



Researcher _____

Team Leader/PI _____

Desired Start Date _____

All Researchers must complete the following:

Format	Project / Task	Instructions	Attachment OR Link	Date Completed
Online Training	VA Privacy and Information Security Awareness and Rules of Behavior #10176	Create a New User & Self-Enroll online at TMS.	TMS Website	
Online Training	VHA Privacy HIPAA #10203	Reference New User cheatsheet & Reference Guide	TMS New User Cheatsheet TMS Quick Reference Guide	
Training Form	Research Orientation Guide	Print, sign & return page 1	Research Orientation Guide	
Form	Without Compensation (WOC) Agreement ¹	Print, sign & return	WOC Agreement letter	
Form	Functional Category Form (HIPAA) – VA Form 10-0530	Complete, sign & return page 20 Reference: VHA HANDBOOK 1605.02	Form 10-0530 Appendix E	
Form	Resume or Application for Federal Employment (OF 612)	Send electronic copy of resume or Complete OF612, sign & return	Optional Form OF 612	
Form	Declaration for Federal Employment (OF 306)	Complete, sign & return pages 2-3 Required for your background investigation	OF 306	
Form	Intellectual Property Agreement	Complete, sign & return Reference: VHA HANDBOOK 1200.18	Intellectual Property Agreement	
Form	Scope of Practice Specific to the type of research conducted	Complete applicable Scope of Practice sign page 3 & return	Scope of Practice Animal / Bench / Human Subjects*	
Go to	VA Human Resources for fingerprinting	Complete & return to Human Resources Required for a background check	Electronic Fingerprint Sheet	
Go to	VA Human Resources for Personal Identity Verification (PIV)Badge	Complete, sign & return. Required for VA ID badge	PIV request form	
Form	For all Non U.S. Citizens, you must attach a copy of your Passport or Visa and, one of the following: Employment authorization ID card, I-94, or your I-20. This is MANDATORY.			

Personnel involved in Human Subjects * Research must also complete the following:

Format	Project / Task	Instructions	Attachment OR Link	Date Completed
Online Training	Collaborative IRB Training Initiatives (CITI) training	Register as a New User online at CITI Reference Step by Step instructions	CITI Step by Step Instructions CITI website	
Form	Verify Education/Licensure	Print, complete & return	Education Verification Form	

¹ Without Compensation (WOC) are individuals who perform various research and training-related duties without any direct monetary compensation from the Department of Veterans Affairs. These types of appointments include but are not limited to fellows, residents, university employees, students or scientists who are not compensated by the VA for their employment.

Step-by-Step Instructions

1. From a computer, launch a web browser and navigate to <http://www.tms.va.gov>
 2. Click the [**Create New User**] link in the menu below the “TMS” logo and login fields
 3. Select the radio button for “**WOC**”
 4. Click the [**Next**] button
 5. Enter appropriate information in each required field, and also in any non-required field if you have the information
- ❖ My Account Information:
 - Create Password (Follow the guidelines presented on screen)
Re-enter Password
 - Security Question
 - Security Answer
Re-enter Security Answer
 - Social Security Number (*Your SSN is used only as a unique identifier in the system to ensure users do not create multiple profiles. The SSN is stored in a Private Data Table that cannot be accessed anywhere via the VA TMS interface. It is securely transferred to a VA database table inside the VA firewall where it can be confirmed, if necessary, by appropriately vested system administrators and/or Help Desk staff.*)
Re-enter Social Security Number
 - Date of Birth
 - Legal First Name
 - Legal Last Name
 - E-mail Address (*Enter your business or personal email address. If you have a VA email address assigned to you, it is preferred. The eMail Address will be used as your UserID*)
Re-enter Email Address
 - Phone Number – Enter a number where you can be reached by VA staff if issues arise with this self-enrollment process or in other circumstances)
 - ❖ My Job Information
 - VA City – Enter **Iowa City**
 - VA State – Select **IA** from the list
 - VA Location Code – Select **IOW** from the list
 - VA Point of Contact First Name – Enter **Michele**
 - VA Point of Contact Last Name – Enter **MacDonald**
 - VA Point of Contact eMail Address – Enter Michele.macdonald2@va.gov
 - VA Point of Contact Phone Number – Enter **319-338-0581**
 - Check the box **HIPPA Training Required**
6. Once you have entered all of the necessary data, click on the “**Submit**” button. Your profile will be immediately created. *Copy and save the UserID displayed to you on the confirmation page, as you will need this for future logons.*
 7. Once done, click on the “**Continue**” button and wait until your “To-Do List” populates with the title(s) of the mandatory training content.



Launching and Completing the Content

- 1 Mouse over the title of the available Item in the **To-Do List**
- 2 Click the [**Go to Content**] button in the pop-up window that appears.
- 3 Complete the content following the on-screen instructions.
- 4 Exit the course and a “completion” should be recorded for your effort.
- 5 Click on the “Completed Work” pod on the lower right hand side of your internet browser window.
- 6 Move your mouse over the title of the course you just completed and choose to “Print Completion Certificate”.
- 8 Print off your completion certificates.
- 9 Submit the Certificates of Completion to the VA personnel who requested it.

