized into six key sections:

- **My Assessments:** Displays the Risk Assessments (RA), Health Questionnaires (HQ), and Medical Assessments (MA) where the logged-in user is the participant.
- **Assessment Renewals:** Lists participants whose Risk Assessments require review or updates.
- **All Assessments:** Provides an overview of all assessments and their statuses, including those created by the user or assigned to them.
- **Pending Actions:** Highlights items that need immediate attention.
- **PI or Supervisor Actions:** Enables the creation of new Risk Assessments from scratch.
- **Learn About the OHSS Process:** Features an expandable graphic outlining the process in five steps.

OHSS Quick Tips for PI's

Access the system

Visit: <https://ehs.ucop.edu/ohss>



The search feature in OHSS pulls names from the PPS feed, which may include multiple individuals with similar names. Follow these guidelines for accurate results:

- **Search Format:** Use "Last Name, First Name" format. Other combinations are not recognized.
- **Input:** Enter the full name or as many characters as possible for better accuracy.
- **Missing Participants:** Approximately 2-5% of users may not appear in searches. If this occurs, have the participant log in to <https://ehs.ucop.edu/ucsafty>. This action captures their information in the system, enabling the PI to locate them.
- **Further Assistance:** If issues persist, contact the Service Desk at service@riskandsafetysolutions.com

Copying a Risk Assessment

If you have multiple participants performing similar tasks, you can **copy an existing Risk Assessment** to save time:

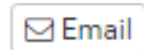
- From the **home screen**, select **All Assessments**.
- Locate the Risk Assessment for the participant you wish to copy.
- In the **RA** column, click the drop-down arrow and select **Copy**.
- Search for the participant to whom you want to apply the copied assessment.
- Make any necessary edits to the copied Risk Assessment before saving.

OHSS Quick Tips for PI's

Participant ▾	Supervisor ▾	Department ▾	RA ▾ ⓘ
<input type="checkbox"/> Marion Cotillard	Natalie Portman	MEDICINE	09/21/2016 - A ▾

Checking the Status of an Assessment

1. From the home screen, navigate to **All Assessments**.
2. Sort assessments by selecting the column header you want to organize by.
3. Locate the **participant and hover over the date in the row to view the status code** explanation.
4. For PI Actions:
 - Resend reminder emails by clicking the Email button on the far right.
 - Archive inactive participants assessments to remove them from the list (data will remain in the system).



All Assessments

Participant ▾	Supervisor ▾	Department ▾	RA ▾ ⓘ	HQ ▾ ⓘ	MA ▾ ⓘ	Send Email ▾
<input type="checkbox"/> [REDACTED]	[REDACTED]	[REDACTED]	11/19/2024 - A	11/19/2024 - P	--	
<input type="checkbox"/> [REDACTED]	[REDACTED]	--	08/07/2024 - A	08/29/2024 - MP	--	
<input type="checkbox"/> [REDACTED]	[REDACTED]	[REDACTED]	02/21/2024 - A <input type="button" value="Copy"/>	04/18/2024 - CN	--	08/29/2024
<input type="checkbox"/> [REDACTED]	[REDACTED]	[REDACTED]	02/29/2024 - A <input type="button" value="Copy"/>	04/18/2024 - CN	--	08/29/2024
<input type="checkbox"/> [REDACTED]	[REDACTED]	[REDACTED]	11/19/2024 - P	--	--	<input type="button" value="Email"/> 11/19/2024

PI's- Creating a Risk Assessment

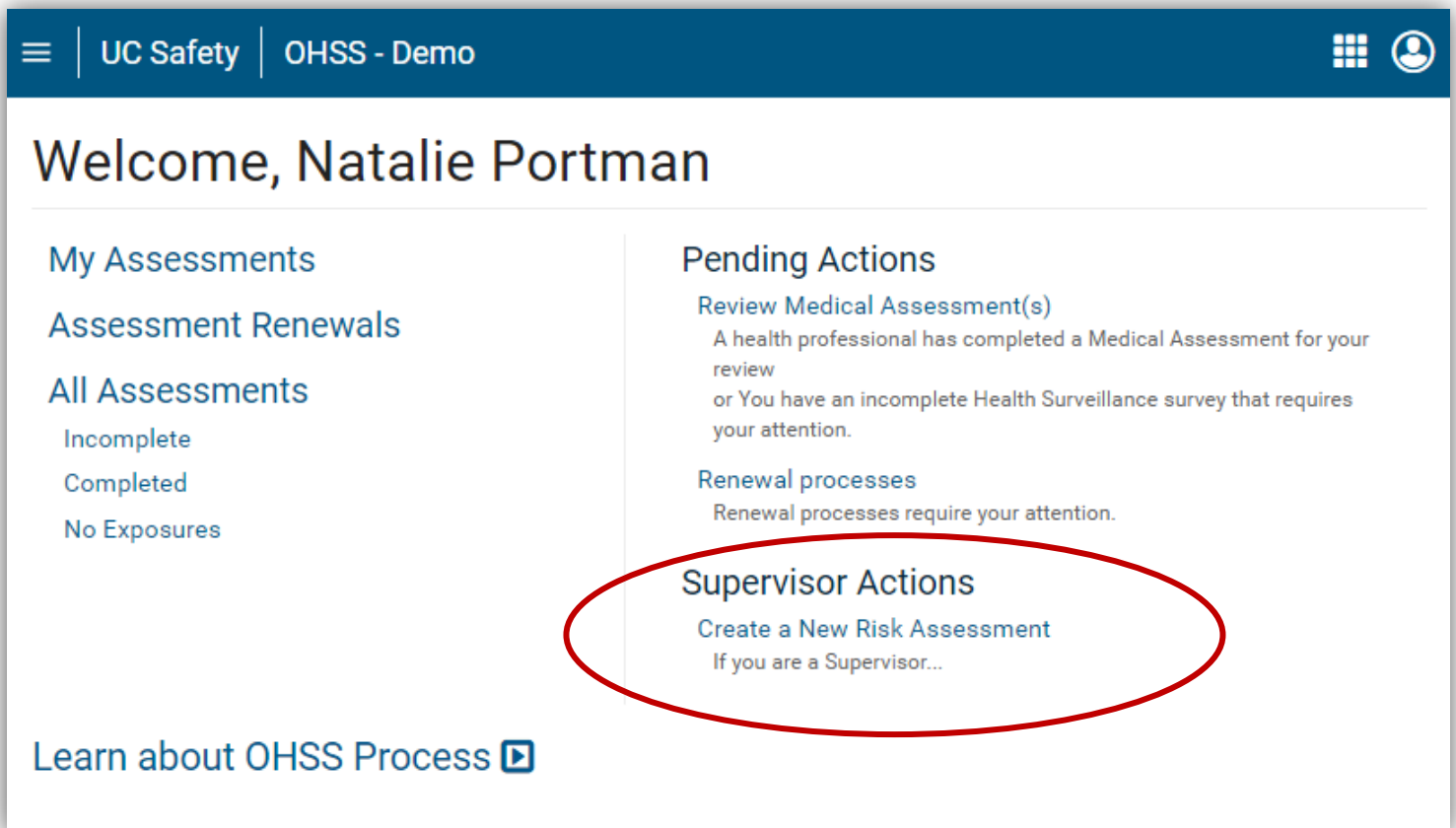
Creating and Submitting a Risk Assessment

PIs are responsible for initiating Risk Assessments for new employees, researchers, or participants. There are two methods to create a Risk Assessment:

1. **Create from Scratch**
2. **Copy an Existing Assessment**
 - If multiple participants are performing the same research, the **Copy Assessment** feature allows PIs to efficiently duplicate and customize Risk Assessments.

Steps to Create a Risk Assessment from Scratch

1. Go to your homepage.
2. Under **Supervisor Actions**, select **Create a New Risk Assessment**.



UC Safety | OHSS - Demo

Welcome, Natalie Portman

My Assessments

Assessment Renewals

All Assessments


- Incomplete
- Completed
- No Exposures

Pending Actions

Review Medical Assessment(s)
A health professional has completed a Medical Assessment for your review
or You have an incomplete Health Surveillance survey that requires your attention.

Renewal processes
Renewal processes require your attention.

Supervisor Actions
Create a New Risk Assessment
If you are a Supervisor...


Learn about OHSS Process 

Steps to Complete a Risk Assessment Form

1. **Search for the Participant:**
 - Enter the participant's **last name first** (the entire last name is required).
 - A list of names will appear as you type. For best results, use the full name in the format: **Last Name, First Name**.
2. **Select the Participant:**
 - Choose the appropriate participant from the list.
 - If the participant does not appear, have them log in to OHSS at <https://ehs.ucop.edu/uksafety>. This step captures their identity information, enabling the system to recognize them. Once logged in, the participant will gain access to the system.
3. **Complete the Risk Assessment Form:**
 - After selecting the participant, they will be prompted to fill out the Risk Assessment form.
 - **Important:** You will have **30 minutes** to complete the form. Unsaved data will be lost if not submitted within this timeframe. This requirement is in place to ensure the form remains compliant with HIPAA regulations.
4. **Fill Out All Sections:**
 - The form contains **nine sections**, which must all be completed before submission.
 - The sections include:
 - Participant Status
 - Animal Contact
 - Biological Agents
 - Exposures
 - Physical Agents
 - Chemical Agents
 - Animal Exposures
 - Bloodborne Pathogens Exposure Control
 - General Safety
5. **Submit the Form:**

Participant Status

Risk Assessment Form

Supervisor: 

Participant: 

Please enter the PI's Name:
(optional) If you are not a PI

Search by Last Name, First Name

Participant Status (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Staff |
| <input type="checkbox"/> Visiting Scientist | <input type="checkbox"/> Affiliate |
| <input type="checkbox"/> Senate Academic Staff | <input type="checkbox"/> Non-Senate Academic Staff |
| <input type="checkbox"/> Registered Volunteer | <input type="checkbox"/> Non-Registered Volunteer |
| <input type="checkbox"/> Paid Undergraduate Student | <input type="checkbox"/> Non-Paid Undergraduate Student |
| <input type="checkbox"/> Paid Graduate Student | <input type="checkbox"/> Non-Paid Graduate Student |
| <input type="checkbox"/> Other-Paid Assignment | <input type="checkbox"/> Other-Non Paid Assignment |
| <input type="checkbox"/> Post-doc | |

Animal Contact

Exposure

No Contact

No direct contact, but enters animal facility or has indirect contact

Does not conduct procedures on live animals but handles "unfixed" animal tissues and fluids

Handles, restrains, collection of specimens or administers substances to live animals or "unfixed" tissue

Performs invasive procedures such as surgery, necropsy

Animal Contact, Entry into Animal Facilities, or work with Unfixed Animal Blood, Body Fluids, Tissues, or Cell Lines:

☒ Yes ☐ No

Identify the level of exposure for each species for the participant named above and check the appropriate column.

