

Bio Sci 199 Undergraduate Research Program

Packet B - Enrollment Procedures

You need to complete this packet if you are: (a.) working with Human Subjects; and/or (b.) at one of the following designated UCI locations: (i.) Orange: UCI Medical Center, UCIMC Building 200, SOM Building 55, City Tower; **(ii.) Irvine:** Gottschalk Medical Plaza, Joslin Diabetes Center, Santa Ana Family Health Center, Anaheim Clinic, Centerpoint Child Development Center & School, Hewitt Hall (also known as Institution for Clinical Translational Science = only do packet if work is with human subjects); **(iii.) Long Beach:** Veterans Administration Medical Center (education & research affiliation agreement); **(iv.) Costa Mesa:** Fairview Developmental Center (teaching & research affiliation agreement).

Complete the following procedures & check the line when done:

- ___ 1) **Must have completed the Bio 194S Safety & Ethics** course offered Fall, Winter, Spring & Summer Quarters.
- ___ 2) **Immunizations:** Must meet with UCI Student Health Center to obtain Certificate of Completion. Please bring the next page and any immunization records you have when you meet with the nurse at UCI Student Health Center (949) 824-5301 or <http://www.shs.uci.edu/>. Make an appointment ASAP. Titer results take approximately 10 days. (Immunization fees apply where appropriate; Consult with UCI Student Health Center.)
- ___ 3) **Environmental Health & Safety Fire Extinguisher Training at the UCI Campus** before the enrollment deadline. You must turn in the Certificate of Completion with the packet documents.
School of Medicine Training Employment and Development (TED): Go to <https://www.ted.uci.edu> Complete the "Health Sciences (HS) 2007/2008 Annual Training for New Nursing & Patient Care". Print the Tutorial Verification and turn it in with your packet. **(This web page currently under construction)**
Go to <http://apps.research.uci.edu/tutorial/> Complete all **Research Tutorials**. Print verification.
- ___ 4) Provide a photocopy of your personal health insurance or USHIP card.
- ___ 5) Read and sign, where appropriate, **ALL** enclosed forms in the packet. The Department Orientation Record also requires the signature of the faculty sponsor or the research supervisor. *All signatures must be obtained before your packet is complete.*
- ___ 6) The top student portion of the Biological Sciences 199 Assignment Record.
- ___ 7) The **Biological Sciences 199 Proposal Form** with the faculty member, obtain her/his signature and the IRB number for the research protocol. The proposal is on the web at <http://www.bio.uci.edu/bio199>. Complete the proposal, print, sign & obtain the faculty signature and submit it with the other documents.
- ___ 8) Return the completed Biological Sciences 199 Research Packet B (items 1, 3-7) to the Biological Sciences Student Affairs Office (Bio Sci III, 3rd floor). **Recommendation: Make a copy for your records. Students need to meet with either Susana Sandoval or Sherry Ong by the enrollment deadline.**
- ___ 9) Add the course via WebReg after submitting the packet. **The deadline is the second Friday of each quarter.** *The packet is valid for one academic year!*
- ___ 10) Upon completion of all the above requirements, UCIMC Human Resources issues a Bio 199 photo ID badge.
 - a) Wear this ID badge while performing research duties on site.
 - b) Turn in the ID badge at the end of the research assignment.

Questions? Contact Sherry Ong at ongsh@uci.edu or Susana Sandoval at scanetts@uci.edu

University of California Irvine Medical Center Sites Bio Sci 199 Vaccination Requirements

The UC Irvine College of Health Sciences in accordance with UC Irvine Medical Center Occupational Health Department recommendations require documentation of the following vaccinations and/or antibody titer/s prior to working (including administrative) with School of Medicine Faculty Members at UC Irvine Medical Center sites:

1. **Hepatitis B Series Vaccine** (Series of 3)
Hepatitis B Titer, post completion of Hepatitis B Vaccine (documentation within last 5 years.)
2. **Measles, Mumps & Rubella Vaccine (MMR)**
3. **Varicella (Chicken Pox) Vaccine** (Series of 2) or
Varicella Titer (current within the last 5 years)
4. **Tetanus, Diphtheria, Pertussis (Tdap)** (current within the past 2 years.)
5. **TB Skin Test** (Valid one year)
Chest X-Ray required when skin test is positive. (Valid four years.)