Trouble-shooting and Assistance

The Check System link on the VA TMS is an automated tool that confirms the existence of basic, required software on the computer you are using to complete this training. If one is not in compliance with the requirements, a red “x” will appear next to the Check System link. Should this be the case with your computer, please follow the instructions to bring your computer up to the standards that will work with the VA TMS.

If you do not have a Social Security Number, or if you experience any difficulty creating a profile or completing the mandatory content, contact the VA MSE Help Desk at 1.888.501.4917 or via email at VAMSEHelp@gpworldwide.com.

ACKNOWLEDGEMENT OF ORIENTATION

I certify that I have read and understand my responsibilities as outlined in the *Orientation Handbook*.

WOC

Student/temporary hire

IPA/Contractor

Print your name:

Signature / Date:

Principal Investigator: I have reviewed the above information with this individual.

Signature / Date:

Administration: I have reviewed the above information with this individual.

Signature / Date:

2013

Orientation Guide

Research & Development, Veterans Affairs
Iowa City, IA

Orientation Guide for non-employees, contractors, and students



Iowa City Veteran Affairs Health Care System
Research & Development
Iowa City, IA 52246
Phone 319-338-0581 ext 7666 • Fax 319-339-7162

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Mission, Vision, and Values of the VA

Mission: Honor America's Veterans by providing exceptional health care that improves their health and well-being.

"...to care for him who shall have borne the battle and for his widow, and his orphan..."

Abraham Lincoln

Vision: To be a patient centered, integrated health care organization for veterans providing excellent health care, research and education; an organization where people choose to work; an active community partner and a back up for National emergencies.

VA Core Values:

"I CARE "

Integrity Commitment Advocacy Respect Excellence
characterized by being:

Trustworthy, Accessible, Quality Oriented, Innovative, Agile & Focused on Integration



Organization of Excellence:

- Provides patient centered care.
- Provides coordinated care.
- Is fully integrated.
- Learns continuously.
- Improves processes.
- Identifies and deals with errors.
- Continuously measures performance.
- Manages employees' skills and knowledge
- Empowers employees
- Works in team
- Works collaboratively.
- Demonstrates consistent and predictable performance.



Declaration of VA Research Principles

The Department of Veterans Affairs (VA) ranks as one of the nation's leaders in health research. Through the VA Research & Development program, thousands of studies are conducted at VA medical centers, outpatient clinics, and nursing facilities. This research has significantly contributed to advancements in health care for Veterans and other Americans from every walk of life. In the conduct of research, participants volunteer with a clear understanding that there may not be a direct benefit to their health. They do so, in many cases, with the hope of benefitting others in the future. For its part, VA Research commits to the protection of research participants as the highest priority.

We are grateful to all the Veterans who participate in VA research studies, making important health care advances possible and turning hope into reality.

VA commits that in the conduct of clinical research, VA will:

- Ensure that all members of the research team conduct themselves as professionals, upholding the highest standards of quality and ethics in their work.
- Undertake clinical research only if it is reviewed, approved, and monitored by appropriate VA committees that ensure the research study is properly designed, does not involve undue risks, and includes safeguards for participants.
- Clearly explain that participation in a research study is voluntary and only occurs with consent, and that participants have a right to change their mind at any time without affecting their VA health care or benefits.
- Educate individuals who are considering enrolling in a research study about the study and its possible benefits and risks.
- Safeguard each participant's information.

If you have any questions or feel these Research Principles have not been met, we encourage you to contact the Patient Advocates Office. You choose whether or not to disclose your name. Contacting the Patient Advocates Office will not affect your VA health care or benefits in any way.

Everyone in the medical center is responsible for making sure these principles are followed as a top priority.



Veterans Health Administration
Research & Development
Improve lives

DISCOVERY ↔ INNOVATION ↔ ADVANCEMENT

Find out more about research being done at this medical center.

For more information about research being done under the national VA Research and Development program, visit www.research.va.gov.

FEDERAL CODE OF ETHICS

Principles of Ethical Conduct for Government Officers and Employees

U.S. OFFICE OF GOVERNMENT ETHICS, WASHINGTON, D. C. 20005

1. Public Service is a public trust, requiring employees to place loyalty to the Constitution, the laws, and ethical principles above private gain.
2. Employees shall not hold financial interests that conflict with the conscientious performance of duty.
3. Employees shall not engage in financial transactions using nonpublic Government information or allow the improper use of such information to further any private interest.
4. An employee shall not, except pursuant to such reasonable exceptions as are provided by regulation, solicit or accept any gift or other item of monetary value from any person or entity seeking official action from, doing business with, or conducting activities regulated by the employee's agency, or whose interests may be substantially affected by the performance or nonperformance of the employee's duties.
5. Employees shall put forth honest effort in the performance of their duties.
6. Employees shall make no unauthorized commitments or promises of any kind purporting to bind the Government.
7. Employees shall not use public office for private gain.
8. Employees shall act impartially and not give preferential treatment to any private organization or individual.
9. Employees shall protect and conserve Federal property and shall not use it for other than authorized activities.
10. Employees shall not engage in outside employment or activities, including seeking or negotiating for employment, that conflict with official Government duties and responsibilities.
11. Employees shall disclose waste, fraud, abuse, and corruption to appropriate authorities.
12. Employees shall satisfy in good faith their obligations as citizens, including all just financial obligations, especially those--such as Federal, State, or local taxes--that are imposed by law.
13. Employees shall adhere to all laws and regulations that provide equal opportunity for all Americans regardless of race, color, religion, sex, national origin, age, or handicap.
14. Employees shall endeavor to avoid any actions creating the appearance that they are violating the law or the ethical standards promulgated pursuant to this order.