Does this project involve any field research? ☐ Yes ☐ No

Species	Exposure	Field Caught
Amphibian <input type="text"/>	No Contact	<input type="checkbox"/>
Bats	No Contact	<input type="checkbox"/>
Bird <input type="text"/>	No Contact	<input type="checkbox"/>
Cat	No Contact	<input type="checkbox"/>
Cattle	No Contact	<input type="checkbox"/>
Fish <input type="text"/>	No Contact	<input type="checkbox"/>
Guinea Pig	No Contact	<input type="checkbox"/>
Hamster	No Contact	<input type="checkbox"/>
Mice <input type="text"/>	No Contact	<input type="checkbox"/>
Poultry	No Contact	<input type="checkbox"/>
Rabbit	No Contact	<input type="checkbox"/>
Rat <input type="text"/>	No Contact	<input type="checkbox"/>
Reptile <input type="text"/>	No Contact	<input type="checkbox"/>
Other <input type="text"/>	No Contact	<input type="checkbox"/>
Multiple or unknown exposures <input type="text"/>	No Contact	<input type="checkbox"/>

Exposure Description ⓘ :

Please describe exposure

Please describe Exposure – If you are administering substances, please list them here.

Biological Agents

Note: The PI may select the question mark symbol (?) for additional examples pertaining to the section

Biological Agents:

☒ Yes ☐ No

Enter your Biological Use Authorization (BUA) number/IBC Number here, if not applicable, put N/A:

☐ I have not yet applied for a BUA, but I plan to apply during the month/year:

(choose the 1st of the applicable month)

Is the person named in this risk assessment also an authorized user on your BUA?

☐ Yes ☐ No ☐ N/A (answer N/A if you do not yet have a BUA #)

Human blood, tissues, body fluid, cells or cell lines? (?)

☐ Yes ☐ No

If Yes, please specify material

Viral vectors? (?)

☐ Yes ☐ No

If Yes, what vector(s) are you working with?

Oncogenes? (?)

☐ Yes ☐ No

If Yes, please specify

Toxin genesis? (?)

☐ Yes ☐ No

If Yes, please specify

Recombinant DNA/RNA, transgenic animals? (?)

☐ Yes ☐ No

If Yes, please specify

Large scale (>10 liter) Recombinant DNA production? (?)

☐ Yes ☐ No

If Yes, please specify gene in agent culture volumes

Biological Safety Level 1 containment with agents?

☐ Yes ☐ No

If Yes, please specify

Biological Safety Level 2 containment with agents?

☐ Yes ☐ No

If Yes, please specify

Biological Safety Level 3 containment with agents?

☐ Yes ☐ No

If Yes, please specify

Plant or non-zoonotic animal infectious agents? (?)

☐ Yes ☐ No

If Yes, please specify

Please provide the following information regarding the animals you work with:

Are the animals humanized?	<input type="radio"/> Yes <input type="radio"/> No	<div>If yes, what have they been reconstituted with to make them humanized?</div>
Are the animals a potential source of a zoonotic infectious agent? (e.g. wild caught animals can carry diseases that can be transmitted to humans)	<input type="radio"/> Yes <input type="radio"/> No	<div>If yes, please specify the zoonotic agent</div>
Are you infecting the animals with a human infectious agent?	<input type="radio"/> Yes <input type="radio"/> No	<div>If yes, please specify the agent(s)</div>

Exposures

Exposures: ☒ Yes ☐ No

Respirator needed? ☐ Yes ☐ No

What type of respirator is required for this activity?

Respirator types: ☐ Dust Mask ☐ Surgical Mask ☐ N-95 ☐ 1/2 Face ☐ Full Face ☐ PAPR

Personal Protective Equipment: ☐ Latex ☐ Lab Coats ☐ Overalls ☐ Goggles ☐ Face Shields ☐ Hearing Protection

☐ Other:

Extreme environmental conditions? (e.g., heat, remote locations far from medical care.) ☐ Yes ☐ No

Training on how to stay safe in extreme environmental conditions (e.g., high/low temperatures)? ☐ Yes ☐ No ☐ N/A

Physical Agents

Physical Agents:	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Caustic, flammables, or cryoagents?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If Yes, please specify"/>
Radiation producing machines?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If Yes, please specify"/>
Radioisotopes?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If Yes, please specify"/>
Lasers?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If Yes, please specify"/>
Noise > 85 dBA over an 8 hour period?	<input type="radio"/> Yes <input type="radio"/> No	
Hearing Conservation program?	<input type="radio"/> Yes <input type="radio"/> No	
Alfalfa/Hay?	<input type="radio"/> Yes <input type="radio"/> No	
Extreme dust?	<input type="radio"/> Yes <input type="radio"/> No	
Do you work with ladders?	<input type="radio"/> Yes <input type="radio"/> No	

Chemical Agents

Chemical Agents:	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Anesthetic gases?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If Yes, please specify"/>
Drugs / Chemotherapeutic agents?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If Yes, please specify"/>
Heavy Metals?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If Yes, please specify"/>
Carcinogen (IARC)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If Yes, please specify"/>
Mutagen?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If Yes, please specify"/>
Reproductive Disruptors (e.g., RU486)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If yes, please specify"/>
MRI Equipment?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="If yes, please specify"/>

Animal Exposures

Animal Exposure:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Were lab animal-related illness/injury discussed?	<input type="radio"/> Yes <input type="radio"/> No
Were zoonotic diseases discussed?	<input type="radio"/> Yes <input type="radio"/> No
Were lab animal allergies discussed?	<input type="radio"/> Yes <input type="radio"/> No

Blood Borne Pathogens Exposure Control

Blood Borne Pathogens Exposure Control:	<input checked="" type="radio"/> Yes <input type="radio"/> N/A
Was blood borne pathogen safety discussed?	<input type="radio"/> Yes <input type="radio"/> No
If applicable, has bloodborne pathogen safety been discussed with you, and is your annual training current and on file?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Was Hepatitis B vaccine offered?	<input type="radio"/> Yes <input type="radio"/> No
Is there a Declination form on file if the employee doesn't want to participate in the program?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Do you know that an employee can receive the Hepatitis B vaccine through Occupational Health Services if they have work exposure to human blood, blood products, body fluids, excreta, cell, cell lines, or tissues?	<input type="radio"/> Yes <input type="radio"/> No
Is post exposure prophylaxis (PEP) available or offered in the event of exposure?	<input type="radio"/> Yes <input type="radio"/> No

General Safety

General Safety

- Were safe work practices discussed? ☐ Yes ☐ No
- Has the employee been trained how to report an animal bite or needle stick? ☐ Yes ☐ No ☐ N/A
- Has the employee been informed of their right and obligation to file a report of injury through Workers Compensation and be seen in Occupational Health free of charge? ☐ Yes ☐ No
- This position requires routine lifting of: ☐ under 20 lbs ☐ 20 - 50 lbs ☐ over 50 lbs ☐ N/A
- This position requires the operation of moving machinery: ☐ Yes ☐ No

- After completing all sections of the form, the PI must electronically sign by selecting the **“Supervisor’s Signature”** checkbox. This action confirms that the information provided is accurate.
- It is important to note that, for this program, the supervisor responsible for signing timesheets may not have comprehensive knowledge of the IACUC protocol, compliance requirements for institutional, state, and federal regulations (e.g., IACUC, USDA, and NIH guidelines), or a full understanding of all potential risks a participant might face. **For this reason, the PI will assume the role of the supervisor for the animal protocol.**

Supervisor Certification

The Supervisor is responsible for providing training.

Should the risk to the participant change (addition of new species, biological agents, etc.) a new Risk Assessment form must be submitted.

By signature, I certify that the information provided is accurate.

Supervisor Name:  Supervisor Signature: ☒ Date: 09/19/2024

Create Risk Assessment

Cancel

- The PI must click the **Create Risk Assessment** button to finalize the process.

