**Student Awareness Document**

**Animal Health Technology Distance Program - TRU**

Please read the following documents:

* **Expectations**
* **Academic Integrity and Plagiarism**
* **Forum Etiquette**
* **Pregnancy Policy**

After reading all 4 documents please sign the signature page at the end and return to Carol Costache at Thompson Rivers University.

**Expectations of the Student:**

* Log into Moodle daily (every 24 hours) to check messages and forum posts
* Respond to messages within 24 hours
* Keep up to date on forum post readings and participate as requested/required
* Read/review ALL of the information provided for you on Moodle (forum posts, assignments, evaluation summaries, forum etiquette, news updates, video's, etc.)
* Ensure that in the case of 2 instructors facilitating a course you review to whom your submissions are required to be submitted to
* Communicate with the instructor if you are going to be away (so we know of any absences IN ADVANCE whenever possible)
* Communicate with the instructor if you do not understand any material we are covering and/or would like more direction or explanation

**Expectations of the Instructor/Lecturer/Facilitator:**

* Check Moodle messages AND email at least once daily, and respond to you within 24 hrs. (In the case of a planned absence advance notice will be given)
* Anticipate graded material to be returned to you in a timely manner (within the week)

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**STUDENT ACADEMIC INTEGRITY**

**POLICYNUMBER ED 5-0**

**APPROVAL DATE NOVEMBER 24, 2014**

**PREVIOUS AMENDMENT MAY 28, 2012**

**REVIEW DATE FIVE YEARS FROM APPROVAL DATE**

**AUTHORITY SENATE**

**PRIMARY CONTACT OFFICE OF STUDENT AND JUDICIAL AFFAIRS**

**POLICY**

Thompson Rivers University (TRU) students are required to comply with the standards of academic integrity set out in this policy.

It is the responsibility of TRU employees to take reasonable steps to prevent and to detect acts of academic dishonesty. It is an instructor's responsibility to confront a student when such an act is suspected and to take appropriate action if academic dishonesty, in the opinion of the instructor, has occurred.

Members of the TRU community, including students, engaged in research or scholarship, are also required to comply with the University’s policy on Integrity in Research and Scholarship ED 15-2.

**REGULATIONS**

**I. RESPONSIBILITIES OF THE OFFICE OF STUDENT AND JUDICIAL AFFAIRS**

1. **Case Management:** The Office of Student and Judicial Affairs shall undertake all aspects of academic integrity case management following initiation of a case report, including but not limited to:

a. Ensuring completeness and accuracy of case files;

b. Correspondence with the student and the initiator of the Case Report Form as required;

c. Preparation of case files for consideration by the Academic Integrity Committee; and

d. Administration of resolutions and sanctions;

2. **Maintenance of Records and Reporting:**

a. The Office of Student and Judicial Affairs shall maintain the official and confidential institutional records of academic integrity cases for 10 years. Other members of the university community shall keep only those records relating to academic integrity cases which they may need in the future; such records will be kept in a secure location and are subject to the University's Records Retention/Destruction Policy.

b. The Office of Student and Judicial Affairs shall produce and present to Senate a report of academic integrity cases on an annual basis which report will not include references to students’ names.

3. **Education:** The Academic Integrity Committee has a role to educate faculty and students on issues and standards relative to academic integrity.

**II. COMPOSITION OF ACADEMIC INTEGRITY COMMITTEE**

1. The Academic Integrity Committee shall be comprised of the following members appointed by Senate:
2. At least six Faculty Members, with no more than one from each School or Faculty, nominated by the respective Faculty Councils;
3. One Dean;
4. Three Undergraduate students nominated by the TRU Students’ Union;
5. One Graduate student;
6. One TRU World International Education representative –nominated by the Associate Vice President, International and CEO Global Operations;
7. One Open Learning representative –nominated by the Vice Provost Open Learning;
8. One Library representative – nominated by the Library Director;
9. Director of Student and Judicial Affairs or designate (ex-officio, non-voting)
10. The Chair of the committee shall be a voting member of the committee nominated and elected by the committee.
11. The committee will have the support of one secretary provided by the Office of Student and Judicial Affairs (to maintain records, minutes, database and other such files). The secretary will set up all meetings and related duties.
12. Committee members will serve a term of up to three (3) years and may be reappointed, with the exception of student members who shall serve a term of up to one (1) year and may be reappointed.
13. A quorum will consist of fifty percent (50%) of voting members, and must include at least two (2) students and two (2) faculty members. Vacancies on the committee will not invalidate any of its decisions provided a quorum was present in person or by teleconference when the decision was made.