Refer to the Medical Center
[Memorandum 12-71, Code of Ethics](#)
Policy for more information.

Staff Identification

It is the policy of the ICVAHCS that all employees and volunteers will be provided a photograph identification badge. All employees and volunteers will wear identification badges at all times during their tours of duty and when on station during other official business. Refer to [MCM 11-037 Staff Identification Policy](#) and MCM [13-150 Personal Identity Verification \(PIV\) Program Policy](#) for more information.

Training

All individuals are required to complete the following mandatory trainings *annually*:

- 1) **VA Privacy and Information Security Awareness and Rules of Behavior** (TMS #10176) Refer to [Medical Center Memorandum 13-096 Information Security Program](#) for more information.
- 2) **Privacy and HIPAA Training** (TMS #10203) Refer to [MCM 13-021 Privacy Policy and Procedures](#) for more information.
~or VHA Mandatory Training for Trainees (TMS #3185966)-initially; & Trainee Refresher (TMS # 3192008) thereafter
- 3) VHA Role Specific Ethics Training -**Ethics Most Wanted** (TMS #5019)
- 4) **Safety Training** (if working in a biomedical research laboratory)
- 5) **Radiation Safety Training** (if working in lab where radioisotopes are used)
- 6) **Biosafety training** (if working in lab where Recombinant DNA (rDNA) agents are used)

All individuals are required to complete the following mandatory trainings *bi-annually*:

- 1) **Prevention of Workplace Harassment/No Fear Act** every 2 years

Animal Research individuals are required to complete the following mandatory trainings *bi-annually*.

- 1) Working with the VA IACUC
- 2) Species Specific Training. Refer to [MCM 12-114 Occupational Health and Safety for Research Personnel With Animal Contact](#) for more information.

Human Subjects Researchers are required to complete the following mandatory trainings *bi-annually*:

- 1) Good Clinical Practice and Human Subjects Protection. Refer to MCM [13-034 Research Involving Human Subjects and Investigational Drugs And/Or Procedures](#) or the [University of Iowa IRB Investigator Guide](#) for more information.

Federal Holidays

Federal law (5 U.S.C. 6103) establishes the following public holidays:

New Year's Day, January 1. *

Martin Luther King, Jr. Day, the third Monday in January.

President's Day, the third Monday in February.

Memorial Day, the last Monday in May.

Independence Day, July 4. *

Labor Day, the first Monday in September.

Columbus Day, the second Monday in October.

Veterans Day, November 11. *

Thanksgiving Day, the fourth Thursday in November.

Christmas Day, December 25. *

*Please note that when a holiday falls on a Saturday or Sunday -- the holiday usually is observed on Monday (if the holiday falls on Sunday) or Friday (if the holiday falls on Saturday).

Parking Policy

Residents, interns, trainees, without compensation (WOC) employees, work-study students, all other less than full-time employees, and day shift employees will not be granted parking privileges from Monday through Friday. Exceptions will be forwarded in writing through the Chief, Police Service, to the Iowa City VA Health Care System Parking Subcommittee. [Refer to MCM 12-004 Parking Policy](#) for more information.

Smoking Policy

Smoking is prohibited at the VA Medical Center except in clearly designated areas. Refer to the Medical Center Memorandum [12-13, Tobacco Use/Smoking Policy](#) for more information.

Drug-Free Workplace Program

It is the policy of the Iowa City VA Health Care System that Executive Order 12564, Drug-Free Workplace, dated September 15, 1986, be fully implemented and that all employees will adhere to the guidance provided in this memorandum. Testing for illegal drugs will be part of VA's comprehensive drug prevention program to achieve the President's goal of a drug-free Federal workplace with due consideration for the rights of the employee and the government. VA has approximately 90,000 employees in TDPs. VA will test 3 percent (approximately 2,700) employees annually under random testing which equates to approximately 225 tests per month VA wide. Refer to the [MCM 12-046 Drug-Free Workplace Program](#) for more information.

Workplace Conduct

The Iowa City VA Health Care System (ICVAHCS) will not tolerate violence or threats of violence, lewd or licentious behavior in the workplace. Persons, including, but not limited to, patients, volunteers, visitors, and employees, are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession, and society. Anyone committing acts of violence, threatening violence, or exhibiting disruptive behavior will be reported, resulting in appropriate actions being taken, such as arrest, disciplinary actions, evaluation of current treatment, and/or other appropriate consequences. Refer to the Medical Center Memorandum [10-078 Violence in the Workplace and Management of Disruptive Behavior](#); [11-023 Handling Lewd and Licentious Behavior Policy](#); [MCM 13-215: Social Media Policy](#) for more information. Also, Refer to [VA Directive 6001](#), Limited Personal Use of Government Office Equipment including Information Technology, for more information.

