

# **BIO SCI 199 UNDERGRADUATE RESEARCH PROGRAM PACKET B**

## **Index**

- 1) Packet B Checklist – Page 2
- 2) Emergency Management: Exposure & First Aid Procedures – Page 3
- 3) Department Orientation Record – Page 4
- 4) UCI Student Health Center – Bio Sci 199 Clearance Request FAQ – Page 5 & 6
- 5) UC Learning Center Training Instructions – Page 7
- 6) Waiver & Release of Liability and Acknowledgement of Assumption of Risk Form – Page 8
- 7) UC Irvine Healthcare - Confidentiality Agreement Form – Page 9

## **Documents to UPLOAD to the Research Dashboard:**

- 1) Bio Sci 199 Proposal
- 2) Waiver & Release of Liability and Acknowledgement of Assumption of Risk Form
- 3) Indication of completion: Bio Sci 194S (quarter/year) OR proof of completion: 3 UCLC health & safety modules:
  - a. Laboratory Safety Fundamentals
  - b. Hazardous Waste
  - c. Responsible Conduct of Research

## **Documents to UPLOAD to Qualtrics Survey:**

- 1) Department Orientation Record
- 2) UC Irvine Healthcare - Confidentiality Agreement Form
- 3) Bio Sci 199 Health Clearance (Vaccination Verification from UC Student Health Center)
- 4) Copy of Health Insurance Card
- 5) UC Learning Center (UCLC) – Annual Training Student
- 6) UC Learning Center (UCLC) – Fire Safety

## PACKET B CHECKLIST

- \_\_\_\_\_ 1) **BIO SCI 199 PROPOSAL** – Complete the proposal form online on your Research Dashboard (dashboard link here: <https://undergraduate-research.bio.uci.edu/>). Electronic signatures will be accepted. *All signatures must be obtained before uploading the proposal.*
- \_\_\_\_\_ 2) **WAIVER & RELEASE OF LIABILITY FORM** – Read, sign, and upload to your Research Dashboard.
- \_\_\_\_\_ 3) **DEPARTMENT ORIENTATION RECORD** – Fill out all the fields. This form requires the signature of both the student and faculty sponsor/PI.
- \_\_\_\_\_ 4) **UC IRVINE HEALTHCARE – CONFIDENTIALITY AGREEMENT** – Read and sign.
- \_\_\_\_\_ 5) **BIO SCI 199 HEALTH CLEARANCE** – Obtain Vaccination Verification from the UCI Student Health Center. Students are responsible for applicable immunization(s) and visitation fees.
- \_\_\_\_\_ 6) **HEALTH INSURANCE CARD** – Provide a photocopy (front & back) of health insurance card (personal health insurance or USHIP).
- \_\_\_\_\_ 7) **UC LEARNING CENTER (UCLC) TRAINING CERTIFICATES** – Complete the following trainings:
- **Fire Safety** (*previously titled “Fire Extinguisher Safety Training”*) – registration required
  - **Annual Training Student** – eCourse; registration required
- \_\_\_\_\_ 8) Upload the items highlighted in **GREEN** to your Research Dashboard.
- \_\_\_\_\_ 9) Uploads the items highlighted in **YELLOW** to your Qualtrics Survey.

### IMPORTANT:

- The enrollment deadline for Fall, Winter, Spring, and the 10-Week Summer Session is the Friday of Week 2 of each quarter.
- The enrollment deadline for Summer Session I and II is the Friday of Week 1 of each session.
- For Fall, Winter, and Spring, you will enroll via WebReg after submitting the packet for the academic year. The packet is valid until the end of spring quarter.
- Once your packet is approved, a Bio Sci 199 photo ID badge will be issued to you (if needed). Wear this ID badge while performing research duties on site. Turn in the ID badge at the end of the research assignment.
- Quarterly Summary Reports – the quarterly summary reports are usually due on Monday of week 10 of each quarter. You will need to submit your summary report on the Research Dashboard.

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

### **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.

### **First Aid**

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

### **Treatment (Available 07:30-17:30 M-F)**

For information and 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.

