

University of Washington  
NOVEMBER 16, 2023 IACUC Meeting Minutes

Members Present:	AP	ES	JS	MRB
	CC	GL	JT	MS
		GW	KG	
		JFI	MB	
		JPVH		

Members Absent:	AB	GS	MK	MRK
	AW			SP
	DM			

TOTAL Members Present: 13

### Opening Business

- The Floor was opened for public comment at 2:30 pm.
- The IACUC Chair called the meeting to order at 2:37 pm.

### Confirmation of a Quorum and Announcement

- Quorum was confirmed by ZR.

### Approval of the IACUC Meeting Minutes

- The IACUC Chair called for the approval of the OCTOBER 19, 2023 meeting minutes.

Motion was made and seconded: to approve the minutes as written.

Further Discussion: none

Vote: Approved with 9 members voting in favor, 0 against and 4 abstentions.

### Benefit Story – JS

- Sanctuary Volunteers– JS  
This month's Benefit Story is about how a small team of UW vets and techs recently donated their time to a local animal sanctuary. The owner of a monkey retirement facility reached out for help on some animals who had come in from a different institution—not UW—and were having problems related to surgical implants that had been left in place. The sanctuary did not have experience with removing these kinds of devices, but our expert crew knew just what to do. They travelled to the facility and worked tirelessly throughout a very long day. In addition to the corrective surgery, from

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which the patient is recovering well, our team performed health checks on other monkeys and provided some additional medical care. There are already plans for a return visit. I want to emphasize that the 5 UW individuals took personal time off to volunteer at the sanctuary, and that they coordinated with other UW vets and staff to cover for them to make sure our animals got all of their regular care. An enormous heartfelt thank you to everyone who made this possible.

Motion was made and seconded: to send a letter of Thanks.

Further Discussion: *none*

Vote: Approved with 13 members voting in favor, 0 against, 0 abstentions.

## **Attending Veterinarian's Report – CC**

### **AV Report**

I have checked with the leadership at all sites and have no adverse events to report at this time.

### **Protocol Monitoring**

There has been no change in the protocols undergoing enhanced veterinary monitoring. We continue to have the same 22 protocols as we did last month. Of these 22 protocols, 15 of them were placed on monitoring proactively at the time of procedure approval to provide enhanced support during development or implementation of complex procedures. The other 7 were placed on monitoring following an unexpected outcome. Of the 22 protocols, 6 of them are currently performing the procedure for which they are on monitoring. There are no concerns about those procedures at this time.

## **Announcements and Follow-Up Information**

We have a couple of updates on outstanding matters for the committee.

At the August meeting, I had reported a temperature excursion in a rodent room at one of our South Lake Union facilities. As a reminder, in this incident, a rodent room alarmed for being out of intended temperature range. Our staff responded to the alarm and were told by the company hired to manage temps in this building that the engineers had been dispatched to remedy the issue but no engineers were actually dispatched. At the time of that report, the committee requested additional information to better understand the nature of the issue.

In response to some questions that came up during our discussion in August: A contributing factor to this incident was the fact that room had somehow received an incorrect designation by the company. All room designations have been reviewed and a plan for periodic review of designations with the company is in place. There was a follow-up meeting to discuss the incident with our senior veterinarian, our facility supervisor, and the infocenter building manager regarding

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the incident to clarify the seriousness and address the incorrect response by infocenter staff.  
There was no additional discussion and no requested additional follow-up by the committee.

The committee had also requested additional information regarding responsibilities of Research Support Services at the primate center as they relate to a recent protocol noncompliance. Jenny will be presenting that information in her report later today.

**UPDATES:**

August Meeting temperature alarm-  
Plan implemented to inspect rooms regularly; have addressed the response to the incident

**QUESTIONS/DISCUSSION:** *none*

**RSS-**

Follow-up in Director's Report

**OAW Director's Report – JFI**

IACUC metrics – IACUC metrics are in the meeting folder

Other Updates –

4387-01 - At the September meeting, a noncompliance was reported in which mice received a higher-than-approved dose of a drug used to induce seizures due to the bottle being mislabeled. The IACUC voted to send a letter of counsel to the PI. The PI responded with a letter, which I will read from. [read from letter]

**DISCUSSION:** *none- the IACUC members were satisfied with the lab's response*

4202-10 - At the September meeting, a noncompliance was reported in which a non-human primate underwent an unapproved survival surgery procedure due to an error in the animal number on the surgery request. The IACUC voted to send the PI a letter of reprimand. The PI responded with a letter, which I will read from. [read from letter]

**DISCUSSION:** *none*

4328-01 - At the September meeting, a noncompliance was reported in which 10 mice were euthanized with expired euthanasia solution. This was identified during an IACUC site visit. The IACUC voted to send the PI a letter of reprimand. The PI responded with a letter confirming that a column has been added to the drug log that will require users to write down the expiration date and confirm that the expired euthanasia solution has been properly reverse distributed.