**III. DUE PROCESS**

In the administration and adjudication of cases of alleged academic dishonesty, the Office of Student and Judicial Affairs and the Academic Integrity Committee shall be guided by the following principles:

1. The right to a fair process, including for the participants to be initially informed of that process and their rights in the process, and to be informed of substantive decisions at each stage.
2. The right of participants to the support of an advisor or peer of their choosing at all stages of the process, provided that there is no right to counsel at hearings of the Academic Integrity Committee.
3. The right to know the details of the case including the right to view all written evidence.
4. The right to make submission and to provide responses to the submissions of others with the student being allowed the final submission.
5. The right to an impartial adjudicator.
6. The right to an expedient adjudication to normally take place within sixty (60) days of the commencement of the case.
7. The right of a student to be presumed innocent until a finding is made.
8. The right to reasonable confidentiality.

**IV. DECISIONS**

Notwithstanding policy ED 4-0, Student Academic Appeals, all decisions of the Academic Integrity Committee are final and binding and may be appealed to the Appeals Committee only on the grounds that the Academic Integrity Committee failed to follow the process set out in this policy and regulations.

**V. SANCTIONS**

The Committee shall determine a resolution or sanction from the list below:

1. **No Sanction:** In the event that the Academic Integrity Committee does not determine that dishonesty has occurred, no sanction will be administered and the student’s file related to the allegation will be destroyed.
2. **Reprimand:** The Academic Integrity Committee forwards to the student a written warning, stating that the student’s behaviour is unacceptable to TRU. A reprimand is recorded in the Academic Integrity Data Base as a first offence, and may be used only once in a student’s academic career at TRU.
3. **Reduction of Grade:** The student’s grade may be decreased on an assignment, test or project.
4. **Remedial Sanctions:** The Academic Integrity Committee may, in consultation with the relevant stakeholders, order other remedial sanctions as deemed appropriate (e.g., essay related to topic, resubmission of assignment, etc.). If the student fails to comply with this order the committee may impose an alternative sanction.
5. **Failure of Course:** The student is assigned an “F”. In the case of an “F”, a student may not withdraw from the course nor receive a refund. An “F” will appear on the student’s transcript.
6. **Suspension:** The Academic Integrity Committee may recommend to the President the suspension of the student from TRU.

**VI. FORMS OF ACADEMIC DISHONESTY**

1. **Cheating**

Cheating is an act of deception by which a student misrepresents (or assists another student in misrepresenting) that he or she has mastered information on an assignment, test, project or other academic exercise that the student has not mastered. Examples:

1. Copying from another student's test paper or assignment.
2. Allowing another student to copy from a test paper or assignments.
3. Using the course textbook, electronic devices, or other material such as a notebook not authorized for use during a test.
4. Collaborating during a test with any other person by receiving information without authority.
5. Using exam aids or other non-authorized materials during a test (e.g., notes, formula lists, crib sheets etc.).
6. **Academic Misconduct**

Academic misconduct is the intentional violation of TRU academic procedures by tampering with grades, taking part in obtaining or distributing any part of a test (un-administered or otherwise), or by other means of academic deception not explicitly identified in other sections of this policy. Examples include:

1. Stealing, buying, or otherwise obtaining all or part of a test, answer key, grade or other document by any means.
2. Selling or making available to another all or part of a test or assignment, including answers to a test.
3. Obtaining an un-administered test or any information about the test from another person.
4. Providing an un-administered test or any information about the test to another person.
5. Entering a building or office for the purpose of changing a grade in a grade book, on a test, or on other work for which a grade is given.
6. Changing, altering, or being an accessory to the changing and/or altering of a grade in a grade book, on a test, a "change of grade" form, or other official academic records of TRU which relate to grades.
7. Entering a building or office for the purpose of obtaining or examining a potential test document or assignment that has not been made public.
8. Impersonating another student, or permitting someone to impersonate you, in any assessment.
9. **Fabrication**

Fabrication is the intentional use of invented information or the falsification of research or other findings. Examples include

1. Listing sources in a bibliography not used in the academic exercise.
2. Inventing data or source of information for research or other academic exercise.
3. Submitting as one's own, any academic exercise (e.g., written work, printing, sculpture, etc.) prepared totally or in part by another.
4. Citing information not taken from the source indicated.
5. **Plagiarism**

Plagiarism is the inclusion of someone else's words, ideas, images, or data as one's own work. When a student submits work for credit that includes the words, ideas, images or data of others, the source of that information must be acknowledged through complete, accurate, and specific citations, and, if verbatim statements are included, through quotation marks or block format.