Create Risk Assessment

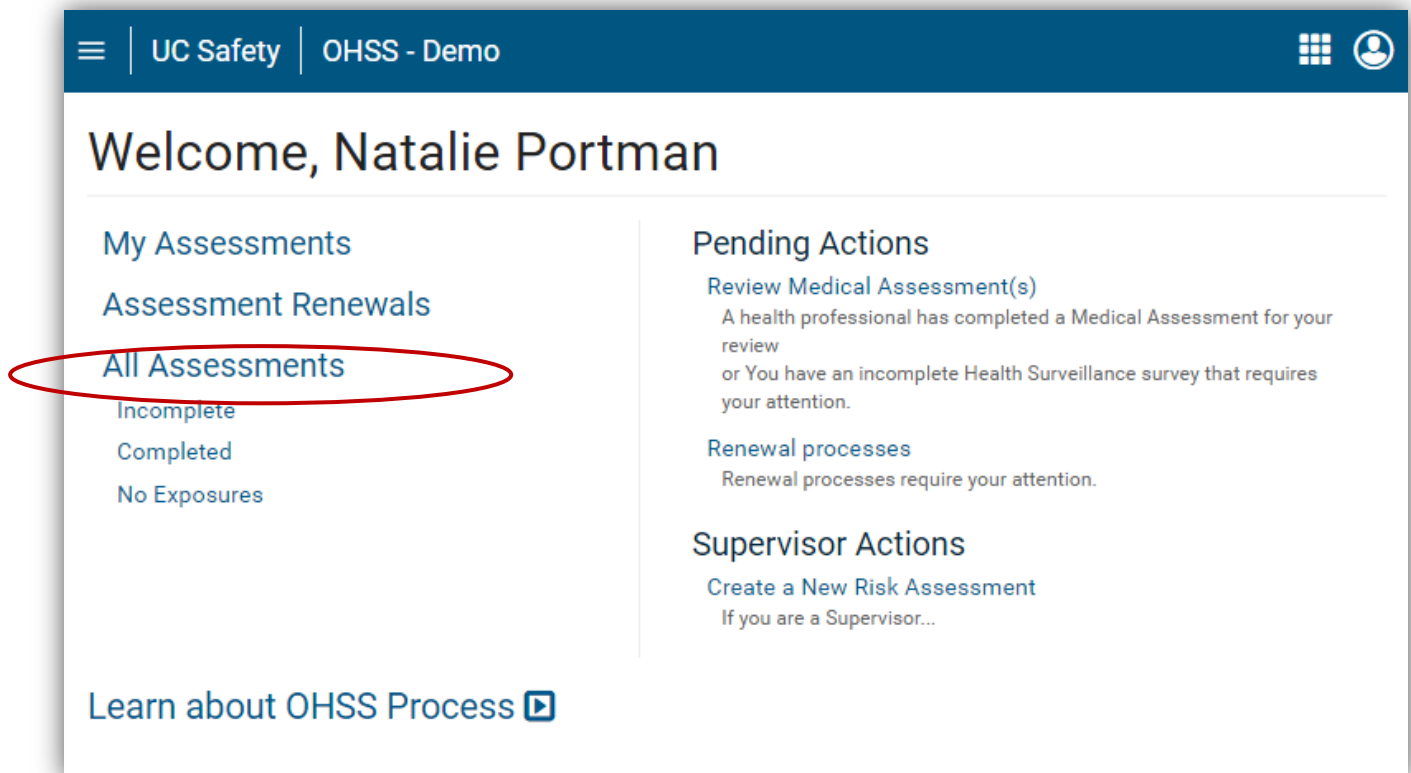
PI's Copying a Risk Assessment

Copying a Risk Assessment from an Existing One

Copying an existing Risk Assessment allows PIs to quickly create multiple assessments with similar hazards and risks. Follow these steps to copy a Risk Assessment:

1. **Navigate to All Assessments:**

- From the homepage, go to **All Assessments**.



2. **Locate the Existing Assessment:**

- In the **RA** column, find the name of the participant whose Risk Assessment you want to copy.

UC Safety | OHSS - Demo

All Assessments + New

Incomplete Completed No Exposures

Archive

Participant ^	Supervisor ^	Department ^	RA ^ ⓘ	HQ ^ ⓘ	MA ^ ⓘ	Send Email
<input type="checkbox"/> Marion Cotillard	Natalie Portman	MEDICINE	10/05/2015 - A	05/22/2015 - C	--	

3. Access the Copy Option:

- Click the drop-down arrow next to the participant's name.
- Select **Copy Risk Assessment** from the options.

Risk Assessment Form

Supervisor: [REDACTED]

Participant: [REDACTED]

Copy

4. Search for the New Participant:

- Enter the name of the person (in the format **Last Name, First Name**) to whom the Risk Assessment will be applied.
- Select the participant from the list.

Risk Assessment Copy

Create a new Risk Assessment using the same selections chosen from the Risk Assessment form for [REDACTED].

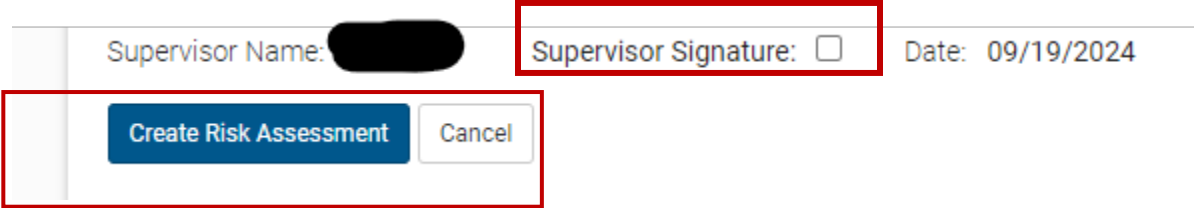
Search for person:

Search by Last Name, First Name

[Can't find the person?](#)

5. Edit and Finalize the Assessment:

- Review the copied Risk Assessment and make any necessary edits.
- The PI must electronically sign by selecting the “**Supervisor’s Signature**” checkbox. This action confirms that the information provided is accurate.
- Click the **Create Risk Assessment** button to complete the process.



Supervisor Name: [Redacted] Supervisor Signature: ☐ Date: 09/19/2024

[Create Risk Assessment](#) [Cancel](#)

Participant Review

Once the Risk Assessment is created, it is ready for the participant's review.

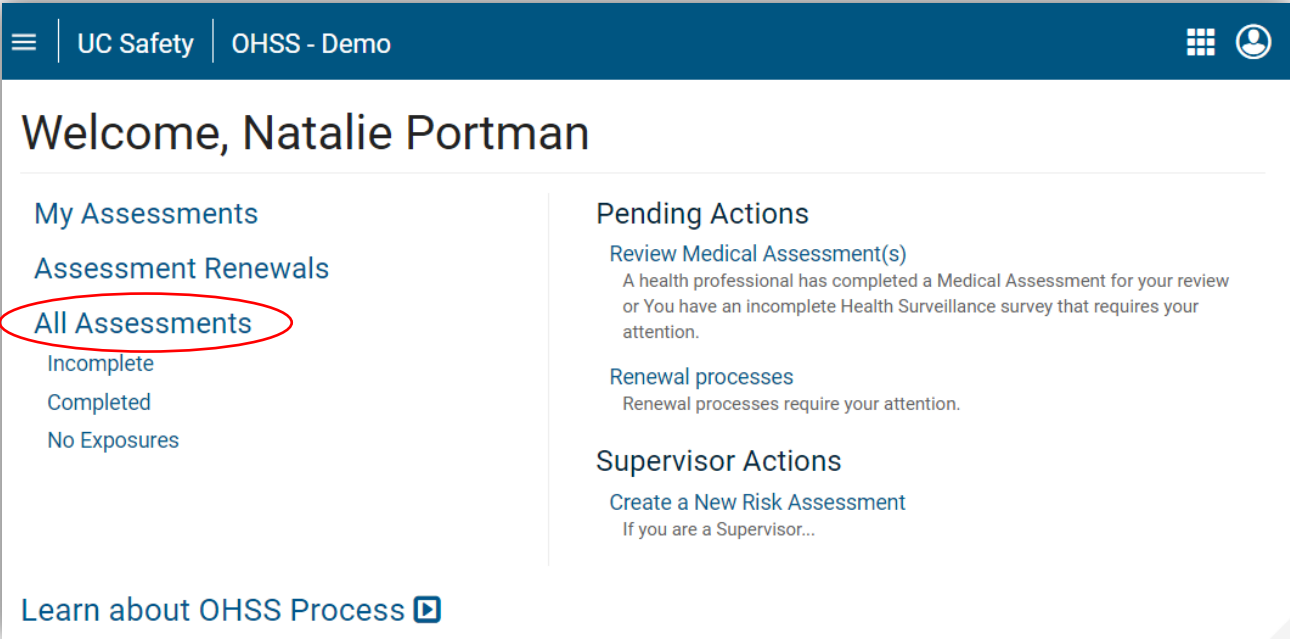
- The system allows the PI to send a pre-drafted email to the participant with instructions.
- A customizable text box in the email allows PIs to add specific details or notes

Viewing a Participant’s Status

PIs can track a participant's progress in the Health Surveillance process without accessing Protected Health Information. Only the status of the Health Questionnaire (HQ) or Medical Assessment (MA) will be visible.

1. Go to All Assessments:

- From the homepage, navigate to **All Assessments**.



UC Safety | OHSS - Demo

Welcome, Natalie Portman

My Assessments

- Assessment Renewals
- All Assessments**
- Incomplete
- Completed
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Pending Actions

- Review Medical Assessment(s)**
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- Renewal processes**
Renewal processes require your attention.

Supervisor Actions

- Create a New Risk Assessment**
If you are a Supervisor...

[Learn about OHSS Process](#)

2. View Status:

- By default, you will land on the **Incomplete** tab, showing participants who have not completed the process.
- To view completed assessments, switch to the **Completed** tab.

UC Safety OHSS - Demo							
All Assessments New							
Incomplete Completed No Exposures							
Archive							
Participant	Supervisor	Department	RA	HQ	MA	Send Email	
<input type="checkbox"/> Marion Cotillard	Natalie Portman	MEDICINE	10/05/2015 - A	05/22/2015 - C	10/10/2016 - CR	<input type="checkbox"/> Email	10/10/2016
<input type="checkbox"/> Marion Cotillard	Natalie Portman	MEDICINE	05/22/2015 - P	05/22/2015 - C	--	<input type="checkbox"/> Email	

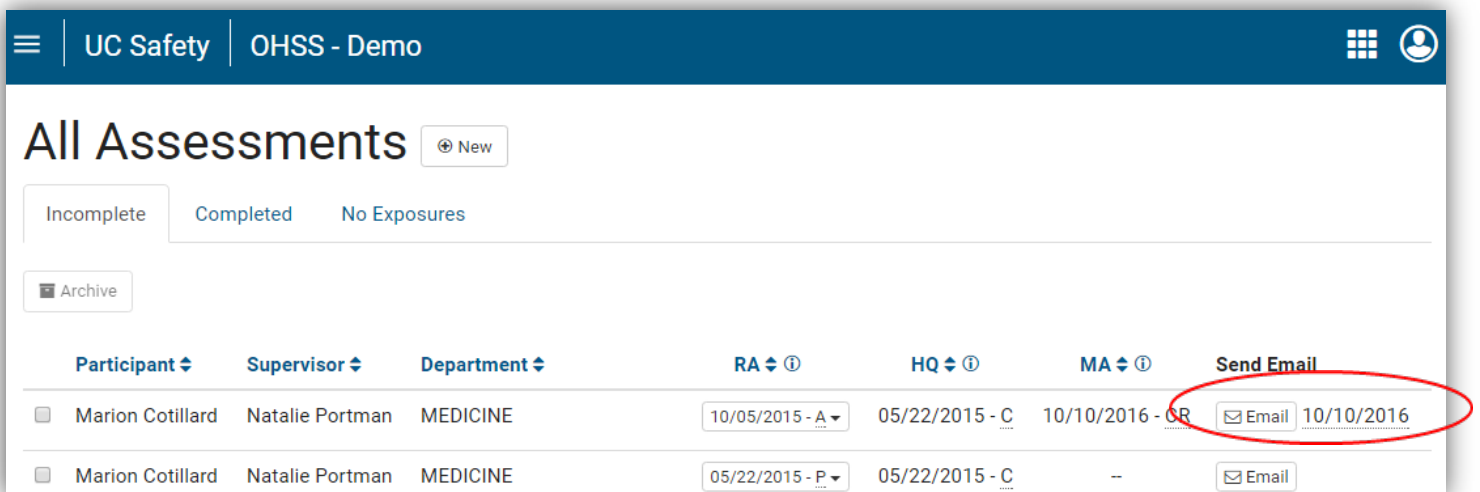
3. Locate the Participant:

- Use column headers to sort the data as needed.
- Hover over the letter next to the date to check the status of the Risk Assessment (RA), Health Questionnaire (HQ), or Medical Assessment (MA).