All individuals are responsible for reporting any instance of violence as soon as the incident occurs. Reports may be given to supervisors, VA Police, the Violence Prevention Team (VPT). No reprisals will be taken against the reporter(s) for making the situation known to appropriate authorities. Supervisors will be responsible for prompt, appropriate procedural follow-up in writing.

Weapons

Weapons are prohibited within Federal facilities. Violators will be prosecuted. Refer to the Medical Center Memorandum [12-022 Law Enforcement Agencies, Weapons Firearms, and Alcoholic Beverages Policy](#) for more information.

Research Misconduct

The VA is committed to conducting all of its research activities with utmost integrity, adhering to scientifically sound practices as well as ethical principles. VA employees and any other individuals engaged in VA research are prohibited from committing research misconduct. Research misconduct is defined as fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. Refer to [MCM 11-098, Research Misconduct](#) for more information.

Sexual Harassment/Discrimination

It is the policy of the Department of Veterans Affairs (VA) and the Iowa City VA Health Care System (ICVAHCS) to provide equal opportunity in employment for all qualified persons; to prohibit discrimination in employment because of race, color, religion, gender, age, national origin, or disability; to maintain a work environment that is free of any form of unlawful discrimination, including sexual harassment. Refer to [MCM 12-006 Equal Employment Opportunity \(EEO\) Program](#) for more information.

Unwanted, unwelcome, or unsolicited sexual conduct imposed on a person who regards it as offensive or undesirable, defines sexual harassment. When the person receiving these advances communicates that the conduct is unwelcome, the action becomes illegal.

Sexual harassment includes repeated and deliberate unwanted sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when such conduct has the purpose or effect of unreasonable interference with an individual's work performance or creating an intimidating, hostile, or offensive working environment. Sexual jokes and remarks with sexual innuendo can also be a form of sexual harassment and are not acceptable in a professional work environment. The key word in defining sexual harassment is unwelcome.

Anyone who believes that comments, gestures, or actions of a VA employee, patient or training supervisor constitute sexual harassment should communicate to that person that such behavior is unwelcome. Any person who believes he or she has been sexually harassed or who witnesses this type of behavior has a responsibility to report it immediately to a supervisor. The supervisor is responsible to initiate an immediate investigation to determine the validity of the complaint and bring it to the EEO Officer.

The VA has ZERO TOLERANCE for harassment or discrimination of any kind. All individuals will be treated in a manner giving reasonable consideration to their background, culture, religion, heritage and personal beliefs.

Complaints are handled through Human Resources, the Equal EEO Officer, or the Office of Resolution Management.

Emergencies

Emergency telephone numbers

a) General Emergency or Fire	x333
b) Emergency Department (1W157, Main Hospital Building 1)	x5937
c) Administrative Officer for Research, Building 20	x7666, 7678
d) Security/Police	x6600, 6602
e) Radiation Protection Officer	319-335-8517
f) Safety Manager/Industrial Hygienist	x6805 or x6801
g) Safety Program Analyst	x6744
h) Research Safety Chairperson	x7019
i) Boiler Plant	x6822
j) Poison Control Center	1-800-222-1222
k) ARF Director	x7559 or x7520

The Research Disaster Plan

The Research Service keeps an external disaster telephone contact (call-back) plan on file in the Research Office. Revised periodically, the plan lists the telephone numbers of employees to be contacted in the event of a disaster. All full-time research employees are assigned to one of ten groups, and are responsible for reporting to the medical center when notified. In the event of disaster, internal or external employees will remain at their job site unless they are instructed by the Research Office personnel to proceed to the Manpower Pool, located in the VA Chapel and await instructions. Once called and aware of an external disaster, employees should report to the Medical Center or nearest Federal agency. The alternate employee pool will be located in the Canteen on the third floor of the hospital.

Fire/Explosion - Emergency Action Procedures

In the event of a fire, the ultimate priority is patient safety. As the alarm is being activated, all patients should be transferred out of the endangered area before any other action is taken; then visitors and employees should be evacuated.

- a. To report the fire's location and size, as well as any casualties, activate a fire alarm box **AND** dial extension 333.
- b. Close adjacent doors to confine the fire and smoke.
- c. If the fire is on an employee's floor, he/she might report to the scene with a fire extinguisher. The hospital and research buildings have converted to the use of ABC type extinguishers, which are rated for use on all types of fires (flammable liquids, electrical, and paper/wood/cloth).
- d. Remember the acronyms RACE: **R**escue, **A**larm, **C**ontain, and **E**vacuate or Extinguish and PASS: **P**ull, **A**im, **S**queeze, and **S**weep.
- e. The fire alarm chime codes for research locations are summarized in Tables 2 and 3 below. Evacuate the building if the fire alarm is sounded for your area.