Student: Last Name: _____ First Name: _____ Student ID# _____

Enrollment Quarter: _____ **Student Health Center Interviewer:** _____

o **TB Skin Test:** (annual) Date Given: _____ Signature: _____

TB Chest x-Ray: (4 years) Date Given: _____ Signature: _____

o **Hepatitis B Vaccine:** (series of 3) Date Given/reviewed: _____ Signature: _____

Date Given/reviewed: _____ Signature: _____

Date Given/reviewed: _____ Signature: _____

Draw blood for serology: Date sample collected: _____ Signature: _____

Hepatitis B Titer Result* _____ Date/Signature: _____

NOTE: Give Hep B booster (1 shot) when titer is negative, repeat titer.

Hep B Vaccine-booster: Date booster administered (1): _____ Signature: _____

Draw blood for serology: Date sample collected: _____ Signature: _____

Repeat Hepatitis B Titer Result* _____ Date/Signature: _____

o **Measles, Mumps & Rubella Vaccine:** Date Given/reviewed: _____ Signature: _____

Date Given/reviewed: _____ Signature: _____

Draw blood for serology: Date sample collected: _____ **Titer Results*** _____

Negative MMR antibody test—Date vaccine administered: _____ Signature: _____

o **Varicella Vaccine** (series of 2) Date given/reviewed (1): _____ Signature: _____

Date given/reviewed (2): _____ Signature: _____

Draw blood for serology. Date sample collected: _____ Signature: _____

Varicella (Chickenpox) Titer Result* _____ Date/Signature: _____

o **Tetanus, Diphtheria, Pertussis [Tdap]:** Date Given/Reviewed: _____ Signature: _____

* All serology results must have a copy of the complete lab report attached. The Student Vaccination Certificate must show the name of the Laboratory performing the test. The Student must have a titer that indicates a value above the minimum standard set by the testing Laboratory.

MANDATORY FIRE EXTINGUISHER SAFETY TRAINING SESSIONS

YOU MUST BE ON TIME AT THE SESSION TO RECEIVE CREDIT FOR COMPLETION OF THE COURSE. TURN IN THE CERTIFICATE OF COMPLETION WITH THE PACKET.

Register on line at: www.ted.uci.edu

Click on Catalog & Enrollment
Choose Fire Extinguisher Safety Class
You will need an UCINetID and password

To print a Certificate of Completion: www.ted.uci.edu

Click on My Desktop
Choose Transcript
Click on Certificate

Sessions conducted at Environmental Health & Safety Building

UCI CAMPUS
4600 Bison Avenue
Conference Room 122B
(949) 824-6200
Instructor: Alan Sahussanun

***LAST FIRE SAFETY TRAINING SESSION:
7:00AM ON THE SECOND FRIDAY OF EACH QUARTER!!!***

***BIO 199 ENROLLMENT DEADLINE:
SECOND FRIDAY OF EACH***

Computer Based Training Courses

Need Help?? Call Susana Sandoval or Sherry Ong at (949) 824-5318

1. UC Learning Center: Health Sciences Annual Training

- (1) Log in with
- (2) At My De
- (3) In the box
- (4) Click on t
- (5) Choose “
- (6) Complete
- (7) Click on T

UC Learning Center Web Site
Under Construction
Information to Follow
No need to complete #1 at this time

2. UCI IRB Research Requirements

UCI IRB Training Module

Go to: <http://apps.research.uci.edu/tutorial/>

- **HIPAA Research Tutorial**
- **Human Research Tutorial**

You will be prompted to logon with your UCInetID and password. Complete the required modules. [Print the Tutorial Verification Results.](#)

Print copies of each Tutorial Verification for your Bio Sci 199 packet & submit it with the other required Bio199 documents to: Susana C. Sandoval or Sherry Ong at Biological Sciences Student Affairs Office (Bio Sci III, 3rd floor).