By placing his/her name on work submitted for credit, the student certifies the originality of all work not otherwise identified by appropriate acknowledgements.

Self -plagiarism, which involves handing in all or part of an essay or assignment completed for another course without the consent of the instructor of the second course, is also a form of plagiarism, and an infraction of this Academic Integrity Policy.

A student will avoid plagiarism if there is an acknowledgement of indebtedness:

1. Whenever the student quotes another person's actual words.

b. Whenever the student uses another person's idea, opinion or theory, even if it is completely paraphrased in the student’s own words.

c. Whenever the student cites facts, statistics, or other illustrative materials from a published source or a lecture when that material is not considered common knowledge.

d. Whenever the student uses images produced by another person.

e. Citing facts or statistics or using illustrative materials considered to be common knowledge is not considered plagiarism.

Visit the Office of Student and Judicial Affairs website to access more information on the academic integrity process, resources and forms.

http://www.tru.ca/studentservices/Student\_Judicial\_Affairs.html

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**Forum Etiquette:**

Message boards (Forums) are like any other organized gathering of people; there are rules of etiquette that everyone is expected to follow.

**The lecturer reserves the right to delete messages which do not follow these guidelines.**

**Be kind, honest and supportive**

* Be nice.
* Don't issue personal attacks, use profanity, or post threatening, abusive, harassing, or otherwise offensive language or images.
* Basic courtesy. Please be courteous to the other students and instructors in the class. You might find it helpful to read your posting out loud before you submit it: the "tone" is a very important part of electronic communication. When you read your message out loud does it sound the way you would speak to another student or the lecturer in the classroom?
* Make a personal commitment to learning about, understanding, and supporting your peers.
* Assume the best of others in the class and expect the best from them.
* Acknowledge the impact of sexism, racism, ethnocentrism, classism, heterosexism, homosexism, ageism, and ableism on the lives of class members.
* Recognize and value the experiences, abilities, and knowledge each person brings to class. Value the diversity of the class.
* Never make derogatory comments toward another person in the class.
* Disagree with ideas, but do not make personal attacks.
* Make sure everyone realizes when you are trying to be funny. It is easy for messages to be misinterpreted since there are no physical gestures or voice inflections that accompany the text.
* Be open to be challenged or confronted on your ideas or prejudices.
* Challenge others with the intent of facilitating growth. Do not demean or embarrass others.
* Encourage others to develop and share their ideas.
* Be accommodating/adaptable to other opinions and ideas

**Communicate clearly**

* Write clearly when you compose a message. Review your message carefully before clicking **Send**; typos are confusing.
* Choose a descriptive subject. This will help other subscribers to successfully identify your topic.
* Pay close attention to what your classmates write in their online comments. Ask clarifying questions, when appropriate. These questions are meant to probe and shed new light, not to minimize or devalue comments.
* Remember to read what has previously been posted by others to avoid repeating comments.
* This site is part of a University course, so your writing style should conform to the rules of Standard English. Here are some guidelines for all messages posted to this course's Forum and that we e-mail each other:

- avoid slang (e.g. "Wassup?", "Yo," and so forth)

- don't curse

- use proper spelling (e.g.no text messaging lingo)

**Refrain from using ALL CAPS**

* Typing in all capital letters is frowned upon; it's the equivalent of screaming at everyone. It also makes your message more difficult to read.

**Don't post meaningless messages**

* Posting messages that say nothing more than "Me too" is a quick way to irritate other members. If you agree with a posting, either enjoy your consent by yourself or reply with an informative comment about why you agree. Imagine how dull a board would get if it contained nothing but hundreds of "me too's."
* Participate actively in the discussions, having completed the readings and thought about the issues.
* Think before you post: “Is what I’m posting adding to this discussion or just repetition of what is already stated?” (It’s certainly okay to agree or disagree with a point someone else has made, but please add to it by elaborating on your opinion)

**Consider sending a reply by** ***e-mail***

* E-mail is typically a one-to-one communications system.
* Some replies are better sent as an e-mail, rather than posted to a board. Personal messages and especially critical comments are more appropriate when sent directly and privately.

**Refrain from cross posting**

* Cross posting means posting a single message to several different topics, and it is almost never appropriate. Such posts tend to reduce the quality of the discussion and needlessly increase the traffic on the board. Find the best place for your post, and please confine your message to one topic.
* Make sure you are posting under the appropriate heading or thread.