UC Safety OHSS - Demo							
All Assessments New							
Incomplete Completed No Exposures							
Archive							
Participant	Supervisor	Department	RA	HQ	MA	Send Email	
<input type="checkbox"/> Marion Cotillard	Natalie Portman	MEDICINE	10/05/2015 - A	05/22/2015 - C	10/10/2016 - CR	<input type="checkbox"/> Email	10/10/2016
<input type="checkbox"/> Marion Cotillard	Natalie Portman	MEDICINE	05/22/2015 - P	05/22/2015 - C	--	<input type="checkbox"/> Email	

4. Send Reminders:

- If action is needed, click the **Email** button on the far right to resend the last notification.
- A new tab will open, allowing you to add notes to the email before sending.
- The participant will receive an email prompting them to complete the necessary steps.



UC Safety | OHSS - Demo

All Assessments

[New](#)

[Incomplete](#) [Completed](#) [No Exposures](#)

[Archive](#)

Participant	Supervisor	Department	RA	HQ	MA	Send Email
<input type="checkbox"/> Marion Cotillard	Natalie Portman	MEDICINE	10/05/2015 - A	05/22/2015 - C	10/10/2016 - CR	Email 10/10/2016
<input type="checkbox"/> Marion Cotillard	Natalie Portman	MEDICINE	05/22/2015 - P	05/22/2015 - C	--	Email

PI's- Archiving/Deactivating Assessments

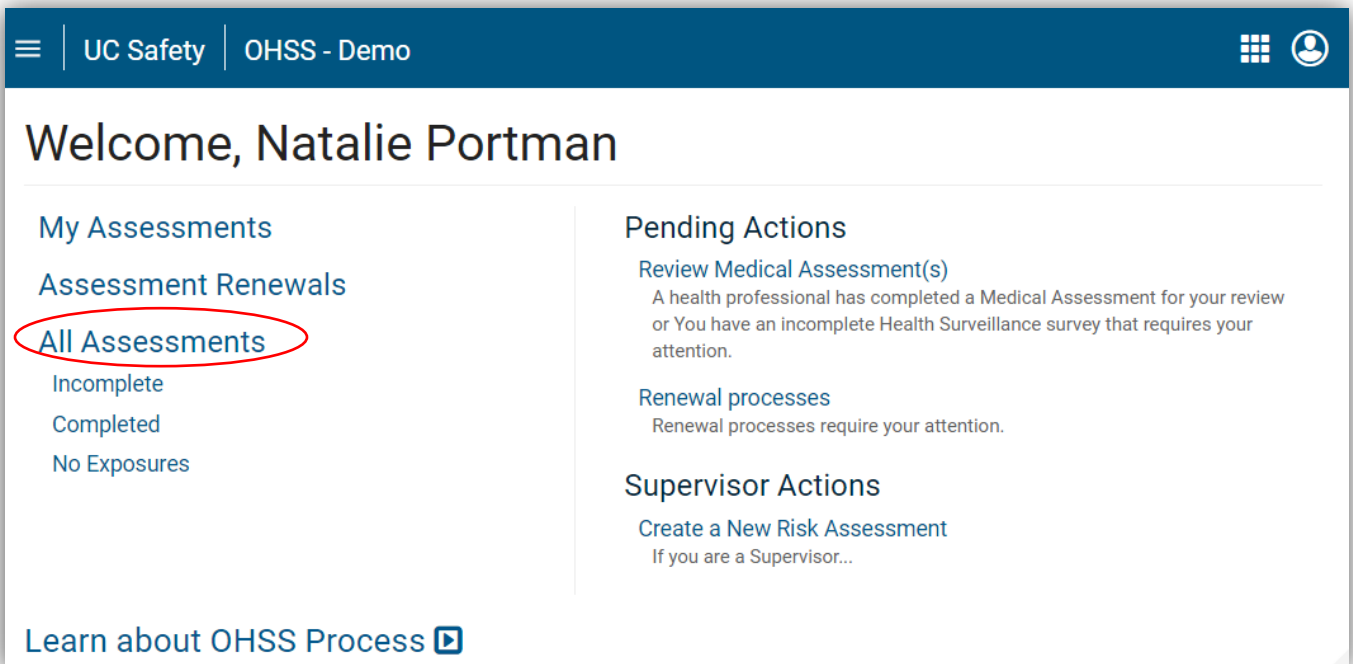
Managing Archived or Deactivated Assessments

If a participant is no longer part of the Occupational Health Surveillance program or has transitioned to a new PI, their assessments can either be archived or deactivated.

- **Archiving:** Used for incomplete assessments.
- **Deactivating:** Stops the renewal process for completed assessments and disables email reminders to the current PI for those assessments.

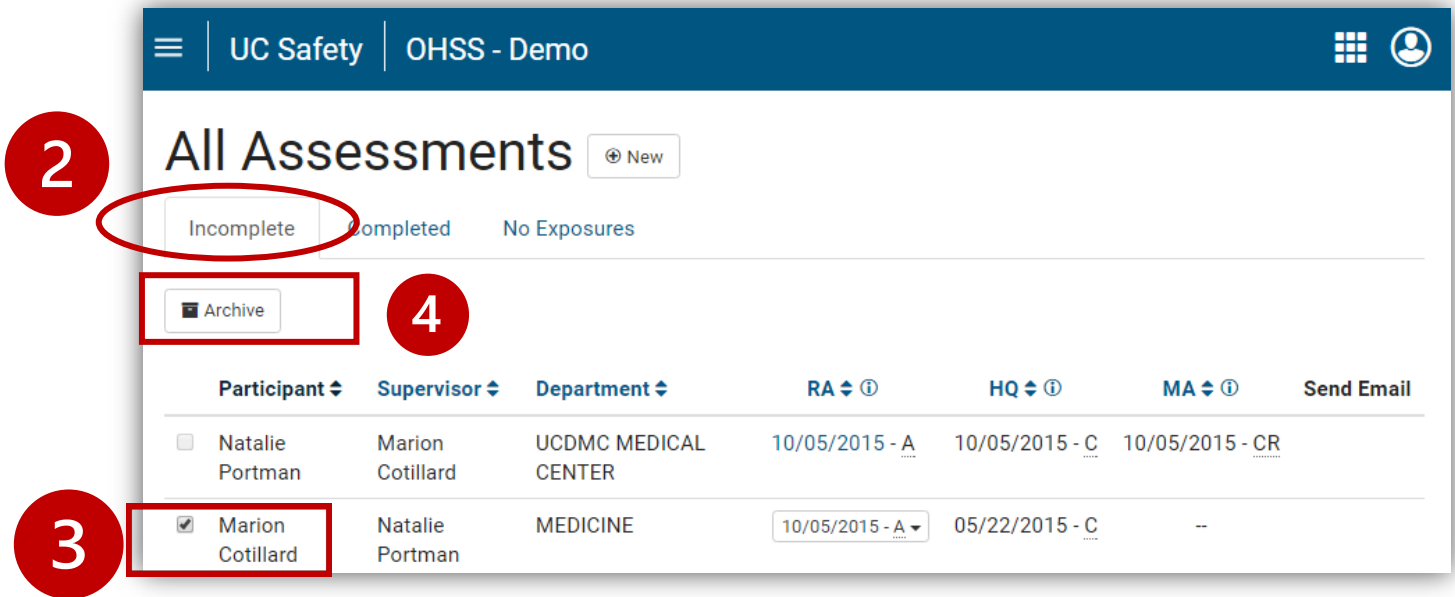
Archiving Incomplete Assessments

1. Navigate to **All Assessments** from your homepage.



The screenshot shows the UC Safety OHSS - Demo homepage for Natalie Portman. The navigation bar includes a hamburger menu, 'UC Safety', 'OHSS - Demo', and user icons. The main content area is divided into two columns. The left column, titled 'My Assessments', contains links for 'Assessment Renewals', 'All Assessments' (circled in red), 'Incomplete', 'Completed', and 'No Exposures'. The right column, titled 'Pending Actions', contains sections for 'Review Medical Assessment(s)' (with a description), 'Renewal processes' (with a description), and 'Supervisor Actions' (with a link 'Create a New Risk Assessment' and a description). At the bottom, there is a link 'Learn about OHSS Process' with a play button icon.

2. The system will automatically display the **Incomplete** tab.
3. Select the checkbox next to the name of the participant whose assessment you wish to archive.



UC Safety | OHSS - Demo

All Assessments New

2 Incomplete Completed No Exposures

4 Archive

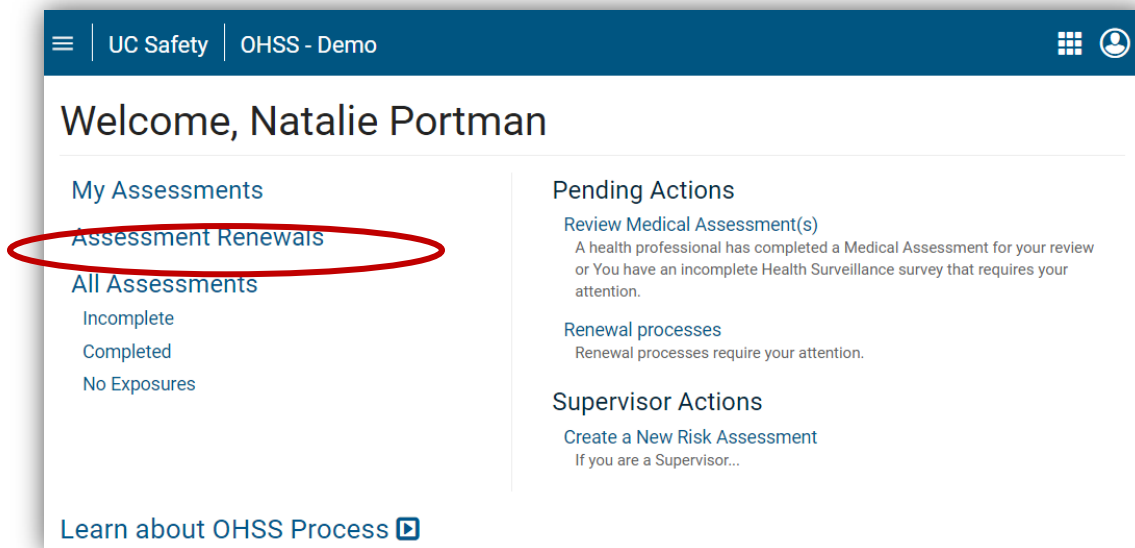
3

Participant	Supervisor	Department	RA	HQ	MA	Send Email
<input type="checkbox"/> Natalie Portman	Marion Cotillard	UCDMC MEDICAL CENTER	10/05/2015 - A	10/05/2015 - C	10/05/2015 - CR	
<input checked="" type="checkbox"/> Marion Cotillard	Natalie Portman	MEDICINE	10/05/2015 - A	05/22/2015 - C	--	

- Click the **Archive** button.
- Provide a reason for archiving when prompted.