What Does the Privacy Rule Have To Do With Research?

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule and Security Regulations affects only that research which uses, creates, or discloses Protected Health Information (PHI). Researchers use, access, and disclose PHI to carry out a wide range of health research studies. The Privacy Rule protects PHI while providing ways for researchers to access and use PHI when necessary to conduct research. In general, there are two types of human research that would involve PHI:

- Protocols involving review of existing medical records as a source of research information. Retrospective studies, such as chart reviews, often do this. Sometimes prospective studies do it also, for example, when they contact a participant's physician to obtain or verify some aspect of the participant's health history.
- Protocols that create new medical information because a health care service is being performed as part of the research, such as testing of a new way of diagnosing a health condition or a new drug or device for treating a health condition. Virtually all sponsored clinical trials that submit data to the U.S. Food and Drug Administration (FDA) will involve PHI.

WHAT SHOULD YOU DO IF YOU ARE ACCIDENTALLY EXPOSED TO BLOOD OR BODY FLUIDS?

1. Exposure

Exposure means you have had a specific contact from blood or body fluid to your eye, mouth, other mucous membrane, or non-intact skin; or you have received a puncture from a contaminated needle or sharp instrument.

2. First Aid

- a. For a simple exposure without any other injury, immediately remove your contaminated clothing;
- b. For any **eye exposure**, *immediately* flush with water for **15 minutes**;
- c. For a **non-broken skin exposure**, *immediately* wash well, using friction for at least 15 seconds, with antiseptic soap and water.
- d. For a **broken skin exposure**, *immediately* wash well with antiseptic soap and water.

3. After giving yourself first aid, immediately, notify the unit SUPERVISOR.

If s/he is not available, **DO NOT DELAY TREATMENT.** *Immediately* notify the Campus Student Health Service by calling: **949/824-5302** or **949/824-5304.**

4. TREATMENT

07:30-17:30 M-F For information & instructions for treatment, *immediately.* Go to or call the Irvine Campus Student Health Service at **949/824-5302** or **949/824-5304.** Go to or call the UCI Medical Center Occupational Health Service at **714/456-8300.**

After hours and weekends:

DO NOT DELAY TREATMENT! Inform your supervisor of any illness or injury the following day or as soon as possible. Your supervisor must complete the proper paperwork and notify the Campus Student Health Service **within 24 hours** after s/he receives your notification of an accidental exposure.

Seek treatment at your insurance's designated medical facility. ***Notify the Campus Student Health Service the next day.***

5. FOLLOW-UP

A subsequent follow-up by the medical provider includes evaluation of any related illnesses. After initial medical intervention, a copy of the medical provider's written report will be made available to you. You will be notified of the results during a medical follow-up visit.

University of California Irvine Medical Center Dress Code

Medical Center staff (employees, faculty, residents, physicians, **volunteers, students and others who represent the Medical Center**) shall present a clean, neat, well-groomed appearance that conveys respect for oneself, one's fellow employees, the public and the Medical Center during work hours. The attire shall be appropriate to the individual's occupation/profession and shall also contribute to the highest standard of hospital hygiene, patient expectation, and employee safety. Radical departure from conventional dress or grooming standards shall not be permitted. The minimum standards of dress and appearance are as follows:

1. **Identification badges shall be worn clearly visible at or above the waist at all times.** These badges shall identify the name and position of the wearer. Identification badges are required by Title XXII (22) of the California Administrative Code, Section 70721 D. which states in part "***all employees of the hospital having patient contact, including students, interns and residents, shall wear an identification tag bearing their name and title***". Because all staff may come in contact with patients, if even for purpose of providing directions, there shall be no exceptions to this provision.
2. Hair on the head or face shall be clean & trimmed; controlled in an appropriate manner so as not to interfere with job duties. Color & style shall remain conservative. Unless required for safety, hats shall not be worn.
3. Clothing shall be neat and clean. Any questions regarding apparel shall be decided by the supervisor of the individual in favor of conservative standards. Departments may grant exceptions to the below examples for employees who, prior to coming on duty, are required to change into and remain in uniforms and scrubs.