Table 1- Summary of Audio Pager Emergency Codes

Fire	1. When a fire alarm is activated, all building fire chimes will sound for approximately one minute and fire lights in the corridors of the building in alarm will flash.
	2. The telephone operator will announce the fire alarm over the Audio Pager system using the phrase "Code Red" . For example, the operator might repeatedly announce "code red on 4 west". When an alarm is over, the operator will announce "all clear on Code Red" .
Other codes	1. "Code Blue on (area)" indicates a medical emergency .
	2. "Code 333 external" indicates an external disaster (see page 1: Research Disaster Plan).
	3. "Code 333 on (area)" indicates an internal disaster (such as a chemical spill, explosion, et cetera).
	4. "Code Green on (area)" indicates a situation involving violent behavior .
	5. "Tornado Warning" - see page 7: Tornado Procedure.

Table 2- Fire Alarm Chime Codes for Research Buildings

Research Buildings	Floor	Area	Alarm Code
20	1	East (Research Office)	3-4-1
20	1	West (Maintenance Garage)	3-4-2
40	1	All	4-1-1
40	2	All	4-1-2
40	3	All	4-1-3
40	Basement	All	4-1-4
41	1	All	4-2-1
41	2	All	4-2-2
41	Basement	All	4-2-4
42	1	All	4-3-1
42	2	All	4-3-2
42	3	All	4-3-3
42	Basement	All	4-3-4
Other Buildings:			
1	All	Main Hospital	1-1-1 through 2-6-7
21	All	Administration	4-2-1 and 4-3-3
16	All	Boiler Plant	4-6-1 and 4-6-2
7	All	Chiller Bldg.	4-7-1

Tornado Procedure - Emergency Action Procedures

A tornado **WATCH** is put into effect when conditions are such that a tornado *could* develop. This does not mean that a funnel cloud has been sighted. During a watch, personnel should remain alert for possibly worsening conditions, but otherwise continue with daily routines.

A tornado **WARNING** is put into effect once a funnel cloud has been sighted in the area. The warning indicates location, direction of travel, and areas in the path of the tornado. The Iowa City warning is broadcast on the radio and by community sirens. The hospital telephone operator will announce a tornado warning on the Audio Pager in the main hospital when the ICVAHCS is known to be in the vicinity of an approaching tornado; research labs in buildings 40, 41 and 42 will also be notified via the Audio Pager.

During a tornado, the main danger is from flying glass and debris. To escape injury, employees should move to interior corridors of the building they are in.

Personnel in buildings 40, 41 and 42 should seek shelter on the north side of the lowest level. Building 20 (Research Office) employees should move to interior rooms and away from windows.

After the tornado has moved out of the vicinity, an ALL CLEAR signal will be sounded on the Audio Pager. This *may* be followed by another signal, indicating either Internal Disaster, External Disaster, or Fire.

Personal Injury or Serious Illness- Emergency Action Procedures

Severe Injury or Illness

Injuries that involve broken bones, excessive bleeding, unconsciousness, extensive burns, or serious illness suggesting heart attack, stroke, shock, et cetera, are reported by dialing the emergency telephone number 333 and requesting that the operator announce a “Code Blue”. Be sure to provide the location of the person in need of assistance to the operator. The Medical Officer of-the-day (MOD) should then be notified by calling VA pager 0130 (dial 11-0130). At the end of the recorded instructions, give the call-back number as 911-your extension (wait for a brief period before hanging up to allow the call-back number to register). The MOD will recognize this as an emergency medical situation and respond immediately. If possible, send someone to meet and direct the code team to the location since most medical personnel in the hospital are not familiar with the research areas. If serious bleeding occurs, use direct pressure on the wound with a gauze pad, towel, et cetera, until medical assistance arrives. Do NOT apply tourniquets.

If a VA employee is injured in a University of Iowa lab, the employee can either seek care at the University of Iowa or Employee Health at the VA. If the employee seeks care at the University of Iowa, (UI) you must notify the Administrative Officer (AO) in Research of the injury. If the individual is a WOC or on contract, they may seek care at the UI or VA. The AO must be notified. The AO will file the necessary VA paperwork and report the injury to the Biohazard and Safety Committee.

Chemical Burns

If a chemical burn occurs (e.g., to the eye or skin), flush with cool water or sterile saline (if available) and transport the victim to Emergency Room (ER). Have someone call ahead to alert ER that you are coming. Bring along a labeled bottle, the MSDS, or any other available information about the chemical.

Thermal Burns

Thermal burns such as those caused by hot plates or flames should be immersed in cold water, but AVOID the use of ointments. Showers and eye rinse stations are located in the Research labs. After you have cooled the burn, report to Emergency Department.

Acute Inhalation

Inhalation of gas, fumes, dust, et cetera can cause severe illness, unconsciousness, or even death. Some examples are chlorine, hydrogen sulfide, carbon monoxide, hydrogen cyanide, and hydrochloric acid. Gases such as nitrogen and carbon dioxide (from dry ice) are not corrosive or toxic but are injurious due to the lack of oxygen. First aid in all such circumstances requires the quick removal of the victim from the affected area. If victim is breathing, notify Emergency Department and transport the victim if possible. If the victim has stopped breathing, call a **Code Blue** (x333) and begin resuscitation until help arrives. If a self-contained breathing apparatus is needed for rescue, remember that city firemen are our resource for this.

Animal Bites

Rodent bites do not pose a rabies threat, but this type of wound can be severe, with the potential for infection and sepsis. Bitten employees should report to Employee Health for treatment of the wound and a prophylactic tetanus shot if it has been more than 10 years since their last DPT immunization.

