

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:

- ___ 1) Complete the top student portion of the Biological Sciences 199 Assignment Record
- ___ 2) The **Biological Sciences 199 Proposal Form** is on the web at <http://helix.bio.uci.edu/Bio199/index.cfm>. Complete the proposal, print, sign & obtain the faculty signature and submit it with the other documents.
- ___ 3) 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.*
- ___ 4) **Immunizations:** Every student must meet with the UCI Student Health Center to obtain a Certificate of Completion. An appointment must be made at least 2 weeks in advance (949) 824-5301. Please bring the Bio Sci 199 Vaccination Requirements form (included in this packet) and any immunization records you have when you meet with the nurse at UCI Student Health Center. Titer results take approximately 10 days. ** If you have your own insurance and have all required immunizations, you must obtain a copy of the record to take with you to your appointment at UCI Student Health Center. Students are responsible for applicable Immunization & visitation fees.
- ___ 5) Provide a photocopy of your personal health insurance or USHIP card.
- ___ 6) Complete 3 computer based trainings: Annual Training (STUDENTS ONLY), HIPAA, Biomedical Investigators-Basic Course. Print verification.
- ___ 7) **Environmental Health & Safety Fire Extinguisher Training at the UCI Campus.** You must turn in the Certificate of Completion with the packet documents.
- ___ 8) Return the completed Biological Sciences 199 Research Packet B to the Biological Sciences Student Affairs Office (1011 Biological Sciences III). **Recommendation: Make a copy for your records. Students need to meet with either Kristin Fung or Sherry Ong by the enrollment deadline.** The deadline for fall, winter, spring, and 10-week summer session enrollment is always the Friday of 3rd week of each quarter. The deadline for Summer Session 1 & 2 is the Friday of first week of each session. **For fall, winter, and spring:** Enroll via WebReg after submitting the packet for the academic year. **For Summer Session enrollment:** Please go to www.summer.uci.edu Go to "Student Services". Click on "Forms". Print "Bio 199 Independent Research Form". Have your Bio 199 faculty sponsor signed, bring it to us along with the Bio 199 Packet, we will sign for the dean. You then take this form to Summer Session and they create the course code and enroll you.
- ___ 9) 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.
- ___ 10) Quarterly summary reports: End of the quarterly summary reports are due on Monday of 10th week of each quarter. It is electronic submission only. Please go to <http://helix.bio.uci.edu/Bio199/index.cfm>

Questions? Contact Kristin Fung ksfung@uci.edu or Sherry Ong at ongsh@uci.edu

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 Proposal: _____ Annual Training: _____

Department Orientation Record: _____ HIPAA Research Tutorial: _____

Waiver of Liability with Academic Year Signed Biomed Invest Basic Course: _____

Confidentiality Agreement signed: _____ Fire Extinguisher Safety Training: _____

Immunization Certificate: _____ Bio 194S Completed: _____

Health Insurance Copy: _____ 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

**DEPARTMENT ORIENTATION RECORD
BIO 199 RESEARCH STUDENTS**

STUDENT NAME: _____
Last First

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

Student Signature: _____

DEPARTMENT VERIFICATION: All of the above elements 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: _____

**REPORTING SECURITY INCIDENTS/BREACHES
AT UC IRVINE MEDICAL CENTER AND PATIENT CARE LACTIONS**

All potential breaches or unauthorized access or disclosures of patient information must be reported to the Compliance Office immediately upon discovery in order to ensure compliance with State and federal reporting requirements.

Loss or theft of any computing device including a flash drive that contain patient information **MUST** be reported immediately to the UC Irvine Security Department and the Security Information Officer

For all other suspected breaches, complete an online incident report form on the main intranet page, (<https://uciincident.ucdmc.ucdavis.edu/IR/?s=ucj>) and notify one of the following:

- **The Compliance & Privacy Officer (714 456-3672)**
- **Information Security Officer (714 456-7349)**
- **Confidential Compliance Alert-line (888-456-7006)**

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

Student Signature: _____ Date: _____

**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: _____

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 10 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.

Computer Based Training Courses

1. UC Learning Center: Annual Training (STUDENTS ONLY)

If you are not a current UCI student employee or have not logged in to UC Learning Center before, you must submit the "Student & Affiliate Access Request Form". Access approval may take couple days. If you already have access to UC Learning Center, start from Step #8.