**Replying to Others Posts**

* For a quick reminder of the topic in long threads:
	+ include the initial post in your reply
	+ a link to the initial post if in another post
	+ or cut and paste a section of the initial post

**Be careful when posting personal information**

* Be careful about including private information about yourself, such as phone numbers and street addresses. Private information of that nature may be better sent by e-mail.
* If your posting is for a specific person or group, make sure you address it to them. Realize, however, that others will probably read it.
* Remember this is a university program and all personal posts (ex. Introductions of yourself) should be kept professional.

**Follow the forum guidelines**

* Check the message board area for specific Forum Guidelines, such as rules concerning which topics should be posted in which folders and answers to Frequently Asked Questions.

**The lecturer reserves the right to delete messages that do not follow these guidelines.**

**Guidelines**

**For the**

**Pregnant Woman in a Veterinary Facility**

Female veterinarians and staff, who continue to work in a veterinary facility while pregnant, must be cognizant about the potential for exposure to occupational hazards that may affect the mother or the fetus *(BCWMA Bylaws, Facility Practice Standards, Section 3 Facility General, Standard 2, Guideline h-iii).* Before a woman may realize she is pregnant, the potential exists for the embryo to have already been adversely affected by a harmful or noxious agent. The greatest risk to the fetus is in the first trimester. Therefore, it is impossible to totally eliminate every risk while working. However, it is recognized that many women work in veterinary facilities throughout pregnancy and deliver healthy, normal babies. To maximize the chances of this outcome, it is important that everyone involved take a preventative approach to workplace safety issues.

It is the responsibility of all workers to be aware of their own fertility status and to be fully informed about the risks in the work area. It is also the responsibility of a worker to follow all safety procedures and use or wear the protective equipment that is required.

The Designated Member (DM) is responsible for advising all workers, including students and volunteers, of any potential or actual hazard to health or safety. The DM *must* ensure that measures are in place that encourage all workers (including breast feeding women) to discuss their pregnancies and planned pregnancies with the DM, or another designated person employed at the facility to which this duty is delegated, to ensure that potential workplace risks to the unborn child are reviewed and accommodations are discussed. In addition, the DM *must* be cognizant of exposure issues affecting other persons who come into contact with the practice, including clients or sales representatives, who may not know or have intended to make known to the DM, that they are pregnant.

The DM and the pregnant woman *must* carefully weigh the risks against the benefits when performing every specific job duty in a veterinary facility. The DM *must* provide and review special written safety instructions for specific or unique procedures. The risk is reduced and the chance for having a healthy baby is improved, if the pregnant woman exercises caution and judgment in the following occupational areas.

* 1. **Lifting heavy objects and performing arduous physical exertion**

 Avoid slips, falls, the lifting of heavy objects such as medium to large sized dogs, and overt physical exertion that may occur when working with large animals (e.g:, internal surgery or manipulation foot examination, etc) as it may increase the risk of spontaneous abortion (see the American Medical Association’s *“Guidelines for the Continuation of Various Tasks During Normal Pregnancy up to the listed Weeks of Gestation”* attached as Appendix I).

* 1. **Anaesthetic gases**

Waste anaesthetic gases are potentially hazardous to everyone in the facility. Some studies have shown an increase in the incidence of congenital abnormalities and miscarriage after pregnant women are exposed to waste anaesthetic gases in the surgical environment. Workers should avoid exposure to waste anaesthetic gases by doing the following:

1. Ensure the anaesthetic machine and ancillary equipment is properly serviced and maintained within the previous 24 months;
2. Have vaporizers filled and emptied by non-pregnant staff at the end of the workday when personnel are leaving. If a spill occurs, the pregnant employee *should* not clean it up. Ensure all staff are informed of the spill, the room is closed to unnecessary entry until the gas has been properly vented by opening the window and circulation the air with fans;
3. Employ good anaesthetic technique (i.e., proper intubation with appropriately sized, cuffed endotracheal tubes; appropriate breathing system for the size of animal; avoid the use of masks and induction chambers; do not turn “on” the vaporizer before connecting the animal to the anaesthetic machine; and, leave the patient attached to the breathing system until extubation then express the reservoir bag and flush with oxygen into the scavenging system before disconnecting);
4. Immediately correct an anaesthetic leak before continuing with surgery;
5. Use only equipment that has an effective scavenging system, whereby waste gas is vented outside the facility. The absence of the characteristic anaesthetic gas odor is no guarantee that safe levels are present. This requirement applies equally to fumes associated with chemical contaminants from X-rays, tissue preservatives, concentrated cleaners and solvents, and exhaust;
6. Ensure that any pregnant woman is not in the same room as the anaesthetic machine when it is in use if the scavenging system is not in operation;
7. Ensure that any pregnant woman is not in the recovery room until the animal is awake and the room has been vented (i.e., once the procedure is over, the anaesthetic machine vaporizer is turned “off” and the animal is maintained on oxygen to speed up recovery. When the animal has gained the swallowing reflex, the animal is disconnected from the scavenging system. At this point there may still be anaesthetic gas in the lung that is being exhaled into the environment but it is not being vented outside the facility. Anyone in the same room will be breathing in some quantity of anaesthetic gas.)
	1. **Chemicals and Biologicals**