Chemical Spills- Emergency Action Procedures

For a major release of a chemical, phone x333 immediately. In case of a minor chemical spill, lab personnel can clean up using the spill kit. They can contact the Safety Manager, the GEMS Coordinator, the Research Safety Officer and Chemical Hygiene Officer or the Research Office to request assistance. Spill kits are located in the hallway corridors adjacent to every lab. When a spill poses a threat to those who may breathe the vapors, evacuation and the use of a self-contained breathing apparatus may be required. We depend on the Fire Department for this service.

Radiation Protection- Emergency Action Procedures

Contact the hospital's Radiation Protection Officer who will monitor any spill or accidental release of radioactive materials. For additional information, refer to the [Radiation Safety manual](#).

Utility Failure Plan- Emergency Action Procedures

Utility Failure - in the labs or administrative areas

If a utility failure occurs during normal administrative working hours (Mon-Friday, 8:00 AM - 4:30 PM), notify the Research Office. Research Office personnel will notify Facility Management if necessary. Utility failure at any other time should be reported to the Boiler Plant.

If the utility failure creates a hazardous situation, immediate action to secure the area will be taken by the individuals in the area prior to contacting the Research Office. Upon notifying the Research Office, the individual will report the nature and extent of the hazardous situation. The Research Office will relay this information to the Research Safety Officer and Facility Management.

Utility Failure- in the Animal Research Facility (ARF)

In the event of a utility failure in the ARF, the ARF Director, or the AO for Research will be immediately notified. These individuals will make determination if emergency procedures need to be implemented to assure the safety and well being of all animals. Such emergency actions may consist of arranging for water delivery, temporary heating and lighting, or relocation of animals if a prolonged loss of heating/ventilation/air-conditioning (HVAC) should occur. When the lost utility returns to normal functioning, personnel will check all affected equipment to assure proper operation. Problems will be reported immediately to the Research Office who will notify Facility Management if necessary.

Other specific areas of utility failure requiring special attention are as follows:

Electrical Failure

Fume hoods/biological safety cabinets will not be used during an electrical outage. If there are hazardous materials in use at the time of the electrical failure, action will be taken to contain the hazardous substances or organisms to prevent potential exposure to any personnel in the area. Biohazardous materials can be secured simply by closing/sealing any bottle or vessel containing them. In the case of volatile chemical fumes, it may be necessary to open exterior windows and evacuate the room. Do not leave doors to exterior corridors open as this will spread the fumes to the rest of the building! Secure the area and call the Research Safety Officer or the Research Office for assistance.

Freezers will hold temperature for several hours. If it is determined that the outage will be prolonged, the contents may have to be relocated, or dry ice may have to be obtained to preserve critical perishable items in the freezers.

Incubators will hold temperatures for only short periods of time. Items may have to be relocated to other areas where emergency power is available if the utility failure will be prolonged.

Facility Management may be asked to provide temporary power to critical areas by gasoline-powered generators or electrical extension cords, depending on duration of outage and urgency. Research employees may be able to rent generators from local rental businesses.

Electrical failure can lead to unlighted stairwells and corridors. These corridors should have battery-operated lights that come on automatically when power fails. Note that a power failure may be associated with another emergency, such as a fire, where safe egress is essential and corridors may be totally dark.

Steam Failure

Generally, the loss of steam will not create problems for R&D Service personnel. Autoclaves are available throughout the VAHCS and University of Iowa campus for use in emergency situations. If there is a possibility of water pipes freezing and breaking, in the case of an outage when outside temperatures are at or below freezing, Facility Management or the Boiler Plant will be called to provide temporary heat.

Communication Equipment Failure

The loss of telephone service would not adversely affect research operations in the short term (i.e., less than 24-48 hours). Ask operator to utilize the "red" phone if the medical center phone system has failed.

Gas Failure

If the natural gas supply is temporarily interrupted, Bunsen burners should be turned off to prevent a gas leak when the natural gas is restored. If you enter an area and can smell gas, get out immediately! Do **not** turn on any lights, do **not** use a phone in that area to report the leak, as this may cause the gas to ignite and explode. Report the leak from a safe place (dial x333) and warn other personnel of the danger until the VAHCS police can secure the area.

Water Failure

A water failure is hazardous when a water-cooled condenser is being used to condense a flammable vapor as in a distillation or reflux operation. If the water supply fails, the heater on this device must be immediately turned off. Recognize that in a water failure, the eyewash fountains and safety showers are not functional.

Vacuum failure

If a line vacuum is part of a system to trap hazardous substances or organisms, the operation must be ended when the vacuum fails.

Heating/Ventilation/Air Conditioning (HVAC) Failure

Refer to 'Utility Failure- in the Animal Research Facility (ARF)' above if the loss of HVAC occurs within the ARF Building. All other areas of R&D Service will not suffer during short-term losses of HVAC, but prolonged high or low air temperature may adversely affect experiments and equipment. If a utility failure occurs during normal administrative working hours (Mon-Fri, 8:00 AM- 4:30 PM), notify the Research Office. Research Office personnel will notify Facility Management if necessary. Utility failure at any other time should be reported to the Boiler Plant.