1. Go to <http://uclc.uci.edu/>
2. Under STUDENT & AFFILIATE ACCESS, click on "Student & Affiliate Access Request Form"
3. Enter your UCInetID and password
4. Click on icon to "Search Supervisor"
5. First name type in "Sherry". Last name type in "Ong". Click "Search"
6. Once you've identified the supervisor, it should bring you back to the previous page
7. Choose "4 - All Other Campus Student". Click "Submit"
8. When you have access to UC Learning Center, go to <http://uclc.uci.edu/>
9. Click on "LOGIN". Enter your UCInetID and password.
10. Click on "COURSE SEARCH"
11. Choose "Annual Training (STUDENTS ONLY)". Click "Register"
12. Now all the modules that's required for that training would show (with a check on its left hand side). You cannot check or un-check it. Click on "Submit" at the bottom.
13. This should bring you to a page that shows you have registered for this particular training (total 3 modules: Workplace Safety, Workplace Security, and Health & Wellness). On the left column, there is a "Start" with a green arrow. You can click on it to start your modules.
14. Print transcript/Diploma & submit with the rest of the Packet B.

2. UCI IRB Research Requirements

UCI IRB Training Tutorials (HIPAA)

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

- **HIPAA Research Tutorial**

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

Print HIPAA Tutorial Verification for your Bio Sci 199 packet & submit it with the other required Bio199 documents to: Kristin Fung or Sherry Ong at Biological Sciences Student Affairs Office (1011 Biological Sciences III Building).

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.

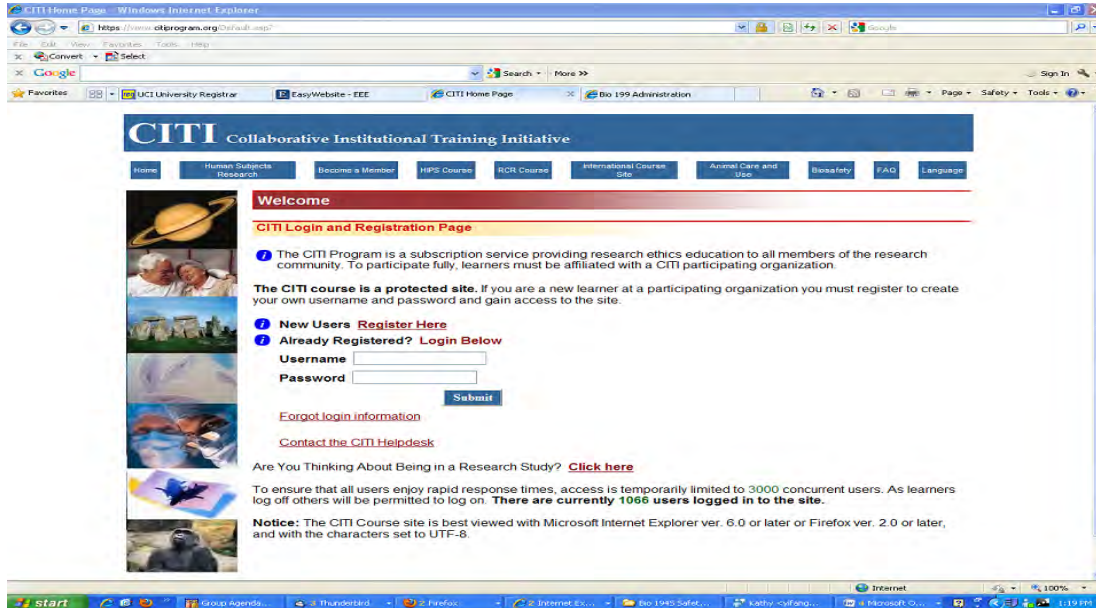
School of Biological Sciences Student Affairs Office & School of Medicine
University of California, Irvine
Irvine, CA 92697-1460