Deactivating Assessments Up for Renewal

- Go to the **Assessment Renewals** page.



UC Safety | OHSS - Demo

Welcome, Natalie Portman

My Assessments

Assessment Renewals

All Assessments

Incomplete

Completed

No Exposures

Pending Actions

Review Medical Assessment(s)

A health professional has completed a Medical Assessment for your review or You have an incomplete Health Surveillance survey that requires your attention.

Renewal processes

Renewal processes require your attention.

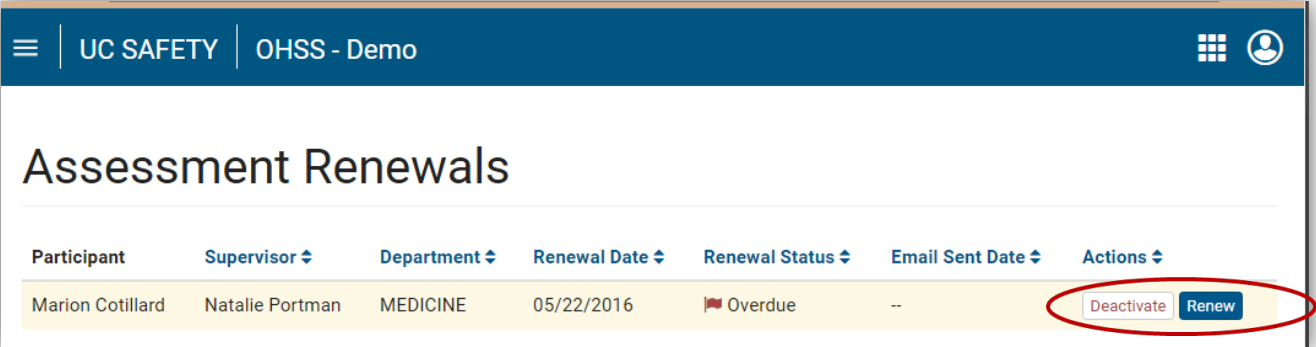
Supervisor Actions

Create a New Risk Assessment

If you are a Supervisor...

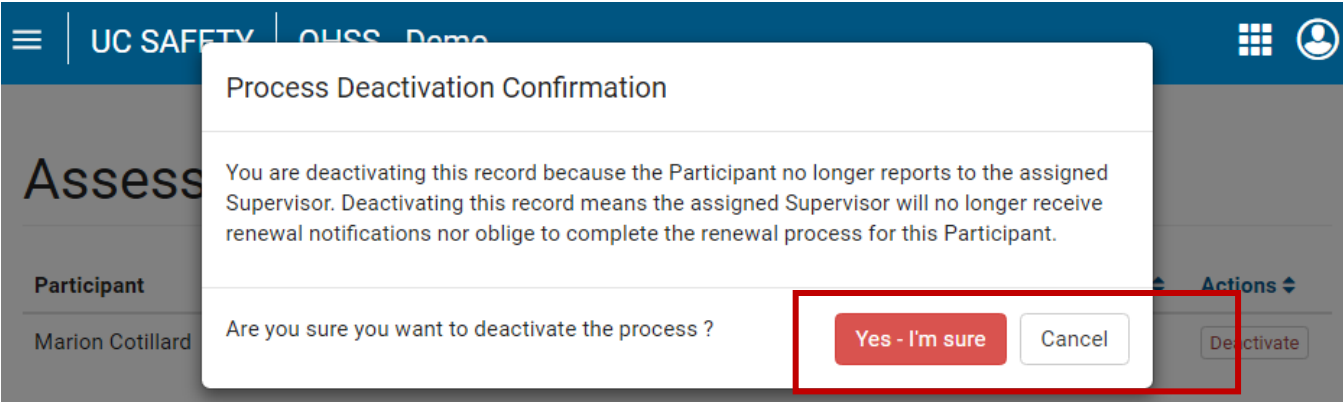
[Learn about OHSS Process](#)

2. Locate the assessment to be deactivated.
3. Select the **Deactivate** option.



Participant	Supervisor	Department	Renewal Date	Renewal Status	Email Sent Date	Actions
Marion Cotillard	Natalie Portman	MEDICINE	05/22/2016	Overdue	--	Deactivate Renew

4. Confirm the action by clicking **Yes - I'm Sure**.



Process Deactivation Confirmation

You are deactivating this record because the Participant no longer reports to the assigned Supervisor. Deactivating this record means the assigned Supervisor will no longer receive renewal notifications nor oblige to complete the renewal process for this Participant.

Are you sure you want to deactivate the process ?

Yes - I'm sure Cancel

OHSS – Quick Tips for Participants

Supervisory Role in the Program

In this program, it is recognized that while the supervisor is responsible for signing timesheets, they may not have in-depth knowledge of the IACUC protocol, nor fully understand compliance requirements for institutional, state, and federal regulations (including IACUC, USDA, and NIH guidelines), or all potential risks a participant might face. As a result, the **Principal Investigator (PI)** will assume the supervisory role for the animal protocol.

Pending Actions

- The **Pending Actions** section, located on the right side of the homepage, lists tasks requiring the attention to move the process forward.

Pending Actions

Review Risk Assessment(s)

Your supervisor has completed a Risk Assessment form for your review.

C Riverside OHSS ▾ Action Items Workspace Apps ▾

Welcome, [REDACTED]

My Assessments

Assessment Renewals

Search Assessments

All Assessments

Incomplete

Completed

Archived

No Exposures

[Learn about OHSS Process](#) 

Pending Actions

No pending action

Supervisor Actions

Create a New Risk Assessment

If you are a Supervisor...

Copy an Incomplete Risk Assessment

Select Copy for the desired Risk Assessment

Copy a Completed Risk Assessment

Select View All or search for participant

Select View under History column

Select Copy for the desired Risk Assessment

Checking the Status of the Assessment

- From the home screen, navigate to **My Assessments**.

Welcome, [REDACTED]

My Assessments

Assessment Renewals

Search Assessments

All Assessments

Incomplete

Completed

Archived

No Exposures

[Learn about OHSS Process](#) 

Pending Actions

No pending action

Supervisor Actions

Create a New Risk Assessment

If you are a Supervisor...

Copy an Incomplete Risk Assessment

Select Copy for the desired Risk Assessment


Copy a Completed Risk Assessment

Select View All or search for participant

Select View under History column

Select Copy for the desired Risk Assessment

2. Look for items marked with a red flag—these require immediate attention.

 09/21/2016 - P

3. Use the column headers to sort the assessments as needed.


4. Hover over the date in the Risk Assessment (RA), Health Questionnaire (HQ), or Medical Assessment (MA) columns to view the status code.

My Assessments

Supervisor ▾	RA ▴ ①	HQ ▴ ①	MA ▴ ①	Process Completed ▴	Renewal Date ▴
[REDACTED]	08/07/2024 - A	08/29/2024 - MP ▾	--	--	--
[REDACTED]	04/30/2024 - A	08/12/2024 - C ▾	08/29/2024 - C	08/29/2024	08/29/2027
[REDACTED]	04/18/2024 - A	04/18/2024 - C ▾	04/18/2024 - C	04/18/2024	04/18/2027

5. For PI Actions:

○ Resend reminder emails by selecting the email button on the far right.

 Email

○ Archive inactive participants or assessments to remove them from the list (data will still be retained in the system).

Participant ▴	Supervisor ▴	Department ▴	RA ▴ ①	HQ ▴ ①	MA ▴ ①	Send Email
<input type="checkbox"/> Marion Cotillard	Natalie Portman	MEDICINE	10/05/2015 - A ▾	05/22/2015 - C	10/10/2016 - CR	<input type="checkbox"/> Email 10/10/2016
<input type="checkbox"/> Marion Cotillard	Natalie Portman	MEDICINE	05/22/2015 - P ▾	05/22/2015 - C	--	<input type="checkbox"/> Email

Acknowledging the Medical Assessment

Participants must acknowledge their Medical Assessment, even if no services are required, to complete the process.

1. Log in to <https://ehs.ucop.edu/ohss>.
2. Under **Pending Actions**, select **Review Medical Assessment** (this option appears only if the assessment is ready for acknowledgment).

Action Items Workspace Apps ▾

Welcome, [REDACTED]


My Assessments

Assessment Renewals

Search Assessments

All Assessments

- Incomplete
- Completed
- Archived
- No Exposures

Learn about OHSS Process 

Pending Actions

Review Medical Assessment(s)
A health professional has completed a Medical Assessment for your review or you have an incomplete Health Surveillance survey that requires your attention.

Supervisor Actions

Create a New Risk Assessment
If you are a Supervisor...

Copy an Incomplete Risk Assessment
Select Copy for the desired Risk Assessment

Copy a Completed Risk Assessment
Select View All or search for participant
Select View under History column
Select Copy for the desired Risk Assessment

3. You will be redirected to the **My Assessments** page.
 - o In the **MA** column, assessments requiring acknowledgment are flagged with a red icon.