The pregnant women should avoid handling or handle with extreme care )i.e., wear gloves), to avoid skin contact, with the following:

1. ethylene oxide (Anprolene);
2. hexachlorophene soaps;
3. pesticides, especially in concentrated dips;
4. solvents such as toluidine, ether, chloroform; alcohol, methylated alcohol; and,
5. preservatives such as formalin, formaldehyde, and Bouin’s solution.

The pregnant employee *should* avoid ingestion through drinking and eating while handling these same chemicals.

The pregnant employee *should* also avoid the handling of biological and chemical waste and disposal of sharps. The storage of biologicals and chemicals *must* be provided separately from storage normally used by staff (e.g.; refrigerator).

The Vancouver Island Health Authority, Prevention Services, has a pamphlet entitled *“Inhalant and Solvent Use During Pregnancy: Effects on Mother and Baby”* (k:allshare\emd\handouts\Inhalant&solventuseinpregnancy). This pamphlet advises that common household or industrial product chemicals such as solvents (glue, gasoline, paint thinner, cleaning fluids), and aerosols (hair and paint spray). That if inhaled or sniffed, may result in feelings similar to alcohol intoxication to the pregnant women and symptoms of alcohol-like withdrawal in newborn babies *(“Toluene Embryopathy Syndrome”)* with lasting physical, mental, and behavioural problems. Because there is little information available on inhalant and solvent use while breastfeeding, the general recommendation contained in this pamphlet is to *“cut back or stop using inhalants and solvents at any point during pregnancy and breastfeeding”*.

 **WHMIS**

The *Workplace Hazardous Materials Information System (WHMIS)* is a regulation that helps keep supervisors, workers and students informed about workplace risks. WHMIS is a system that includes hazardous product warning labels, an inventory of all hazardous substances in the area, and a *Material Safety Data Sheet (MSDS)* for each type of hazardous product. The WHMIS label will contain: (1) product identifier, (2) hazard symbol, (3) risk phrases (to alert workers on specific hazards of the product), (4) precautionary statements, (5) first aid measures, (6) supplier identification, (7) and reference to the lengthier *MSDS*. All staff *must* pay attention to the *WHMIS* label on the product. All staff *must* receive education on *WHMIS* as well as precautions to take specific to the chemical, first aid in the event of exposure, and incident reporting. Regular meetings with all workers *must* be held to review the inventory, labels and *MSDS*. The minutes of these meetings should be maintained in a binder for all workers and Inspectors (BCVMA, WCB) for review.

The pregnant employee *should* read, in addition to the *WHMIS* label, the product *MSDS* because it may contain information on teratogenicity; an agent capable of causing birth defects and spontaneous abortions. The *MSDS* is provided by the supplier and usually accompanies the chemical. The purpose of an *MSDS* is to provide health and safety information about a hazardous substance to enable a person to make informed decisions about the use of a hazardous product and how to protect against possible exposure. Some of the information includes toxicity of the substance health and reproductive effects, spill response procedure, and protective equipment. Note: products regulated as drugs or pesticides (e.g. disinfectant) are not regulated under *WHMIS*. Detailed information may be found on product labels. All veterinary facilities *must* maintain a binder with the *MSDS* for every product in the facility or have this information readily available as an online link.

1. **Pharmaceuticals**

Pregnant, breastfeeding or attempting to reproduce employees *must* avoid or handle with care the following:

1. cytotoxic agents for cancer therapy; and,
2. contraceptive products, such as prostaglandins.

A pregnant woman must not contact the gel in the Fentanyl/Duragesic Patch, and other substances such as dimethyl sulfoxide, that act to facilitate the systemic absorption of other topically applied drugs.

