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| SOUTH AUSTRALIAN ANIMAL ETHICS COMMITTEE  ADVERSE INCIDENT REPORT |

**To which committees are you submitting? Email completed form to:**

|  |  |
| --- | --- |
| Flinders AWC: School of Biological Sciences | [awsc@flinders.edu.au](mailto:awsc@flinders.edu.au) |
| Flinders AWC: School of Medicine | [aersc@flinders.edu.au](mailto:aersc@flinders.edu.au) |
| PIRSA/SARDI | PIRSA.AnimalEthics@sa.gov.au |
| SAHMRI | secretary.aec@sahmri.com |
| SA Pathology/CALHN | [SAPathologyAEC@sa.gov.au](mailto:SAPathologyAEC@sa.gov.au) |
| University of South Australia | [animalethics@unisa.edu.au](mailto:animalethics@unisa.edu.au) |
| Women's and Children’s Health Network (WCHN) | [Mary.Thorne@health.sa.gov.au](mailto:Mary.Thorne@health.sa.gov.au) |
| Wildlife | [DEWNR.WildlifeEthicsCommittee@sa.gov.au](mailto:DEWNR.WildlifeEthicsCommittee@sa.gov.au) |
| University of Adelaide | [aec@adelaide.edu.au](mailto::aec@adelaide.edu.au) |

*This form is to be used when reporting an adverse event to a research or teaching project previously approved by the Animal Ethics Committee, in compliance with the Australian code of practice for the care and use of animals for scientific purposes 2013 (the Code) which states:*

*Section 2* ***Responsibility of institutions***

*2.1.5(d) guidelines must include actions required for unexpected adverse events and emergencies, including those that require welfare interventions such as the emergency treatment or humane killing of any animal, to ensure that adverse impacts on animal well-being are addressed rapidly. Such guidance should include timeframes for actions, prompt reporting to the AEC, liaison between animal carers of investigators, and circumstances where consultation with a veterinarian, the performance of a necropsy by a competent person, and access to diagnostic investigations are required.*

*Section2.4* ***Responsibility of investigators***

*2.4.34 Investigators must provide the following to the AEC in accordance with AEC and institutional policies and procedures (see clauses 2.2 .24 and 2.2 .32)*

*(ii) prompt notification of any unexpected adverse events. (See clause 2.1.5 [v] [d])*

*Section 2.5* ***Responsibilities of animal carers***

*2.5 .15 the facility manager, with support as required from the institution and other staff members, and advice from veterinarians, must:*

*(xiv) ensure that reports are provided to the AEC in accordance with AEC and institutional policies and procedures. See clause (2.2 .32) including:*

*(b) prompt notification of unexpected adverse events relating to animals for which the facility manager is responsible. (See clause 2.1.5 [v] [d])*

*2.5 .17 when animals for which they are responsible are ill or injured, or show unexpected abnormalities, the facility manager must:*

*(iii) for animals that die unexpectedly, ensure that institutional and AEC policies and procedures are followed regarding the conduct of a necropsy and access to diagnostic services when samples are collected for ancillary testing (See clause 2.1.5 [v] [d])*

*Section 4.9* ***Teachers as investigators and animal carers***

*when teachers use animals for teaching activities, the teacher as the responsibilities of an investigator under chapter 2.4*

*4.10 when teachers are responsible for the care of animals that are used for teaching activities, including during their acquisition, transport, breeding, housing and husbandry, the teacher has the responsibilities of an animal carer under chapter 2.5.*

1. Project Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AEC Project Number:** |  | | **Approval period including Existing Expiry Date:** |  |
| **TITLE OF PROJECT:** | | | | |
| Name of Primary Applicant  Title/first name/last name | |  | | |
| Applicants Institution and Department | |  | | |
| Email address: | |  | | |
| Telephone: | |  | | |
| Report completed by:  Title/first name/last name | |  | | |
| Institution and Department | |  | | |
| Email address: | |  | | |
| Telephone: | |  | | |
| Animals species/strain: | |  | | |
| Location of the animals: | |  | | |
| Date of Incident: | |  | | |
| Approval to share information | | By submitting this application I give approval for this application and any information relating to it to be shared by South Australian Animal Ethics Committees and the Animal Welfare Unit within the Department of Environment, Water and Natural Resources for the purposes of administration, approval and monitoring.  Yes | | |

Your answers to the following questions will help the AEC to determine why the incident occurred (if known) and what has (or will be) done to reduce the risk of future incidents.

2. Preliminary history and timeline of events.

**Provide a history to date of affected animals.**

3. Type of problem and number of animals affected:

|  |  |  |
| --- | --- | --- |
| Problem | Species and breed/strain | Number of Animals affected |
| Unexpected Death\* |  |  |
| Unplanned euthanasia\*\* |  |  |
| Sick, injury, abnormal behaviour |  |  |
| Environmental or husbandry problem |  |  |
| Other |  |  |

\* Death not anticipated by research investigators and/or the AEC.

\*\* i.e. Animals were humanely killed for welfare reasons, rather than as part of the research plan approved by the AEC.

4. Incident or Event Report

|  |  |  |  |
| --- | --- | --- | --- |
| Reported to :  (CI, Facility Manager, Animal Facility staff, AEC through Secretary) | Date | Time | Method of Reporting |
|  |  |  |  |
|  |  |  |  |
| Describe the event or incident: |  | | |
| What observations were made in the days/hours leading up to the death(s)/event(s)? |  | | |
| What supportive interventions or medications were provided in the day(s) /hours leading up to the death(s)/event(s)? (if applicable) |  | | |
| If the animal(s) was euthanased, what signs, forming the basis of your decision, were shown by the animal(s)? |  | | |
| What method was used? |  | | |
| Who performed the euthanasia? |  | | |

5. Describe what measures were being undertaken at the time of the event to minimise impact on the animals (if applicable)

6. Describe what measures have been undertaken, post event, to minimise a repeat of the incident or event.

7. Post mortem details:

|  |  |
| --- | --- |
| Have the animal(s) been submitted for post mortem examination? | Yes  No If No, please provide reason |
| The post mortem has been done/is being done by: |  |
| A copy of the post mortem report is attached: | Yes  Not yet available – will forward on receipt  Other: |

8. Health and welfare of remaining animals

Provide a status report on the health and welfare of animals remaining in the study.

9. To solve the problem is an amendment(s) to the approved protocol required?

Yes  No

If yes, date submitted:

10. Summary of causes and outcomes.

|  |  |  |
| --- | --- | --- |
| Primary Applicant or Delegate | Signature | Date |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **AEC Use Only** | | |
| Date Received: | Action Taken:  Reported to AEC meeting: | Signature of Chair, AEC |