Examples of unacceptable apparel include:

- a. Beach sandals, thongs, spike heels or bare feet;
 - b. Floor length dresses, indiscreet hemlines or fishnet stockings;
 - c. T-shirts, shirts with logos/slogans, sweatshirts. Exceptions to this would be UCI Medical Center T-shirts worn in conjunction with University sponsored events.
 - d. Torn or frayed garments;
 - e. **Shorts, or jeans, regardless of color;**
 - f. Garments made of "dress denim" are acceptable when in compliance with this policy.
4. Professional attire for men shall consist of a dress shirt with sleeves and collar. Departmental policy shall determine if neck ties are required.
 5. Shoes shall be clean, in good repair and appropriate for the work to be performed. Sling-back shoes (with straps across the heel) are acceptable.
 6. Safety shoes, hard hats or other safety garment may be required, as appropriate, for the work to be performed.
 7. Jewelry and other accessories shall be minimized and may not be worn where safety or health standards would be compromised. No more than two earrings per ear shall be worn. Body piercing anywhere other than the ear shall not be displayed.
 8. Large or offensive tattoos must be covered at all times. Any questions regarding the interpretation of this requirement shall be decided by the supervisor of the individual in favor of conservative standards.
 9. In consideration of the comfort and possible allergic reaction of others, perfume and cologne should be minimal. Minimal is defined as undetectable by customers or co-workers.
 10. Fingernails must be clean and trimmed. Long fingernails present a safety hazard to self and others, and should extend no longer than ½" beyond the tip of the finger. Nail polish should not be chipped or peeling and the color should be subtle (no bright neon, black or fluorescent shades).

For all hands-on direct patient care providers (including, but not limited to: Registered Nurses, Licensed Vocational Nurses, Nurse Practitioners, Nursing Assistants, Therapists, Technicians, Technologists, Physicians, Physicians Assistants and **students**; also applies to any additional job categories that routinely provide hands-on care to patients):

- a. Artificial fingernails are not to be worn. Nail polish is permitted but anything applied to natural nails other than polish is considered an enhancement. This includes, but is not limited to, artificial nails, tips, wraps, appliquéés, acrylics, gels and any additional items applied to the nail surface.
- b. Natural fingernails will be maintained at a nail length not to exceed ¼ inch beyond fingertips.

BIO SCI 199 STUDENT ASSIGNMENT RECORD

Completion of this form is required for all Biological Sciences 199 Biomedical students who are assigned either on a temporary or a permanent basis. The student completes the form above the line; and a Biological Sciences Student Affairs Office staff member completes the form below the line.

Please print the following information legibly:

Student Name: _____ Student ID: _____

Project Title: _____

Does your Bio 199 research involve one of the following?

(1) Human Subjects: No Yes, IRB (Institutional Review Board) #: _____

(2) Animals: No Yes, IACUC (Institutional Animal Care & Use Committee) #: _____

(3) Bench research only --- no human or animal subjects: No Yes

If yes, please provide a brief summary: _____

(4) Other: _____

Research Location: _____

Research Site Phone #: _____

Student E-Mail Address: _____ Student Phone #: _____

Faculty Sponsor: _____ Department Name: _____

Faculty E-Mail Address: _____ Faculty Phone #: _____

Research Supervisor (if different from Sponsor): _____ Phone #: _____

This section is completed by the Biological Sciences Student Affairs Office:

I certify this student has completed the following requirements and the supporting documentation is on file in the Biological Sciences Student Affairs Office:

Bio 199 Protocol Proposal: _____ HlthSci Annual Training on TED: _____

Department Orientation Record: _____ HIPAA Research Tutorial: _____

Waiver of Liability with Academic Year Signed Human Research Tutorial: _____

Confidentiality Agreement signed: _____ Fire Extinguisher Class Certificate: _____

Immunization Certificate: _____ Bio 194S Completed: _____

Health Insurance Documentation: _____ Photo ID Badge Issued to Student: _____

Comments: _____

BSSAO Signature: _____ Date: _____

School of Biological Sciences Student Affairs Office & School of Medicine
University of California, Irvine
Irvine, CA 92697-1460