A pregnant woman *should* avoid being in the same room when mugwort (Aiye), the herb used in the preparation of moxa, is burned. The room should not be entered until properly ventilated. Infusions have been reported to cause strong uterine contractions in rabbits and calves. This recommendation is based on anecdotal information from the *Veterinary Information Network.*

1. **Zoonotic diseases**

 ***Small Animals***

1. **Toxoplasmosis** (caused by ***Toxoplasma gondii***) is a primary zoonotic concern to a pregnant woman because this parasite can cause serious miscarriage, early delivery or stillbirth, birth defects or poor growth (*BC Health Files, No. 43, April 1995*). Mothers can avoid exposing the fetus to the infective oocyst by:
2. thorough washing of hands after handling each cat;
3. refraining from handling cat feces or cleaning litter boxes;
4. have a non-pregnant person change the litter box every day; and,
5. refrain from handling stray cats; cats are most commonly exposed to toxoplasmosis when young, outdoors, and actively hunting.

Ingestion of raw or under-cooked meat is the most common method of human toxoplasmosis infection.

Women who wish to determine their susceptibility to toxoplasmosis can have their antibody titer assayed, and they *should* discuss the results with their medical doctor.

1. **“Cat scratch fever”** is caused by the bacteria ***Bartonela henselae*** and has been reported to cause abortion in humans.
2. **Lyme disease** is caused by the spirochaete bacteria, ***Borrelia burgdorferi***

which is transmitted by a bite from an infected tick (arthropod insect) to humans and dogs. Other animal species that have been reported to have been infected with the bacteria include cats, horses, cattle, and small ruminants such as goat and sheep.

Casual human contact with an infected animal poses no risk of infection. The risk to humans for acquiring infection from blood sucking insects such as deerflies, horseflies, and fleas is very unlikely. The bacteria have been found in high concentrations in animal urine, unpasteurized milk, raw meat, and in the blood for unspecified periods of time.

Lyme disease can infect the fetus of a pregnant woman by transplacental transmission that may result in various medical problems including fetal death, hydrocephalus, cardiovascular anomalies, neonatal respiratory distress, hyperbilirubinemia, intrauterine growth retardation, cortical blindness, sudden infant death syndrome, and maternal toxaemia of pregnancy. <http://www.petmd.com/dog/conditions/infectious-parasitic/c_dg_lyme_disease>

A pregnant woman, veterinary staff, and the public in general can prevent the acquisition of infection from a tick at the time of its removal from an animal by:

1. using thin-tipped tweezers with a gloved hand to grasp the tick;
2. do not crush the tick (or flea) between the fingers of an ungloved hand;
3. do not allow blood from the tick or from the site of removal from the animal’s skin to contact human skin;
4. disinfection of the animal’s bite site with an appropriate antiseptic; and,
5. wearing light-colored, long-sleeved clothing to handle animals in the spring and summer to more easily spot and remove ticks before they become attached (note: the numbers of numphal ticks that feed increases in the spring and summer).
6. **Leptospirosis** has apparently been showing up lately:

 From the CDC:

"Not much is known about leptospirosis infection during pregnancy. Some studies have reported miscarriage or fetal death depending on when during pregnancy the infection occurred. Leptospirosis is usually treated with antibiotics, such as doxycycline or penicillin. However, there are some concerns with the use of doxycycline during pregnancy."

<https://www.cdc.gov/leptospirosis/>

***Pocket Pets***

***Lymphocytic choriomeningitis*** virus (LCMV) is an adenavirus found in the urine, feces, and saliva of infected rodents such as the common house mouse, and pet mice, hamsters and guinea pigs. Aerosolization and subsequent inhalation of infectious droplets, ingestion of food contaminated with virus, contamination of mucous membranes such as the mouth with infected body fluids or by directly exposing cuts or other open wounds to virus-infected rodent blood may result in human infection. The consequence of infection in a pregnant woman may include abortion, congenital hydrocephalus and chorioretinitis, and postnatal infection (mental retardation) <http://www.cdc.gov/pregnancy/infections-lcmv.html>

A pregnant woman and other staff that develop fever, malaise, anorexia, muscle aches, nausea, vomiting within 8 to 14 days of exposure to handling of rodents should consult their physician.

A pregnant woman, as well as other workers, at a veterinary facility, laboratory, or at home, and the public in general, can prevent infection by:

1. avoiding or minimizing direct physical contact with rodents or exposure to their excreta;
2. ensuring adequate ventilation is provided to any heavily infested, previously unventilated enclosed room prior to cleanup;
3. applying diluted household bleach solution to visible rodent droppings and their immediate surroundings;
4. wearing gloves when cleaning animal cages and water and feed containers; and,
5. wearing a mask during the removal of cage litter and feces, and minimally disturbing the litter in order to prevent aerosolization.