3. CITI: Biomedical Investigators, Basic Course

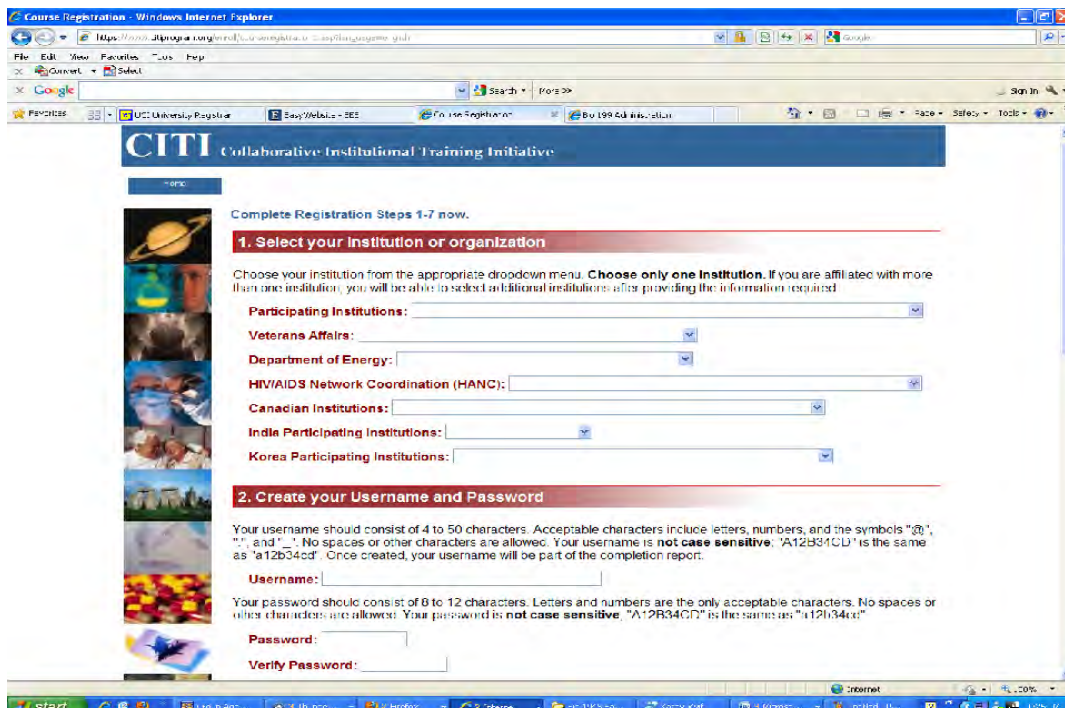
The Instructions on Collaborative Institutional Training Initiative (CITI) Program is a subscription service providing on line research ethics education to the research community. Students will complete the required training tutorial on CITI.

✚ Go to www.citiprogram.org

✚ 1st page: Click on “New Users [Register Here](#)”



✚ 2nd page: Q1. Choose – University of California, Irvine. Q2. Use your UCInetID as your username if possible. Select a different username only if your UCInetID is not available. Use a password that is different from your UCI account. Remember that password!!! Q3. Choose a security question and type in answer. Q4. Enter your name as it appears on the UCI records. No nick names. Q5. Use UCI email address as Preferred Email. Q6. Choose “No” - not requesting CME/CEU credits. Q7. Choose “No”. No need to complete a course survey. Then, click “Submit”



3rd page (must provide an answer in all fields marked with an asterisk*) :

- Institutional email address – enter your UCI email address
- Role in human subjects research – “Student Researcher - Undergraduate”
- Office Phone – your contact phone number
- Which course do you plan to take – “Basic Human Research Protections”
- Click “Submit”

CITI Collaborative Institutional Training Initiative

Please provide the following information requested by University of California, Irvine. Required fields are marked with an asterisk (*).

Member Information	
Language Preference:	English
* Institutional email address:	petertheateater1234
* Gender:	
* Highest degree:	
Employee Number:	
Department:	
* Role in human subjects research:	
Address Field 1:	
Address Field 2:	
Address Field 3:	
City:	
State:	
Zip/Postal Code:	
Country:	
* Office Phone:	
* Which course do you plan to take?:	
Home Phone:	

4th page: Which training course do you wish to complete?

- Choose “Enroll in the Human Research Protection Course”; click “Next”

CITI Collaborative Institutional Training Initiative

Home

Select Curriculum - University of California, Irvine

Would you like to enroll in a UCI Human Research Protections Course or in the UCI Lab Animal Welfare Course?