Action Items Workspace Apps ▾

My Assessments					
🚩 = Action Required					
Supervisor ▾	RA ▾ ①	HQ ▾ ①	MA ▾ ①	Process Completed ▾	Renewal Date ▾
[REDACTED]	08/07/2024 - A	08/29/2024 - Q	<div style="border: 2px solid red; padding: 2px;">🚩 11/27/2024 - QR</div>	--	--
[REDACTED]	04/30/2024 - A	08/12/2024 - Q ▾	08/29/2024 - Q	08/29/2024	08/29/2027
[REDACTED]	04/18/2024 - A	04/18/2024 - Q ▾	04/18/2024 - Q	04/18/2024	04/18/2027

- 4. Select the date to view the Medical Assessment.
- 5. Review the assessment and click the appropriate acknowledgment button.

I Have Reviewed My Medical Assessment

- o A confirmation screen will appear once the process is complete.
- 6. To confirm completion, check the **Process Completed** column on the **My Assessments** page.

Action Items Workspace Apps ▾

My Assessments

6

🚩 = Action Required

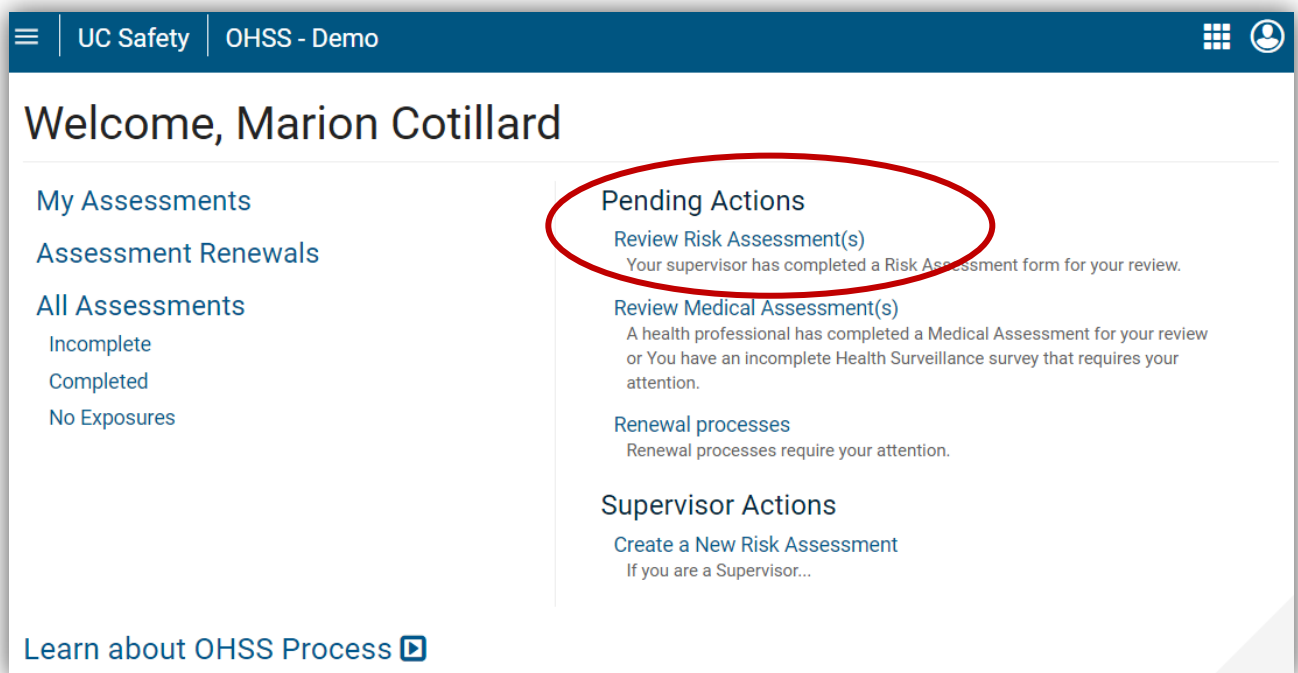
Supervisor ▾	RA ▾ ⓘ	HQ ▾ ⓘ	MA ▾ ⓘ	Process Completed ▾	Renewal Date ▾
██████████	08/07/2024 - A	08/29/2024 - C	🚩 11/27/2024 - CB	--	--
██████████	04/30/2024 - A	08/12/2024 - C ▾	08/29/2024 - C	08/29/2024	08/29/2027
██████████	04/18/2024 - A	04/18/2024 - C ▾	04/18/2024 - C	04/18/2024	04/18/2027

Participant – Review a Risk Assessment

Reviewing an Assessment

When a PI completes a Risk Assessment for a participant, the participant will receive an email notification. If they do not receive the email, they can log in to <https://ehs.ucop.edu/ohss> to review the assessment.

1. From the homepage, under **Pending Actions**, select **Review Risk Assessment(s)**.



2. Participants will be redirected to the **My Assessments** page, displaying Risk Assessments (RA), Health Questionnaires (HQ), and Medical Assessments (MA) for which you are the participant.
3. Identify items marked with a red flag, which require attention.
4. Select the date to review the assessment.

- Hover over the letter next to the date to view the status.

UC Safety OHSS - Demo				
My Assessments				
🚩 = Action Required				
Supervisor ↕	RA ↕ ⓘ	HQ ↕ ⓘ	MA ↕ ⓘ	Process Completed ↕
Natalie Portman	3 🚩 05/22/2015 - P	4 05/22/2015 - C	--	--

5. After reviewing, you will be prompted to **Accept** or **Disagree** with the Risk Assessment.

- If you disagree, click **I Disagree**.

- The Risk Assessment will be sent back to the PI for editing.
- You may also send an email explaining your disagreement.

6. If you agree, you will proceed to the Health Questionnaire

Health Questionnaire Form

Participant: [REDACTED]

By completing this form, I hereby authorize the UCI COEH (Center for Occupational and Environmental Health) to exchange, receive, and discuss medical information pertinent to my care concerning the use of animals and/or insects, including potential zoonotic risks, in research with the UCR EH&S Occupational Health Division.

When filling out your confidential Health Questionnaire (HQ), make sure to have your vaccination history available. Vaccine history, including date, is requested on the HQ and does not automatically pre-populate from previous forms or previous vaccination and/or testing services performed by Occupational Health. If you have had a vaccination, but it is not entered on the questionnaire or "I don't know" is marked, the Occupational Health Physician may recommend this service before providing clearance. This may create an unnecessary appointment or clearance delay.

Please provide a direct phone number in case a physician needs to contact you or has further questions regarding your health and safety.

Please specify

Gender — Select — ▼

Date of Birth (MM/DD/YYYY)

Participant Submitting the Health Questionnaire Form

Submitting a Health Questionnaire Form

After completing a Risk Assessment, participants will be directed to the Health Questionnaire (HQ), which they must complete and submit. The HQ is routed to a Medical Professional for review. Participants will be notified if their HQ is approved or requires further action.

Key Points

- **Confidentiality:** The PI or Supervisor does not have access to the Health Questionnaire.
- **Reusability:** The HQ is completed once and reused for multiple Risk Assessments.
- **Time Limit:** Participants have **30 minutes** to complete the HQ. Ensure access to your medical information during this process.

Note: Include vaccination history, including dates, when filling out the HQ. This information does not auto-populate from prior records. Missing or incomplete vaccine details may delay clearance and require unnecessary appointments.

Digital Vaccine Record (DVR):

Participants can request a **Digital Vaccine Record** from the [California Immunization Registry \(CAIR\)](#). Failure to provide vaccination documentation may result in unnecessary appointments or delays in processing your medical clearance.

Health Questionnaire Content

The HQ provides Medical Professionals with a participant's medical history, including:

- Vaccines¹
- Tuberculosis Screening
- General Health History
- Exposures
- Biological Hazards
- Allergies
- Prescription Medications
- Health Status Changes

Vaccination Status – Related to Your Current Work with Animals in Research ¹

As part of assessing your health and safety needs for working with animals in research, please provide information about your vaccination status by answering the following questions:

Hepatitis B Vaccine Series

Have you completed the full Hepatitis B vaccine series? ☒ Yes ☐ No ☐ Unsure

If yes, date of completion: (MM/YYYY)

Hepatitis B Titer (Immunity Test)

Have you ever had a Hepatitis B titer? (a blood test to check your immunity level) ☒ Yes ☐ No ☐ Unsure

If yes, date of test: (MM/YYYY)

Did your titer show protection? ☐ Yes ☐ No ☒ Unsure

Tetanus Vaccine (Recommended Every 10 Years) (e.g., DTaP, Tdap, Td)

Have you received a Tetanus vaccine within the past 10 years? ☒ Yes ☐ No ☐ Unsure

If yes, date of most recent vaccination: (MM/YYYY)

Rabies Vaccine

Have you received a Rabies vaccine, particularly due to working with animals that may pose a rabies risk? ☒ Yes ☐ No ☐ Unsure

If yes, date of vaccination: (MM/YYYY)

Rabies Titer (Immunity Test)

Have you ever had a Rabies titer? (a blood test to check your immunity level) ☒ Yes ☐ No ☐ Unsure

If yes, date of test: (MM/YYYY)

Did your titer show protection? ☐ Yes ☐ No ☒ Unsure

Seasonal Influenza (Flu) Vaccine

Have you received a seasonal influenza vaccine within the past 12 months? ☒ Yes ☐ No ☐ Unsure

COVID-19 Vaccination (SARS-CoV-2 Work)

Do you currently work with COVID-19 related materials or in COVID-19 research settings? ☒ Yes ☐ No

Have you received the most recent recommended COVID-19 vaccine or booster? ☒ Yes ☐ No ☐ Unsure

If yes, date of vaccination: (MM/YYYY)

Other Vaccines (Based on Research or Fieldwork Needs)

Have you received any additional vaccines relevant to your current or past research/fieldwork? ☒ Yes ☐ No ☐ Unsure

If yes, please list them and include dates if known:

Note¹:

- **Hepatitis B (Hep B) Immunization Series:** More information and guidance regarding the Hepatitis B immunization series is available via the UCR Occupational Health [Hepatitis B vaccination](#) website.
- **Opt-Out Process:** Participants who wish to decline the Hepatitis B vaccine must review the *Hepatitis B Vaccine Guidance Program Document*. Additionally, completion of the annual Bloodborne Pathogens (BBP) online training is required, which includes a section on the vaccination process and the declination option.
- **Tetanus Vaccine:** Additional information and guidance on the Tetanus vaccine can be found on the [UCR Occupational Health Tetanus webpage](#). **Opt-Out Process:** Participants who wish to decline the Tetanus vaccine must review the *Permitted Exceptions* outlined in *Interim Program Attachment #5* of the **UCOP Policy on Vaccination Programs with Interim Program Attachments**, and request a declination form by contacting ehsocchealth@ucr.edu.
- **Alternative Controls:** Individuals who decline vaccination and do not meet exemption criteria should be aware that Cal/OSHA encourages employers to implement alternative control measures to reduce risk. These may include enhanced personal protective equipment (PPE), such as bite-resistant gloves or arm guards, and the use of administrative or work practice controls to limit exposure whenever feasible.
- **Rabies Vaccine:** More information and guidance regarding the Rabies vaccine(s) and titer is available via the UCR Occupational Health [Rabies](#) website.
- **Seasonal Influenza, COVID-19, and Other Vaccines:** Vaccination requirements depend on the species and biological agents you work with and will be determined by the Occupational Physician during the review of your health questionnaire. If the physician deems a vaccine recommended or required, it will be provided at no cost under this program. If you're unsure of your status, please select "Unsure."