### **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.

**DEPARTMENT ORIENTATION RECORD**  
**BIO SCI 199 UNDERGRADUATE RESEARCH STUDENTS**

STUDENT NAME: \_\_\_\_\_  
Last First

<b>REVIEWED</b> (Please initial each box below.)	<b>STUDENT TRAINING TOPICS</b>
	Assigned research duties, schedule of days and hours, and dates of assignment
	Healthcare Facility Dress Code and Personal Health Safety
	ID Badge must be worn at all healthcare sites & turned in at the end of the assignment
	Fire Safety Equipment Location in Department
<b>PERSON TO NOTIFY IN CASE OF EMERGENCY RECORDED BELOW:</b>	
Name: _____	
Relationship: _____	
Phone Number: _____	

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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: \_\_\_\_\_

# Bio 199 Clearance Request FAQ

## How do I get Bio 199 Clearance?

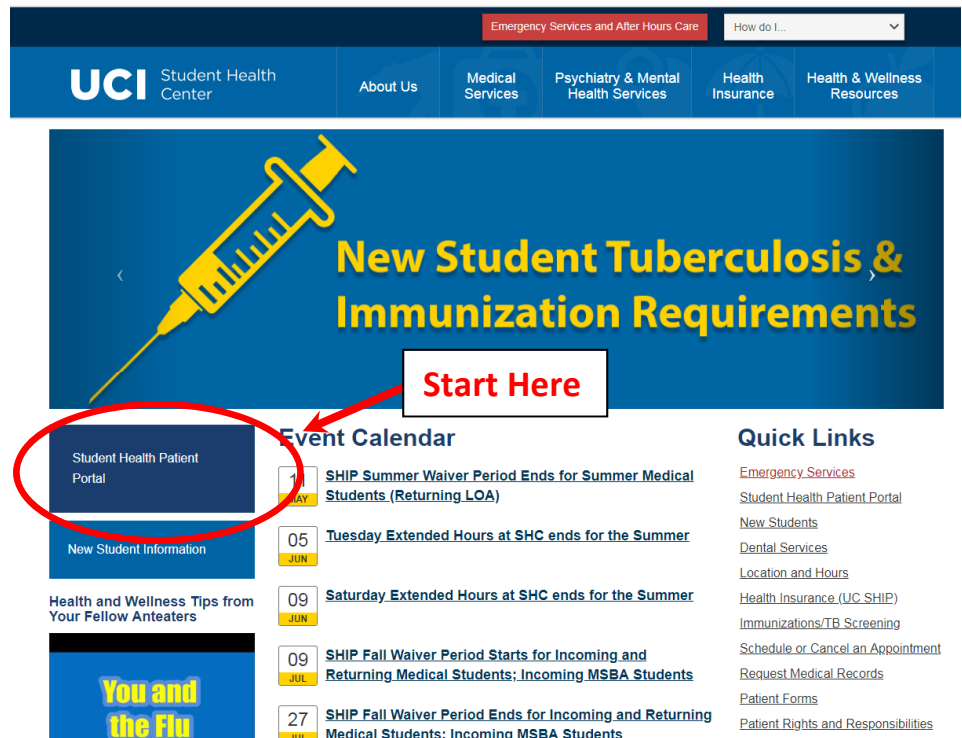
You must submit a request online through your Student Health Portal prior to each quarter you intend on taking Bio 199. Clearance is given after all requirements have been met.

## How do I submit a request for Bio 199 Clearance?

To submit a request visit [shc.uci.edu](http://shc.uci.edu):

- Log-in to your Student Health Portal using your UCInetID.
- Select **Messages** from the menu.
- Click on the **New Message** button.
- **I would like to send a CLINICAL secure message to the Student Health Center.**
- Select **Clearances**.
- Select **Health Clearance (Bio 199, etc.)**.
- Select **Bio 199**, term, and complete form.

Allow 3 to 5 business days for your message to be processed. All requests are reviewed on a first-come, first-served basis.



## When should I submit a request for Bio 199 Clearance?

You can submit requests no earlier than the quarter before you enroll in Bio 199. Do not wait until you hear back from your clinical site to submit a request as it can take up to a week or longer to receive clearance. Requests submitted within 7 days of the deadline may not be completed.

## What are the requirements to receive clearance for Bio 199?

- **Hepatitis B Requirement:** primary series of 3 doses **AND** positive Hepatitis B surface antibody lab report (Hep B titer). If titer results are negative, you will be required to receive a Hepatitis B booster prior to receiving Bio 199 clearance.
- **Measles, Mumps, and Rubella (MMR):** documentation of 2 doses received after the age of 1 **OR** positive MMR titer. If there is no documentation of MMR vaccination and titers are negative, you will be required to start the MMR series (2 doses) until you complete the series.
- **Varicella:** documentation of 2 doses received after the age of 1 **OR** positive varicella titer. If there is no documentation of varicella vaccination and titers are negative, you will be required to start the MMR series (2 doses) until you complete the series.
- **Tetanus, diphtheria, and pertussis (Tdap):** documentation of a dose of Tdap received within the last 10 years **AND** expires after the end of the quarter.
- **TB Test:** documentation of negative TB skin testing or TB blood testing that expires after the end of the quarter.