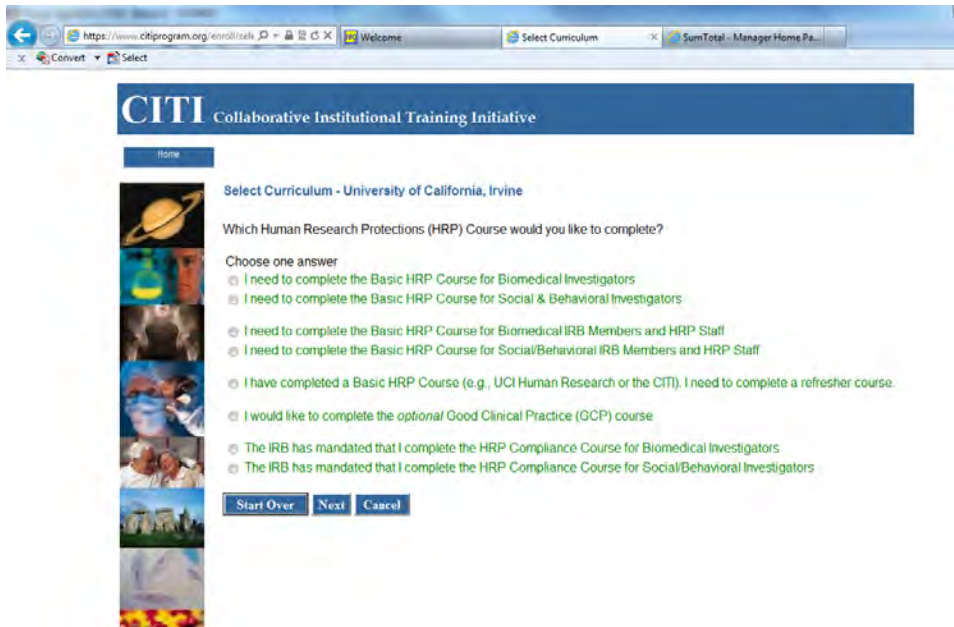
Choose one answer

- Enroll in the UCI Human Research Protections Course
- Enroll in the UCI Lab Animal Welfare Course