 ***Birds***

***Chlamydophilia psittaci*** is a bacterium that can be transmitted from birds to humans; the resulting human infection is referred to as psittacosis (‘**parrot fever**’ or ‘**ornithosis’**). Commonly infected caged birds include: psittacine (parrot type) such as cockatiels (parakeets) and budgerigars (budgies); and non-psittacine such as doves and pigeons. It is less frequently diagnosed in canaries and finches.

Most human cases are associated with exposure to pet caged birds; however, poultry and free-ranging birds, birds of prey and shore birds can also transmit the disease. Typically, psittacosis causes influenza-like symptoms and can lead to severe pneumonia and nonrespiratory health problems. Severe illness with respiratory failure, thrombocytopenia, hepatitis, and fetal death has been reported among pregnant women. Persons exposed to infected birds should consult a physician if they develop these clinical symptoms. <https://www.cdc.gov/pneumonia/atypical/psittacosis.html>

Exposure by the pregnant woman to the infective bacteria can be avoided or reduced by:

1. Identifying infected birds to all persons who may come in contact with the birds or with contaminated materials and informing them about the nature of the disease;
2. Isolating ill or exposed birds (*Bylaws Facility Practice Standards, Section 3-Facility General, Standard 9, Guideline g*) in a room where the air is exhausted directly (i.e., no recirculation);
3. Implementing appropriate disease control procedures (i.e., cleaning followed by disinfection), preventative husbandry practices (appropriate cages and usage), and treatment;
4. Wearing protective clothing, gloves, disposable surgical cap, and as well an appropriately fitted respirator (N95 or higher rating) when cleaning cages, handling infected birds, and performing a necropsy, as surgical masks may not be effective; and,
5. When performing necropsies ensuring that the carcasses have first been wetted with detergent and water to prevent aerosolization of infectious particles.

***Food Animals***

1. **“Q fever”** is a zoonotic disease caused by ***Coxiella burnetii***; a microbe that can live for years in dust, soil, and the droppings of infected insects and spiders. Goats, sheep and cattle can carry the microbe in their flesh and body fluids (i.e., milk) with the highest levels occurring in the uterus, placenta, and birth fluids. Infection of small ruminants such as sheep and goats is considered enzootic within select herds of the Fraser Valley and regions of Vancouver Island; it is not necessarily widespread throughout the small ruminant farming community. Human infection may result in symptoms of an acute viral illness that typically lasts less than two weeks.

A pregnant woman, if possible, should not participate in the birthing of livestock or the disposal (by incineration or burial, as permitted) of any birthing product, including placentas, fetal membranes, and aborted fetuses. If she must assist, she should wear protective clothing, gloves and masks while working with the animal(s) (especially pregnant ones) and their reproductive products or secretions. Immediately afterwards, she should use an appropriate disinfectant on all contaminated surfaces. She should restrict her access to barns and laboratories used in housing potentially infected animals and utilize equipment such as masks to prevent infection from the airborne route in the facility.

<https://www.cdc.gov/qfever/>

1. ***Listeria monocytogenes*** is a bacterium found in soil, water and asymptomatically infected animals such as cattle and sheep. Raw milk and foods made from unpasteurized milk, as well as raw and smoked fish, may contain *Listeria*. Pregnant women are about 20 times more likely than other healthy adults to contract listeriosis and develop symptoms. About one-third of human listeriosis cases happen during pregnancy. Infected pregnant women may experience only a mild, flu-like illness; however, infection during pregnancy can lead to premature delivery, illness in the newborn, or stillbirth.

A pregnant woman can minimize her risk of acquiring infection by ingestion by wearing protective equipment and gloves when handling livestock and washing hands with an appropriate disinfectant after contact with soil or raw tissue. Additional information on *Listeria* and Listeriosis can be obtained from the Canadian Food Inspection Agency (CFIA) has a fact sheet at: <https://www.cdc.gov/listeria/prevention.html>

**iii**. ***Chlamydophylia abortus*** is a bacterial infection of ewes that can result in abortion (EAE). It can be transmitted to humans by contact with fetal fluids and handling of aborted, stillborn and newborn lambs. A pregnant woman should follow the advice listed for Q-fever.

1. **Radiation**

X-irradiation or X-ray is the most common source of radiation exposure. X-ray equipment in veterinary facilities includes fixed (=stationary), mobile (=portable) and dental. Although the radiation doses may be small and appear to cause no observable damage, the probability of chromosomal damage in the germ cells with the consequence of mutations does exist. These mutations may give rise to genetic defects, which may be passed on to the children of radiation workers.