**DISCUSSION:** *none*

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2183-02 - At the September meeting a noncompliance was reported in which, during a surgery certification procedure on a mouse, several deviations from the protocol were identified. At that meeting, the IACUC requested that the AV, OAW Director, and/or IACUC Chair meet with the research group and report back to the committee. At the October IACUC meeting, an update was provided to the committee about what was discussed, and the committee voted to send a letter of reprimand. In that letter, the PI was asked to confirm several corrective actions that had been discussed, including (1) experienced lab members would review the protocol in-person with new trainees, (2) a process would be instituted for cross-checking performance between experienced surgeons, as well as involving multiple experienced surgeons in the training of new personnel, so that any variation between surgeons is identified, (3) a checklist will be posted in the surgery area, and (4) any changes made to the protocol will be communicated via email as well as in-person at lab meetings. The PI responded stating that they are instigating all of the stated suggestions.

DISCUSSION: *none*

RSS follow-up -

At the September meeting, the IACUC discussed an event in which a non-human primate underwent an unapproved repair surgery for a subcutaneous telemetry implant. This error resulted from the wrong animal number being entered on the surgery request form. The procedure itself was performed by WaNPRC research support services (RSS). During that discussion, the IACUC requested that the AV, OAW Director and/or IACUC Chair talk to RSS to gain more information about their processes and their role in ensuring that procedures are performed in alignment with the IACUC protocol. All three of us met with RSS leadership on 11/3/23. During that discussion, the RSS leadership stated that they consider themselves responsible for reviewing the associated IACUC protocol, understanding it, and ensuring that the procedures they perform are in compliance with the protocol. Before any study starts, an individual from RSS is assigned as the study lead responsible for knowing the protocol. There is a pre-study meeting involving RSS staff and research staff in which the protocol is reviewed and the procedures are scheduled. At that time, a Project Information Form is completed by RSS staff that summarizes the procedures approved on the protocol. This form is then posted on the outside of the room where the study animal is housed, for easy reference at the time of procedures. If the study lead is not available on a day that a procedure is performed, attempts are made to assign another RSS individual that is most familiar with the protocol, and if not familiar they are responsible for going back and double-checking the protocol. If changes are requested mid-study, RSS staff confirm that the change is congruent with the approved protocol. Everyone in RSS has access to HoverBoard and is trained to review IACUC protocols. As mentioned earlier, one change that has been implemented is that an animal's previous surgical history as well as the surgeries approved on the protocol are now clearly displayed on the surgery request form, so in this instance it would have been apparent when submitting the request that the animal indicated had already undergone a repair surgery 2 weeks prior.

DISCUSSION: *The IACUC chair affirmed that there were no additional measures that we recommend be put in place to prevent a similar incident in the future, beyond what the primate center has already implemented. A member asked if the UW provides malpractice insurance to its employees. This is not currently provided through the UW, but is available for Veterinarians to purchase individually. CC stated that it is rare for research Veterinarians to purchase their own private malpractice insurance, but required of private-practice veterinarians. The Chair will look into purchasing malpractice insurance for UW veterinarians.*

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Noncompliance:

4038-01—

On 9/25/23, 20 mice on study were anesthetized with ketamine/xylazine and then exsanguination was performed followed by decapitation. This is an AVMA-approved method of euthanasia, and was performed in line with a Standard Procedure that is available in HoverBoard. However, this euthanasia method was not approved on the protocol. The rest of the procedures performed prior to euthanasia were performed in accordance with the protocol. This was self-reported to OAW on 9/26, the day after the procedure was performed.

The procedures were performed by an individual acting in the role of a core service, specifically the Nutrition Obesity Research Core (or NORC), which investigators can hire to perform some specific in vivo procedures related to energy balance. The euthanasia method was chosen because that is the method that the individual from NORC uses routinely on their own IACUC protocol. There was an individual from the research group that was present during the procedures, however they did not check the protocol prior to the euthanasia method being performed. Both individuals made an attempt to reach out to the PI on the protocol to ask which method should be used, however the PI was busy at the time, and the animals were euthanized anyway. It was also discovered during investigation of this noncompliance that the NORC individual that was performing the procedures was not approved on the protocol, however I do want to point out that approval on a protocol is not a regulatory requirement. Rather, this is an administrative mechanism we use to help ensure that personnel are appropriately trained, which is a regulatory requirement. In this case, the individual was appropriately trained for the work they performed.

Some of the questions and discussions stemming from this incident have paralleled what has been discussed regarding RSS, in terms of the role of a core service in ensuring protocol compliance. OAW liaisons are working closely with NORC personnel to clarify expectations and help establish best practices for core services.

Other info: CO2 followed by secondary methods is the only euthanasia method approved in the experiment

*DISCUSSION: The Director affirmed that the PI is ultimately responsible for what occurs on the protocol. It was affirmed that both methods of euthanasia used are acceptable procedures. The issue was that the protocol was not followed. The Chair emphasized that the OAW is now working with NORC to develop a process that works better moving forward. One member recommended a Letter of Counsel to NORC. Another member suggested that the individual on the protocol should receive a letter, since they were unaware of the protocol. A member suggested that perhaps the form that NORC receives needs to be more detailed and explicit for better communication. JFI agreed that this is a good suggestion and that the IACUC can include it in their letter. OAW staff affirmed that there is a form, but that it's very general, and agrees that a form with explicit language is important. There was discussion about exactly what kind of letters should be sent.*

Motion was made and seconded: to send two letters of Counsel- one to the PI and Lab Member, and one to the NORC.