General History

Arthritis, Chronic Pain or Joint Pain?

☒ Yes ☐ No

If yes, please explain:

Do these conditions interfere with your work?

☐ Yes ☒ No

If yes, please explain:

Immune system compromised condition?

☒ Yes ☐ No

If yes, please explain:

Have you been diagnosed with a heart or lung disease that would interfere with your ability to wear a respirator?

☐ Yes ☒ No

Exposures

Are you or will you be wearing a respirator at work? If uncertain, review the risk assessment and contact your supervisor.

☒ Yes ☐ No

If yes, please select the type of respirator:

☐ Dust Mask ☐ Surgical Mask ☐ N-95 ☐ 1/2 Face ☐ Full Face ☐ PAPR

Do you wear protective goggles or protective clothing at work?

☒ Yes ☐ No

If yes, protection from what agent or action?

If you work in noisy or loud environments, is hearing protection readily available for your own comfort at work?

☒ Yes ☐ No ☐ N/A

If working with needles, do you know how to report a needle stick injury?

☒ Yes ☐ No ☐ N/A

If you work in extreme environmental conditions have you been trained on how to protect yourself?

☒ Yes ☐ No ☐ N/A

Biological Hazards – Exposure to Human Blood, Tissue, or Body Fluids

If your work involves handling human blood, tissue, or body fluids, please respond to the following questions:

Hepatitis B Vaccine

Have you been offered the Hepatitis B vaccine through Occupational Health Services?

- ☒ Yes
☐ No
☐ I do not need the Hepatitis B vaccine because I have already been vaccinated.
☐ I declined the Hepatitis B vaccine after it was offered.
☐ N/A – My work does not involve handling human blood, tissue, or body fluids.

Bloodborne Pathogens Training within the last 12 months

Have you completed Bloodborne Pathogens training?

- ☒ Yes
☐ No
☐ N/A – My work does not involve handling human blood, tissue, or body fluids.

Would you like to speak to a physician about any of your workplace exposures?

☐ Yes ☒ No

Allergies

Do you have any known or suspected allergies to the animal species that you work with or that are commonly in an area where you work? ☒ Yes ☐ No

If yes, which symptoms do you experience around these animals or their bedding:

- | | | |
|---|---|--|
| <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Asthma/Wheezing | <input type="checkbox"/> Itchy, Irritated Eyes (Conjunctivitis) |
| <input type="checkbox"/> Hay Fever (Dust) | <input type="checkbox"/> Hives or Skin Rash | <input type="checkbox"/> Chronic Allergies (Food, Pollens, Dust) |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Itchy, Runny Nose (rhinitis) |
| <input type="checkbox"/> Chest Tightness or Shortness of Breath | | |

Are these allergies more frequent at work? ☒ Yes ☐ No ☐ N/A

If you have work allergy symptoms, have they worsened in the last year? ☐ Yes ☒ No

Please indicate which animals or substances cause you symptoms:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Alfalfa | <input type="checkbox"/> Bird (Feathers) | <input type="checkbox"/> Cat |
| <input type="checkbox"/> Cattle | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Dog |
| <input type="checkbox"/> Goat | <input type="checkbox"/> Grasses | <input type="checkbox"/> Guinea Pig |
| <input type="checkbox"/> Horse | <input type="checkbox"/> Latex | <input type="checkbox"/> Metals |
| <input type="checkbox"/> Primates | <input type="checkbox"/> Rabbit | <input type="checkbox"/> Rat or Mice |
| <input type="checkbox"/> Sheep (Wool) | <input type="checkbox"/> Swine | <input type="checkbox"/> Trees |
| <input type="checkbox"/> Weeds | <input type="checkbox"/> Wood | <input type="checkbox"/> Other (e.g. chemicals, food, environment): |

Do your allergies require treatment? ☒ Yes ☐ No ☐ N/A

Do you have asthma? ☒ Yes ☐ No ☐ Unsure

What causes your allergy or asthma symptoms? Check all that apply?

- | | | |
|--------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Pets | <input type="checkbox"/> Medication | <input type="checkbox"/> Pollen, plants, Mold or Dust |
| <input type="checkbox"/> Latex | <input type="checkbox"/> Food | <input type="checkbox"/> Other |

Have you had to wear a respirator, goggles or protective clothing to protect yourself from allergies? ☐ Yes ☒ No

Have you been given an alternative to using latex gloves? ☐ Yes ☒ No

Are you being treated by your private doctor for allergies or asthma? ☐ Yes ☒ No

Prescription Medications

Are you currently taking any prescription medications?

☒ Yes ☐ No

If yes, please list separated by commas
(e.g. Prilosec, Advair):

Has your health status changed in the last year?

☒ Yes ☐ No

If yes, describe:

Reproductive Health

Are you pregnant?

☐ Yes ☒ No ☐ N/A

Would you like to have a "Reproductive Health Consult" with an Health Physician?

☐ Yes ☒ No

Note: Saving this Health Questionnaire Form will create a new OHSS process with a copy of the following [Risk Assessment](#).

Save Health Questionnaire Form

Cancel

Completing the Health Questionnaire

- 1. **Automatic Redirection:** Participants will be directed to the HQ after agreeing to the Risk Assessment.
 - o If you opt to complete it later, access it via **Pending Actions** on the homepage.

Welcome, [Redacted]

My Assessments | Pending Actions

- 2. **Review or Modify Existing HQ:**
 - o If an HQ is already on file, you can:
 - Approve it with no changes.
 - Modify it if your health status has changed by clicking the **Update** button.

My Assessments

= Action Required

Supervisor	RA	HQ	MA	Process Completed	Renewal Date
[Redacted]	08/07/2024 - A	08/29/2024 - C	11/27/2024 - CR	--	--
[Redacted]	04/30/2024 - A	08/12/2024 - C	08/29/2024 - C	08/29/2024	08/29/2027
[Redacted]	04/18/2024 - A	04/18/2024 - C	04/18/2024 - C	04/18/2024	04/18/2027

04/18/2024 - A

View

Update

04/18/2027

- 3. **Save and Submit:** Once completed, click **Save Health Questionnaire** to submit it.

Save Health Questionnaire Form

Cancel

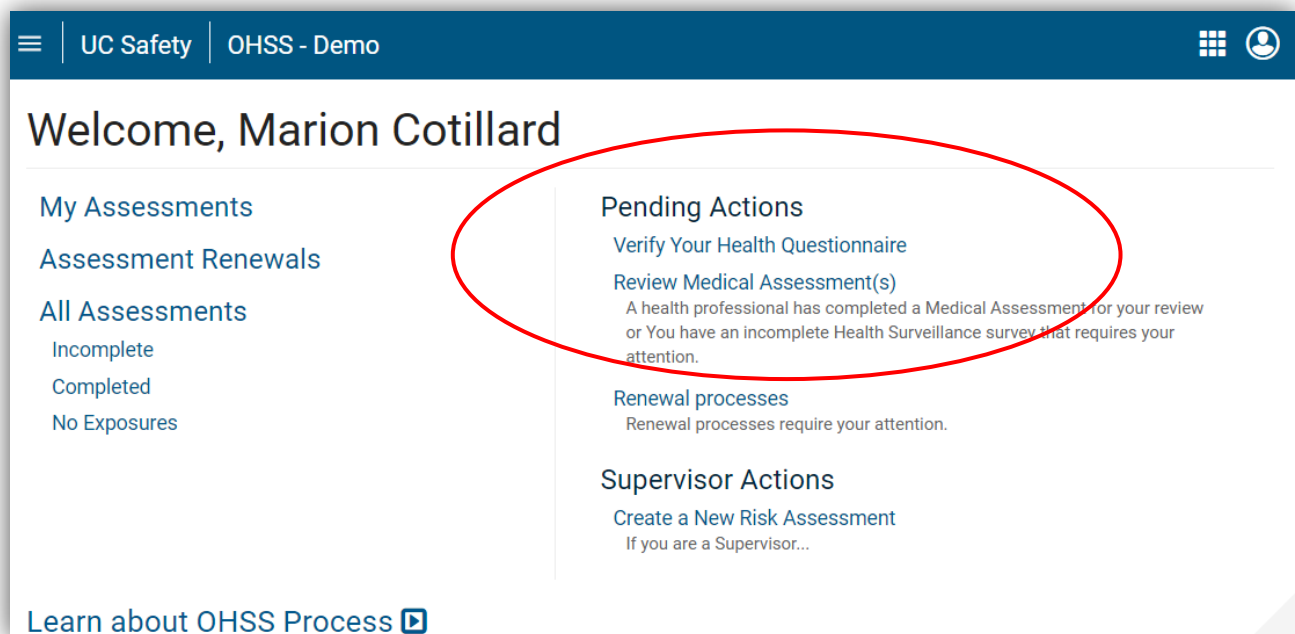
Participant- Acknowledging a Medical Assessments


Medical Assessment Review and Acknowledgment

1. **Medical Review:** After submission, a Medical Professional reviews the Risk Assessment and HQ to determine if any medical services or consultations are needed before protocol work can begin.
2. **Acknowledgment Required:** Participants must acknowledge the Medical Assessment in the system, regardless of whether services are required.

Acknowledging the Medical Assessment

1. Log in to <https://ehs.ucop.edu/ohss>.
2. Under **Pending Actions**, select **Review Medical Assessment** (this option is only visible if acknowledgment is required).