The Workers Compensation Board (WCB), Occupational Health and Safety (OH&S), Part 7 (*Noise, Vibration, Radiation and Temperature*), section 7,21 (Reproductive Hazards) states:

1. *The employer must ensure that every worker who exceeds, or may exceed, the action level, ionizing radiation is fully informed of any potential reproductive hazards associated with exposure to ionizing radiation; and,*
2. *When requested by a pregnant worker or by a worker intending to conceive a child, the employer must make counselling available with respect to the reproductive hazards associated with exposure to ionizing radiation, [enacted by B.C. Reg. 382/2004, effective January 1, 2005.]*

Minimizing exposure to radiation from X-ray equipment is addressed in the BCVMA “*Radiation Safety Manual: Quality Management Plan*”. The following excerpt is provided:

“a female operator *must* be encouraged to notify her employer if she believes herself pregnant. A female operator *should* immediately notify her employer upon knowledge that she is pregnant, in order that appropriate steps may be taken to ensure that her work duties during the remainder of the pregnancy are compatible with the recommended dose limits as stated in Appendix II. In general, there is no reason to remove pregnant operators, or other pregnant staff members, from their duties of operating X-ray equipment. If a worker declares her pregnancy to the employer, her effective dose of ionizing radiation from an X-ray machine for the remainder of the pregnancy from external and internal sources *must* be limited by the employer to the lesser of 4 mSv, or the dose limit specified for pregnant workers under the Nuclear Safety and Control Act (see WCB, OH&S, Par 7 (Noise, Vibration, Radiation and Temperature), section 7.19, Exposure Limits). The pregnant woman *must* not receive more than 1 mSv in the period from 8 to 15 weeks after conception. The external dose shall be measured at the abdomen, by wearing the radiation badge on the waistline **under** the lead apron. If before becoming pregnant, the average exposure of this worker is close to 4 mSv/year based on previous exposure histories, shorter wearing periods of the radiation badge than quarterly may be required to ensure that the dose limit is not exceeded.”

The National Dosimetry Service has a pregnancy information service:

<https://www.canada.ca/en/health-canada/services/healthy-living/your-health/environment/occupational-exposure-radiation.html>

 Note that the Nuclear Safety Commission requirements, contained in the *Nuclear Safety and Control Act (Canada)*, apply to exposure by a pregnant woman from a nuclear substance.

**Reference Material**

1. Health Hazard in the Veterinary Practice, 3rd Edition, 1995.
2. Ontario Veterinary Medical Association (OVMA), Safety Handbook for Veterinary Hospitals, Dr. Diane McKelvey, 1997

**Acknowledgement**

The Deputy Registrar would like to thank Drs. S. Raverty and J. Pritchard (BCMAFF), the BCVMA Registrar and Chairs for the CRC and the PAC, The University of Guelph, and Dr. Emmy Duran for the BCCDC for their contribution to this document.

**`APPENDIX I**

**Continuation of Various Tasks During Normal Pregnancy**

**Up to the listed Weeks of Gestation\***

|  |  |
| --- | --- |
| **JOB TASK** | **GESTATION** |
| **SITTING & LIGHT TASKS**Prolonged more than 4 hoursIntermittent | **40****40** |
| **STANDING**Prolonged more than 4 hoursIntermittent at more than 30 minutes per hourIntermittent at less than 30 minutes per hour | **24****32****40** |
| **STOOPING & BENDING BELOW KNEE LEVEL**Repetitive at more than 10 times per hourIntermittent at 20 – 22 times per hourIntermittent at less than 2 times per hours | **20****28****40** |
| **STAIRS**Repetitive at 4 or more times per 8 hour shiftIntermittent at less than 4 times per 8 hour shift | **28****40** |
| **LIFTING**Repetitive at less than 11 kg (25 pounds)Repetitive at 11 to 23 kg (25 to 50 pounds)Repetitive at more than 23 kg (50 pounds)Intermittent at less than 11 kg (25 pounds)Intermittent at 11 kg to 23 kg (25 to 50 pounds)Intermittent more than 23 kg (50 pounds) | **40****24****20****40****40****30** |

\*Guidelines adapted from the American Medical Association on Scientific Affairs of pregnancy and work performance.

**Please fill out this form and submit to Carol Costache at TRU**

I have read the following documents: (**please initial beside each**)

* Expectations
* Academic Integrity and Plagiarism
* Forum Etiquette
* Pregnancy Policy

I agree to abide by the information presented in the above documents, during my participation in the Distance Animal Health Technology program offered by Thompson Rivers University.

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Student Name printed

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Student Signature

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Date