Bomb Threats

All bomb threats will be taken seriously. Individuals will not handle any suspicious items. If a bomb is suspected or found, the ICVAHCS police will be notified immediately and the immediate area will be evacuated until it is determined safe to re-enter.

If a bomb threat is received, the individual receiving the call will:

- a. Remain calm. Do not alarm patients or visitors
- b. Complete the Bomb Threat Checklist (Attachment A) found on the intranet.
- c. Notify the ICVAHCS Police by dialing 333 and follow their instructions
- d. Notify their immediate supervisor on-duty
- e. Hand-deliver the completed Bomb Threat Checklist to the ICVAHCS Police and remain with the police until released

Security/Police

Hospital police officers should be notified in an emergency situation because they have radios, keys, and quick access to emergency aid. The police station is located in 1E06-Building 1, and the officers on duty can be reached at x6600, by calling the hospital switchboard (dial 0) or by VA pager 0550. To access the paging system, dial 11 and then enter the pager number and your call-back extension (allow a few seconds after entering the call back extension before hanging up).

GENERAL LAB SAFETY

Eating, drinking, gum chewing or applying of contacts or cosmetics in the labs is prohibited, and will be confined to areas separate from work spaces to avoid contamination. There will be no smoking in the labs. Food must not be stored in laboratory refrigerators or other areas of potential biological or chemical hazard. Food containers shall not be used as storage vessels for laboratory materials. Make sure to wash your hands before leaving the laboratory.

A Safety Manual, Chemical Hygiene Plan, and Material Safety Data Sheets (MSDS) notebook are available in each laboratory. A comprehensive Safety Plan and Disaster Plan are available in the Research Office.

VA approved power strips are **only** allowed for computers and other sensitive equipment that may be damaged by electrical surges. These power strips must have an integral surge suppressor. If there are not enough power outlets in your laboratory, please contact the Research Office so the additional permanent outlets can be installed.

Inform the Research Safety Officer of any hazards in your work area.

Housekeeping - while working in the lab

Work areas should be kept clean and free from obstruction. Hallways should not be used as storage areas, and access to exits, emergency equipment (e.g., shower, eyewash, fire extinguishers) should never be blocked. Clutter should be minimized. Cleanup should follow the completion of any operation or at the end of each day. In laboratories with sprinkler systems, items must be stored at least 18 inches below the plane of the sprinkler deflectors.

Apparel - while working in the lab

Loose, skimpy, or torn clothes should not be worn in the labs (avoid for example, saris, neckties, shorts, halter tops, etc.). Employees should refrain from wearing dangling items (jewelry, scarves, etc.) Shoes should cover the entire foot; sandals and open-toed shoes do not afford proper foot protection and thus are not allowed. Hair should not be worn in a style that might impair vision, cause distractions during job functions, or come in contact with work surfaces or moving equipment.

PERSONAL PROTECTIVE EQUIPMENT - while working in the lab

The Research Office will provide all individuals with appropriate Personal Protective Equipment (PPE) that provides a barrier to prevent contact with hazardous agents. PPE includes protective clothing, respiration protection, eye protection, and shields. PPE should be changed or cleaned regularly. Disposable equipment must not be reused. Remove any contaminated PPE immediately and decontaminate it or dispose of it as infectious material (see Waste Disposal guidance below). Restrict PPE use to contaminated areas to prevent contamination in unrestricted areas. **DO NOT** wear PPE outside of the laboratory.

Laboratory coats must be worn when an employee works with biohazardous materials, highly hazardous chemicals, and/or radioactivity. They are also worn in the Animal Research Facility.

Gloves must be worn when an employee works with biohazardous materials, highly hazardous chemicals, and/or radioactivity. Gloves should be removed and hands should be washed before leaving the laboratory area.

Protective glasses/goggles must be available in the laboratory and must be worn when there is a danger of splashing (biohazardous materials, infectious materials, corrosive or caustic chemicals), generation of glass/plastic/metal fragments (distillation, thawing of samples from liquid nitrogen), or exposure to UV radiation.

Masks are required to protect against air-borne pathogens. These masks must be fit-tested before commencing work and annually thereafter. For fit-testing, contact the Safety Officer.

Showers- while working in the lab

Safety showers are provided in laboratories for emergencies in which water is needed for flushing away chemicals, or extinguishing burning clothing. Laboratory personnel shall NOT obstruct the space below the shower with furniture, cabinets, refrigerators, etc. Facilities Management personnel test these emergency showers on a regular basis.

Ultraviolet Light- while working in the lab

UV radiation is used in chemical synthesis and analysis, medical diagnosis and treatment, sterilization, electrostatic processes, as well as in fluorescent lamps, instrument panel lights, et cetera. Continued exposure to UV radiation accelerates skin aging and may cause skin cancer, cataracts, conjunctivitis, and other conditions. Persons with fair skin should avoid prolonged exposure. Protective clothing, gloves and face shields or glasses (rated for UV wavelengths) should be worn when there is danger of exposure to UV radiation.