3. Navigate to the **My Assessments** page.
 - o Medical Assessments requiring acknowledgment will be marked with a red flag in the **MA** column.  = Action Required

My Assessments

🚩 = Action Required

Supervisor ⇅	RA ⇅ ⓘ	HQ ⇅ ⓘ	MA ⇅ ⓘ	Process Completed ⇅	Renewal Date ⇅
██████████	08/07/2024 - A	08/29/2024 - C	🚩 11/27/2024 - CB	--	--

4. Select the date to view the Medical Assessment.
5. Carefully review the document and click **I Have Reviewed My Medical Assessment** to confirm acknowledgment.

I Have Reviewed My Medical Assessment

6. **Completion Status:**

- If no services are required or services are optional recommendations, the system will clear you.

☰

UC Safety | OHSS - Demo

☐☐☐

👤

Medical Assessment Review: Completed

Thank you for completing your Medical Assessment review!

Done

- If services are needed, you will receive instructions to contact the Occupational Health team at ehsocchealth@ucr.edu.

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Medical Assessment Review: Incomplete

You must contact the OHSS office at (555) 555-555 in order to complete your assessment process.

Done

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My Assessments

🚩 = Action Required

Supervisor ⬆	RA ⬆ ⓘ	HQ ⬆ ⓘ	MA ⬆ ⓘ	Process Completed ⬇
Natalie Portman	10/10/2016 - <u>A</u>	05/22/2015 - <u>C</u> ⬇	10/11/2016 - <u>C</u>	10/11/2016

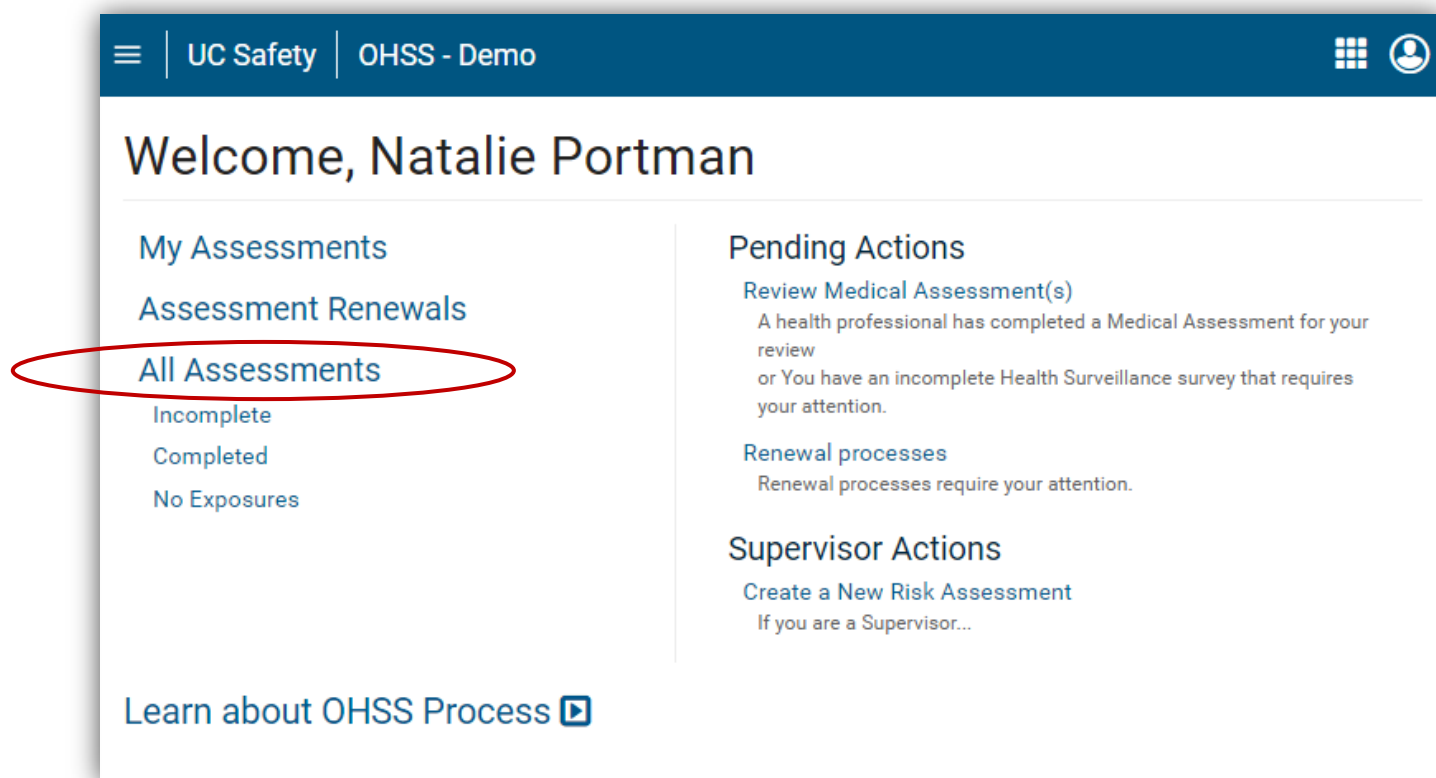
PI Revisions to a Risk Assessment During Medical Review

During the medical review process, the PI may be required to revise the submitted Risk Assessment based on feedback from the reviewing occupational health professional. These revisions ensure that all identified health risks are adequately addressed and that the participant's medical evaluation is based on accurate and complete exposure information. Copying a Risk Assessment from an Existing One

Copying an existing Risk Assessment allows PIs to quickly create multiple assessments with similar hazards and risks. Additionally, copying a risk assessment allows to make quick revisions and updates without having to re-enter all of the information. Follow these steps to revise a Risk Assessment:

1. **Navigate to All Assessments:**

- From the homepage, go to **all Assessments**.



2. **Locate the Existing Assessment**

- In the **RA** column, find the name of the participant whose Risk Assessment you want to copy and revise.

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All Assessments

⊕ New

Incomplete

Completed

No Exposures

📁 Archive

Participant ▲	Supervisor ▼	Department ▼	RA ▼ ⓘ	HQ ▼ ⓘ	MA ▼ ⓘ	Send Email
<input type="checkbox"/> Marion Cotillard	Natalie Portman	MEDICINE	10/05/2015 - A	05/22/2015 - C	--	

3. **Access the Copy Option:**
 - Click the drop-down arrow next to the participant's name.
 - Select **Copy Risk Assessment** from the options.

Risk Assessment Form

Supervisor: [REDACTED]
Participant: [REDACTED]

[Copy](#)

4. **Search for the Participant**
 - Enter the name of the person (in the format **Last Name, First Name**) to whom the Risk Assessment will be applied.
 - Select the participant from the list.

Risk Assessment Copy

Create a new Risk Assessment using the same selections chosen from the Risk Assessment form for [REDACTED].

Search for person: [Can't find the person?](#)

- ## 5. Review All of the Sections

- The form will contain all nine sections, which must all be completed before submission. Revisit the section that you need to revise and update.
- The sections include:
 - Participant Status
 - Animal Contact
 - Biological Agents
 - Exposures
 - Physical Agents
 - Chemical Agents
 - Animal Exposures
 - Bloodborne Pathogens Exposure Control
 - General Safety

Examples of Common Revisions:

- Review **the *General Safety section* or the *Animal exposure section*** with the Principal Investigator (PI) using the [UCR Animal Researchers Occupational Health Guidance](#).
- Many topics in this section are also covered in the CITI training and the Vivarium Orientation provided by the Office of the Campus Veterinarian (OCV).
- Update applicable questions in the ***General Safety and the Animal Exposure section to “Yes”*** and ensure a discussion takes place with the participant to confirm understanding.

General Safety

Were safe work practices discussed?	No
Does employee know how to report an animal bite or needle stick?	No
Has the employee been informed of their right and obligation to file a report of injury and be seen in Occupational Health free of charge?	No
This position requires routine lifting of:	under 20 lbs


Animal Exposure:

☒ Yes ☐ No

Were animal-related illness/injury discussed?	No
Were zoonotic diseases discussed?	No
Were animal allergies discussed?	No

6. Edit and Finalize the Assessment:

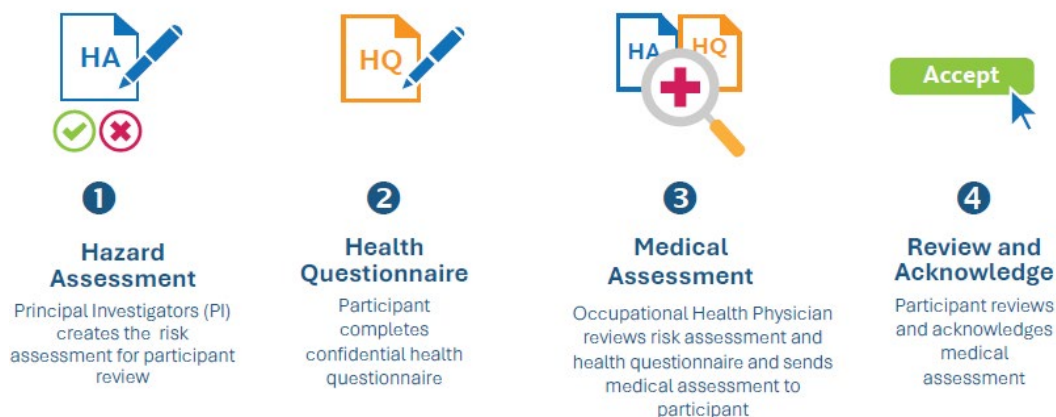
- After you have reviewed the copied risk assessment and made any necessary edits
- The PI must electronically sign by selecting the “**Supervisor’s Signature**” checkbox. This action confirms that the information provided is accurate.
- Click the **Create the Risk Assessment** button to complete the process.



Supervisor Name: [Redacted] Supervisor Signature: ☐ Date: 09/19/2024

Create Risk Assessment Cancel

- Once these steps are completed, the Principal Investigator (PI) should send a follow-up message to the participant through the OHSS system.
- This begins with the workflow all over again



- The participants will then be able to review and acknowledge the Risk Assessment and update their Health Questionnaire as needed.
- Participants are required to revisit the Risk Assessment and resubmit the existing Health Questionnaire form. This allows them to revise their responses or provide any additional information requested by the reviewing medical provider.
- **To ensure accuracy, Occupational Health staff will archive the previous version of the form, preventing PIs from inadvertently accessing or distributing outdated copies.**