**WAIVER & RELEASE OF LIABILITY
AND
ACKNOWLEDGMENT OF THE ASSUMPTION OF RISK
199 BIOLOGICAL SCIENCES INDEPENDENT STUDY STUDENTS**

I acknowledge that by enrolling in the 199 Biological Sciences Independent Study course, I may be exposed to a variety of pathogenic viral and bacterial vectors of disease. I further understand that I may be exposed to infectious or contagious diseases resulting from my direct or indirect contact with patients and/or human body fluids. Included in, but not limited to, this exposure are the bacteria or viruses which cause Hepatitis A, B and C, AIDS, measles, mumps, rubella and whooping cough; the mycobacterium causing tuberculosis; the microorganisms causing influenza, conjunctivitis, impetigo; the common cold and lice. Exposure to these infectious agents, and other infectious agents not listed here, could result in illness, disability, morbidity and/or death, the risks of which I am willing to assume and for which I am willing to release The Regents of the University of California and its agents, officers and employees from liability as stated on this document.

I understand it is my personal responsibility to contact a physician if I have any personal or medical concerns regarding my participation in the 199 Biological Sciences Independent Study course. I further understand that I am strongly advised to contact a physician if I have any of the following conditions or am taking any of the following drugs:

- Diabetes
- Organ or tissue transplant
- Cancer
- Chronic infectious disease
- AIDS or HIV positive status
- Any –immunocompromising disease
- Pregnancy
- Steroids
- Chemotherapeutic drugs for cancer
- Any other drugs which impair my immune system

I further understand the above list of conditions, diseases and drugs is not all inclusive, but merely illustrative. As a student, I further understand I am not covered by the worker's compensation program and that were I to incur any illness while enrolled in this course I will not receive any from of compensation.

I agree to release and forever discharge The Regents of the University of California, its officers, agents and employees, both in their individual capacities and by reason of their relationship to The Regents of the University of California from any and all claims and demands whatsoever which I or my heirs, representatives, executors or administrators, have or may have against The Regents by reason of any accident, illness or injury or other consequences however caused, except through negligent or intentional acts or omissions of The Regents of the University of California, Its officers, employees or agents arising or resulting directly or indirectly from my participation in the 199 Biological Sciences Independent Study course for the academic year.

By signing this statement, I acknowledge that I have read and understand the information on these two pages and agree to the conditions contained therein, *including the release of liability against the Regents of the University of California*, and acknowledge the assumption of the risks of participating in the 199 Biological Sciences Independent Study Courses.

Student Signature

Student ID Number

Academic Year

Student Name Printed

Date

Signature of Parent or Guardian for Students under 18 years

Date

Name of Parent or Guardian Printed



**University of California, Irvine Healthcare
Confidentiality Agreement**

Applies to all UC Irvine Healthcare "workforce members" including: employees; medical staff and other health care professionals; volunteers; agency, temporary and registry personnel and trainees; house staff, students and interns (regardless of whether they are UC Irvine trainees or rotating through UC Irvine Healthcare facilities from another institution).

It is the responsibility of all UC Irvine Healthcare workforce members, as defined above, including employees, medical staff, house staff, students and volunteers to preserve and protect confidential patient, employee and business information.

The federal Health Insurance Portability and Accountability Act (the "Privacy Rule"), the Confidentiality of Medical Information Act (California Civil Code § 56 et seq.), and the Lanterman-Petris-Short Act (California Welfare & Institutions Code § 5000 et seq.) govern the release of patient identifiable information by hospitals and other health care providers. The State Information Practices Act (California Civil Code sections 1798 et seq.) governs the acquisition and use of data that pertains to individuals. All of these laws establish protections to preserve the confidentiality of various medical and personal information and specify that such information may not be disclosed except as authorized by law or the patient or individual.