### **Can I receive clearance without completing all requirements?**

No. Any requirement that is due at the time you submit a request, must be completed prior to receiving Bio 199 clearance. You will receive a secure message with detailed information on requirements that need to be addressed before receiving Bio 199 clearance.

### **Can a requirement be signed off as pending?**

It depends on your specific circumstance. If a requirement is not due now, it can be signed off as pending. For example, if your Hep B titer comes back negative and you have received your Hep B booster, subsequent testing can be signed off as pending. However, if you are waiting for TB or lab results, you **will not** receive clearance until results are received.

### **How will I be notified if there are requirements that need my attention?**

You will receive a secure message in your Student Health Portal detailing any requirements that need your attention. You will receive this message within 3 to 5 days of submitting your request. It will be your responsibility to read your secure messages and complete unmet requirements.

### **How do I upload my form and TB/Immunization records?**

Upload your forms by selecting 'Upload Clearance Forms' on the main menu from your Student Health Portal. TB/Immunization records can be uploaded by selecting 'Medical Clearances' on the main menu from your Student Health Portal. To upload your record, click on the Update button next to 'Immunization record'. Once you have finished selecting the documents to upload, click on the Save button to transmit your document to your medical record. **Note:** if you do not click on the Save button, your document will not be uploaded.

### **If I don't have Student Health Insurance and I need testing or vaccination(s), can I be seen at the Student Health Center?**

Yes. Any services provided at the Student Health Center will be charged to your ZOT account. It will be your responsibility to submit a claim with your insurance to receive reimbursement.

### **What if I want to know the status of my Bio 199 clearance?**

If it has been more than 5 business days since your last response to a secure message sent to you, reply to the last message sent by the nurse reviewing your chart and request an update. Make sure you have addressed all requirements sent to you to ensure you meet your deadline.

### **Who will be giving me final clearance?**

Only a nurse at the Student Health Center can sign off on the Bio 199 clearance form. All questions concerning clearance must be deferred to the Student Health Center. Your form will be signed off once all unmet requirements have been met.

### **How long will my request remain open?**

Your request will remain open for 1 week. If you do not provide the Student Health Center with requested information after you receive a reminder, your request will be closed.

### **Receive text message alerts when a secure message has been sent to you in your Student Health Portal.**

You are strongly encouraged to enable text messaging by updating by editing your Mobile Phone in your profile. Enter your mobile phone number, check off 'I would like to receive text message appointment reminders', and enter your Mobile Phone carrier. Finish by clicking on the Continue button to save. Opting in to appointment reminders will enable secure message alerts.

## UC Learning Center (eCourses):

You must register for these trainings on UCLC.

1. **Annual Training Student**
2. **\*Laboratory Safety Fundamentals**
3. **\*Hazardous Waste**
4. **\*Responsible Conduct of Research**

*\*Students who have earned a PASSING grade in Bio Sci 194S DO NOT NEED to complete Laboratory Safety Fundamentals, Hazardous Waste, and Responsible Conduct of Research. Otherwise, all three (3) modules are REQUIRED to participate in Bio Sci 199 Undergraduate Research. For instructions on how to complete these three (3) UCLC modules, please visit: <https://undergraduate.bio.uci.edu/files/2021/09/Required-UC-Learning-Center-Modules-for-Research-and-Labs.pdf>.*

If you are not a current UCI student employee or have not logged in to UC Learning Center for a while, you would need to 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. Click on "Student & Affiliate Access Request"
3. Enter your UCInetID and password
4. Click on icon to "Search Supervisor"
5. Type in your Bio 199 faculty's name". 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 "Find A Course"
11. Choose "**Annual Training Student**". Click "Register".
12. Complete tutorial.
13. Print transcript/certificate & submit with the rest of the Packet B.

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## FIRE SAFETY TRAINING (Classroom)

You must register for this training on UCLC. You must be on time at the session to receive credit for completion of the course.

If you are not a current UCI student employee or have not logged in to UC Learning Center for a while, you would need to 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. Click on "Student & Affiliate Access Request"
3. Enter your UCInetID and password
4. Click on icon to "Search Supervisor"
5. Type in your Bio 199 faculty's name. 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 "Find A Course"
11. Choose "**Fire Safety**". Click "Register".
12. "Add" one ILT Class. Click "Register" at the bottom of the page.
13. Print transcript/certificate & submit with the rest of the Packet B.

Sessions conducted at Environmental Health & Safety Building  
4600 Health Sciences Road, Conference Room 122B. (949) 824-6200  
Instructor: Reed Wolonsky

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 form 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: \_\_\_\_\_