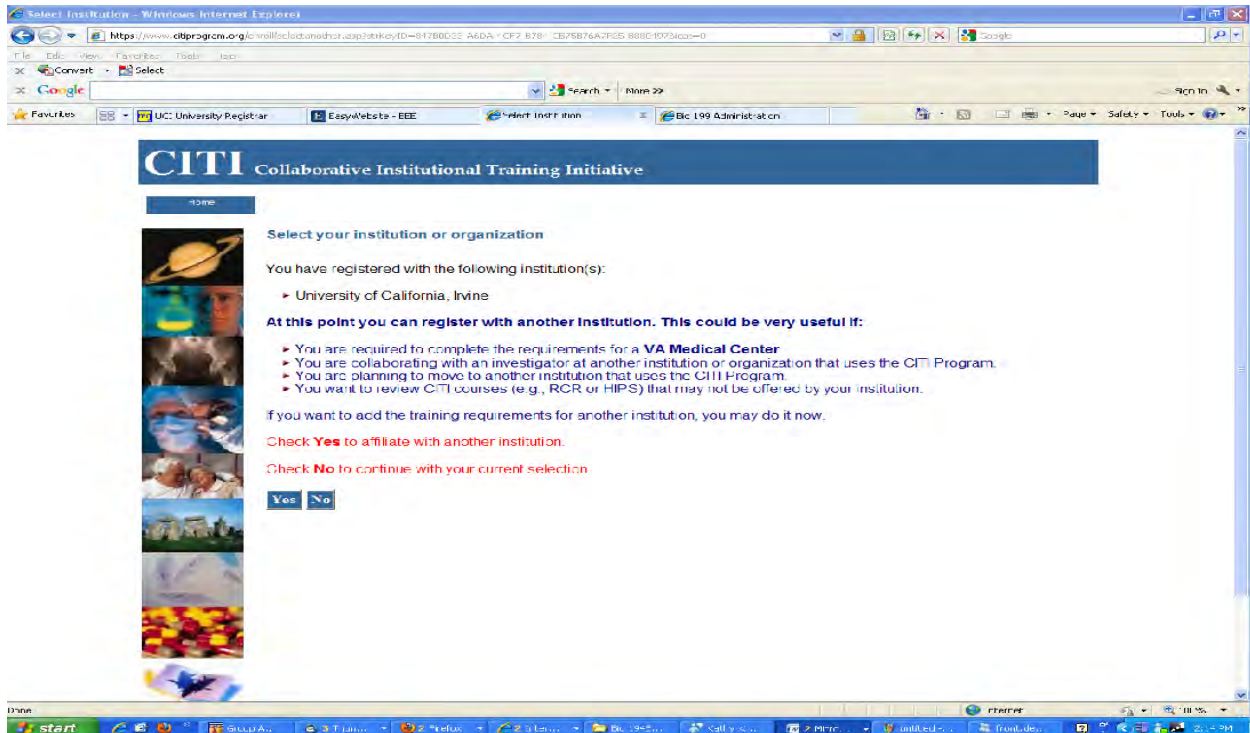
Next **Cancel**

✚ 5th page: Which Human Research Protections (HRP) Course would you like to complete?

- Choose “I need to complete the Basic HRP Course for Biomedical Investigators”
- Click “Next”



✚ 6th page: If you want to add the training requirements for another institution, you may do it now. You can click either “Yes” or “No”. In most cases, the answer would be “No” for most students at this time.



- ✚ 7th page, click “Enter” under Status to begin or continue the course – you can stop and restart it whenever you like. The course should say “Biomedical Investigators, Basic Course”
- ✚ Complete tutorial. The status on this page must say “Completed” or “Passed”. Print this page.

[Resources](#) [Main Menu](#) | [Select Language](#) | [Logoff](#)

Main Menu

- This is the email address we have for you: petertheateater@yahoo.com. If this is not correct, click [here](#) to edit your email address and other account information including your security question and answer.
- You are affiliated with 1 participating institution(s) on the CITI website. You will have at least one **grade book** per institution to track your progress in meeting the institution's coursework requirements (see below).

[Affiliate with another institution](#) ⓘ | [Change login information](#) | [Click here to Apply for CME/CEU Credits](#)

University of California, Irvine ⓘ [View University of California, Irvine instructions page](#)

You have enrolled for the following courses:

ⓘ My Courses	Status	Completion Reports	CME/CEU Credits	ⓘ Voluntary Satisfaction Survey
Biomedical Investigators, Basic Course	Not Started - Enter	Not Earned	N/A	Not Available

ⓘ [Add a course or update your learner groups for University of California, Irvine](#)

University of California, Irvine Learner Utilities

- ⓘ [Optional Modules](#) (completion is completely voluntary and will not count toward a completed course)
- ⓘ [Update my profile information for University of California, Irvine](#)
- ⓘ [See a list of all modules that you have completed \(goes back to approximately May 2005\)](#)
- ⓘ [Click here to see your previously completed coursework for University of California, Irvine](#)
- ⓘ [Remove my affiliation from University of California, Irvine](#)

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.

If you are not a current UCI student employee or have not logged in to UC Learning Center before, you must submit the "Student & Affiliate Access Request Form". Access approval may take couple days. If you already have access to UC Learning Center, start from Step #8.

1. Go to <http://uclc.uci.edu/>
2. Under STUDENT & AFFILIATE ACCESS, click on "Student & Affiliate Access Request Form"
3. Enter your UCInetID and password
4. Click on icon to "Search Supervisor"
5. First name type in "Sherry". Last name type in "Ong". Click "Search"
6. Once you've identified the supervisor, it should bring you back to the previous page
7. Choose "4 - All Other Campus Student". Click "Submit"
8. When you have access to UC Learning Center, go to <http://uclc.uci.edu/>
9. Click on "LOGIN". Enter your UCInetID and password.
10. Click on "COURSE SEARCH"
11. Choose "Fire Extinguisher Safety"
12. Click "Register"
13. Choose one of the ILT Class. Click "Submit" at the bottom of the page.
14. To print a Certificate of Completion: Go to <http://uclc.uci.edu/>
15. Click on "TRANSCRIPT"
16. Print & submit with the rest of the Packet B.

Sessions conducted at Environmental Health & Safety Building
UCI CAMPUS
4600 Health Sciences Road
Conference Room 122B
(949) 824-6200
Instructors: Alan Sahussanun and Steve Eros

BIO 199 ENROLLMENT DEADLINE:

The add deadline for fall, winter, spring, and 10-week summer session enrollment is always the Friday of third week of each quarter.

The add/drop deadline for Summer Session 1 & 2 is the Friday of first week of each session.

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, appliqué, 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.