

Institutional Animal Care and Use Committee

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<https://www.research.ucsb.edu/compliance/animal-subjects/>

IACUC GUIDELINE: PROVISION OF ADEQUATE VETERINARY CARE AND REPORTING UNANTICIPATED PROTOCOL COMPLICATIONS

DATE IMPLEMENTED: December 11, 2009

DATE(S) REVISED: February 17, 2012; December 17, 2013; November 18, 2014; June 15, 2018, June 26, 2020, February 19, 2021

This guideline describes the IACUC's expectations specific to the prevention and management of study or protocol-associated disease, disability, or other adverse events. Furthermore, it describes the mechanism for reporting unanticipated protocol complications to the IACUC.

To ensure compliance with these Federal regulations research personnel are required to consult with the Attending Veterinarian and/or notify the IACUC under the following circumstances:

1. The Attending Veterinarian must be consulted when creating or amending any animal research protocol that will involve protocol-associated disease or disability. The Attending Veterinarian should assist the Principal Investigator to identify procedural guidelines, and training, as appropriate, relating to veterinary involvement / oversight in new or on-going experimental procedures.
2. The Attending Veterinarian must be notified in a timely manner if during or following an experimental procedure an animal manifests unexpected or untoward behavior or clinical signs, or dies unexpectedly. Reportable clinical signs may include, but are not limited to, bleeding, open wounds, difficulty breathing, inability to ambulate or difficulty moving, unusual postures at rest, and abnormal neurological signs (head tilt, circling, ataxia).
 - a. The Attending Veterinarian can be notified in any of the following ways:
 - i. By phone – 893-7344, or 451-5931 (cell phone)
 - ii. By email – manuel.garcia@ucsb.edu
 - iii. By calling the Animal Resource Center (ARC) – 893-2333
 - iv. By submitting a Clinical Call Record (available in the animal facility) to ARC personnel

¹ The information on VCPR comes directly from the AVMA: <https://www.avma.org/resources-tools/avma-policies/telemedicine>

- b. In the event of an emergency, the Attending Veterinarian, or trained ARC staff under the direction of the Attending Veterinarian, may euthanize animals in severe pain or distress without consultation with the investigative group.
 - c. Protocol personnel or the PI must respond to requests (written or verbal) for treatment or euthanasia made by the Attending Veterinarian, or by the ARC staff under the direction of the Attending Veterinarian, within 24 hours to ensure timely resolution of clinical problems. After 24 hours, treatment or euthanasia may be initiated without consultation from the investigative group.
 - d. For animals housed at remote facilities off campus (e.g., SNARL), contact the Attending Veterinarian for advice in an emergency until that animal can be seen by a local veterinarian and a Veterinarian-Client-Patient Relationship (VCPR) can be established. Most states and the AVMA's Principles of Veterinary Medical Ethics require a VCPR for a veterinarian to diagnose, prescribe medication or otherwise treat an animal. Without a VCPR, any advice provided through electronic means should be general and not specific to a patient, diagnosis or treatment.¹
3. The IACUC must be notified of any adverse effects or unanticipated problems encountered while conducting work on an approved animal protocol, and if needed, the animal protocol should be amended in a timely manner. The notice should be submitted to the IACUC either using the provided [template](#) (Adverse Event/Unanticipated Complication Notification), an informative e-mail notification, or as part of the annual protocol renewal notification.
 - a. Examples of unanticipated problems or complications include, but are not limited to:
 - i. Complications during surgery or anesthesia, at a frequency higher than expected or described in the approved protocol. A review of the surgical and postoperative records should be conducted at regular intervals (e.g., annually) to facilitate the identification of surgical complications at a higher than expected rate.
 - ii. Unanticipated animal morbidity or mortality.
 - iii. Euthanasia that did not result in the humane death of the animal.

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