Confidential Patient Care Information includes: Any individually identifiable information in possession of or derived from a provider of health care regarding a patient's medical history, mental or physical condition or treatment, as well as the patients' and/or their family members' records, test results, conversations, research records, and financial information. (Note: this information is defined in the Privacy Rule as "protected health information".) Examples include, but are not limited to:

- Electronic and paper medical and psychiatric records including photos, videos, diagnostic results, therapeutic reports, and laboratory and pathology samples;
- Patient insurance and billing records;
- Department based computerized patient data;
- Alphanumeric radio pager messages;
- Visual observations of patients receiving medical care or accessing services; and
- Verbal information provided by or about a patient.

Confidential Employee and Business Information includes, but is not limited to the following:

- Employee home telephone number and address;
- Spouse or other relative names;
- Social Security number or income tax withholding records;
- Information related to evaluation of performance;
- Other such information obtained from the University's records which if disclosed, would constitute an unwarranted invasion of privacy; or
- Disclosure of confidential business information that would cause harm to UC Irvine Healthcare.

Peer Review and risk management activities and information are protected under California Evidence Code Section 1157 and the attorney client privilege.

I understand and acknowledge that:

1. I shall respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information generated in connection with individual patient care, risk management and/or peer review activities.
2. It is my legal and ethical responsibility to protect the privacy, confidentiality and security of all medical records, proprietary information and other confidential information relating to UC Irvine Healthcare and its affiliates, including business, employment and medical information relating to our patients, members, employees and health care providers.
3. I shall only access or disseminate patient care information in the performance of my assigned duties and where required by or permitted by law, and in a manner which is consistent with officially adopted policies of UC Irvine Healthcare, or where no officially adopted policy exists, only with the express approval of my supervisor or designee. I shall make no voluntary disclosures of any discussion, deliberations, patient care records or any other patient care, peer review or risk management information, except to persons authorized to receive it in the conduct of UC Irvine Healthcare affairs.
4. UC Irvine Healthcare Administration performs audits and reviews patient records in order to identify inappropriate access.
5. My user ID is recorded when I access electronic records and that I am the only one authorized to use my user ID. Use of my user ID is my responsibility whether by me or anyone else. I will only access the minimum necessary information to satisfy my job role or the need of the request.
6. I agree to discuss confidential information only in the work place and only for job related purposes and to not discuss information outside of the work place or within hearing of other people who do not have a need to know about the information.
7. I understand that any and all references to HIV testing, such as any clinical test or laboratory test used to identify HIV, a component of HIV, or antibodies of antigens to HIV, are specifically protected under law and unauthorized release of confidential information may make me subject to legal and/or disciplinary action.
8. I understand that the law specifically protects psychiatric and drug abuse records, and that unauthorized release of such information may make me subject to legal and/or disciplinary action.
9. My obligation to safeguard patient confidentiality continues after my termination of employment with the University of California.

I hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms. In the event of a breach or threatened breach of the Confidentiality Agreement, I acknowledge that the University of California may, as applicable and as it deems appropriate, pursue disciplinary action up to and including termination from the University of California.

Dated: _____ Signature: _____

Print Name: _____

Department: _____

DEPARTMENT ORIENTATION RECORD BIO 199 RESEARCH STUDENTS

STUDENT NAME: _____
Last First

I certify that I have received the information and training as described below in the areas checked.

REVIEWED	STUDENT TRAINING TOPICS
	Assigned research duties
	Scheduled of days in the department
	Dates of Assignment
	Healthcare Facility Dress Code
	ID Badge must be worn at all healthcare sites & turned in at the end of the assignment
	Fire Safety Equipment Location in Department
	Fire Extinguisher Training Class completed
	Personal Health Safety
	Person to notify in case of emergency recorded below:
	Name:
	Relationship:
	Phone Number:

I understand this training and agree to comply with safe work practices in my work area.

Student Signature: _____

DEPARTMENT VERIFICATION

All of the above elements above have been reviewed with the student, including any safety issues specific to the student's assignment and I reviewed the **DEPARTMENT ORIENTATION RECORD** for completeness. The student's questions were answered. **The student will not be conducting assignments that involve handling human blood, body fluid/s or tissue.**

Faculty or Research Supervisor Signature: _____

Date: _____