Further Discussion: none

Vote: Approved with 13 members voting in favor, 0 against, 0 abstentions.

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## Policies – CC

- Anesthesia Certification Requirements Policy– CC
  - *Minor revision made to the statements regarding the use of paralytics to clarify that the use of systemic paralytics requires enhanced training and justification.*
  -

Motion was made and seconded: to approve the policy as written.

Further Discussion: none

Vote: Approved with 13 members voting in favor, 0 against, 0 abstentions.

- Rodent Survival Surgery Procedures Policy – CC
  - *Significant changes to the existing policy to make the policy more comprehensive. Policy establishes expectations for rodent survival surgery practices, including requirements for surgical facilities & equipment, pre-operative preparation, and intra-operative surgical procedures, and post-operative care for survival surgeries performed in rodents.*
  -

Motion was made and seconded: to approve the policy as written.

Further Discussion: none

Vote: Approved with 12 members voting in favor, 0 against, 1 abstentions.

## Site Visits – JFI

### Site Visits Discussion

As you know, the IACUC is required to inspect any spaces where animals are housed or where procedures involving animals may be performed. Most spaces must be inspected every 6 months. The way our inspections are currently organized, we conduct scheduled inspections January through April, we have 2 months without routine inspections, and then we do a second cycle of inspections July through October. To keep spaces on a 6-month cycle, each space is scheduled to be inspected within a specific calendar month, for example a space may be on a January/July cycle, or on a February/August cycle, etc.

We have recently concluded the second round of facility inspections for 2023, and are gearing up to start the scheduling for the first round of 2024. During this most recent round of inspections, the IACUC inspected approximately **250 spaces**. Note that a vivarium is considered 1 space, so while lab-managed spaces are counted individually, rooms within a vivarium are not counted individually, so the number of individual rooms inspected would be significantly higher.

For time spent, inspections are generally scheduled for 3 hour blocks, with the goal being for the inspection to take between 2 to 3 hours but not to exceed the 3 hours allotted. Most inspections are performed by 2 IACUC members or alternates. I'm going to provide the total hours of inspection time in the form of "effort

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hours”, which means that if an inspection is scheduled for 3 hours, and the inspection is performed by 2 IACUC members, that is 6 effort hours. During the most recent round of inspections, there were **293 effort hours** of inspections scheduled over that 4 month period. That is a lot of hours, and we sincerely thank all of our IACUC members and alternates who have volunteered their time to completing these inspections.

Inspecting this many spaces in an efficient, effective manner is no small feat. OAW is currently evaluating our processes related to facilitating IACUC inspections, including scheduling, documentation of findings, and coordinating follow-up. We are interested in seeking feedback from IACUC members, not only to help identify strengths and gaps in OAW processes, but also as it relates to supporting IACUC members in performing facility inspections and feeling more involved with that aspect of IACUC membership.

Question for the committee: Would a survey be an effective way of soliciting feedback, or are there other ways you would like to provide feedback, like one-on-one or small group discussions?

*DISCUSSION: Members discussed that they are in favor of this. They also noted that the time estimate of “effort hours” does not include travel time or time spent compiling and filing a report afterwards. Leadership asked how they can support the site visitors and a survey was suggested. The goal is to learn what is preventing members from giving more hours performing site visits.*

*IACUC members are interested to learn what other institutions are doing, and questioned whether it’s necessary to always have 2 inspectors. They also recommend that any survey go out to researchers also, since they are stakeholders and involved in coordinating these visits. Members would like to learn more about the process, which would be best accomplished in a small group. The survey can include options to form small groups, and results can be discussed at a future meeting.*

*The Chair requested that people think about feedback they would give and look for a future survey.*

## **IACUC Training – CC**

Expired Substances Training-

UPDATE- currently have over 1,700 completions. Thanks to all who have been involved in implementing that.

3Rs Presentation-

- Translational Training Tools (Non-Animal Models for Training)
- Simulated Health Training
  - Wish Tours
  - WSU Veterinary School Simulation Lab
- 3Rs Pilot Funding- funds available for 5 studies at UW
- Harnessing Technology to Enhance Training and Care
  - HoloLens Demo Video

DISCUSSION: *none*

## **Semi-Annual Report – BE**

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Review of process:

1. Break into groups, usually 4 people, to go over checklist and assess the program
2. Will get an email in next few weeks
3. Meet in groups, assess and compile 5 minute report
4. Present report during December meeting, take questions
5. In January the report will be presented and voted on

Stay tuned for an email early next week and get together in groups to discuss the checklist.

December 14<sup>th</sup> meeting- presentations

**Closing Business:**

The Meeting was brought to a close at 3:41 pm.