Centrifuges- while working in the lab

If a table-top model is used, make certain it is securely situated. Locate the centrifuge where vibration will not cause bottles or equipment to fall off shelves. Always close the lid when operating the centrifuge. If excessive noise or vibration occurs, the instrument must be turned off immediately because the rotor is not balanced, the shaft is bent, or the bearings are worn, presenting considerable hazard when high speeds are reached. Swinging buckets must be symmetrically arranged and correctly supported, and maximum rotor speed must not be exceeded. Always take proper precautions when centrifuging radioactive or infectious materials to avoid contaminating the room with aerosolized particles. Flammable materials must not be centrifuged without positive exhaust ventilation.

Cold Rooms- while working in the lab

It is policy to notify someone when working in a cold room for research.

Cold rooms are not suitable for flammable liquids. The sparking devices in the room can set off an explosion. Sodium azide solution, even with sodium hydroxide present, has an appreciable vapor pressure of hydrazoic acid over its surface. Such solutions must not be stored in refrigerators with exposed copper parts, since in the presence of azide and moisture, copper is capable of forming copper azides, which are sensitive explosives. Various other volatile liquids can condense on the refrigerator coils. Do not put dry ice in an unventilated cold room. Dry ice must be removed from a package before the package can be stored in a cold room or refrigerator.

Certain acids (hydrochloric, acetic acid), even when stored in a "closed" container, give off corrosive fumes that can damage refrigerator coils, switches, and other electrical devices in the vicinity.

Glassware- while working in the lab

Careful handling and storage procedures should be followed to avoid injury from broken glass. Damaged items should be discarded. Adequate hand protection will be used when inserting glass tubing into rubber stoppers or corks or when placing rubber tubing on glass hose connections. The use of plastic or metal connectors should be considered. Vacuum-jacketed glass apparatus must be handled with extreme care to prevent implosions. Equipment such as Dewar flasks must be taped or shielded. Only glassware designed for vacuum work will be used for that purpose, and proper instruction should be provided in the use of glass equipment designed for specialized tasks that can represent unusual risks for the first-time user. For example, separatory funnels containing volatile solvents can develop considerable pressure during use. Hand protection will be used when picking up broken glass. Broken glass is to be placed in unlined red sharps containers (for noninfectious waste only).

Mouth Pipetting- while working in the lab

The VA specifically prohibits mouth pipetting of any material. There are many commercial devices that enable individuals to avoid this procedure.

Needles- while working in the lab

All needles and syringes will be placed in the red reusable sharps containers that should be found in every lab. Do **not** use any alternate type of container for this purpose. When existing containers are 3/4 full contact the Research Office or Housekeeping for replacement. Do not overfill. Facilities will coordinate with Bio-Systems to collect and replace full sharps containers from each laboratory. When in use, the red reusable sharps container should be placed in a safe location adjacent to the workspace and the protective cover should **never** be removed. Routine inspections will determine whether or not these rules are being followed. **Do not recap needles.** Note: **ALL RADIOACTIVE SHARPS MUST BE DISPOSED OF IN THE APPROPRIATELY MARKED RADIOACTIVE WASTE SHARPS CONTAINERS.**

Gas Cylinders- while working in the lab

Cylinder contents must be properly identified- do not rely just on color codes for identification, and do not destroy identification tags or labels. Likewise, cylinders must be protected. Do not accept any cylinder without a protective valve cap. Ascertain that the cap is screwed on securely before attempting to move any cylinder. Contact Facilities or use a proper tri-wheeled cylinder cart to transport a cylinder for any distance safely. Leave the cap in place until ready for use, and remember to replace the cap securely when the cylinder contents have been depleted. Segregate empty cylinders from full cylinders and mark them appropriately- *never run a cylinder completely empty; this may lead to "suck-back" contamination that can result in an explosive mixture!*

Make sure that all cylinders are stabilized; chain or secure them in some way (e.g., commercially available cylinder supports, a cylinder rack, etc.) to keep them from falling accidentally¹. Provide a definitely assigned storage location, preferably in a fire-resistant, dry and well-ventilated area away from sources of ignition or heat. Never drop cylinders or permit them to strike each other violently.

No part of a cylinder should be subjected to a temperature higher than 125°F.

Liquid Nitrogen

Well-ventilated storage and working space should be provided when using liquid nitrogen. Because serious burns can result from careless handling of liquid nitrogen, personnel should keep the following precautions in mind:

- Wear goggles or a face shield, gloves large enough to allow quick removal, and rubber aprons.
- When pouring liquid nitrogen from one container to another, the receiving container should be cooled gradually to prevent thermal shock. The liquid should be poured slowly to avoid splattering, and should always be vented to the atmosphere.
- Introduction of a substance which is at normal room temperature into liquid nitrogen is always somewhat hazardous. There is a violent evolution of gas, and there is likely to be considerable splashing.
- If any of the liquid contacts skin or eyes, immediately flood that area of the body with large quantities of unheated water and apply cold compresses. Get the victim to Emergency Department as soon as possible.

Biohazards- while working in the lab

Infectious Agents

There are several infectious disease protocols in use at the VAHCS in research laboratories. Procedures for managing spills on work surfaces, on personnel, and involving punctures or cuts are similar in each case. Flood the affected area with the indicated disinfectant solution until the volume of the solution exceeds that of the infectious material; wipe affected work surfaces with paper towels and bag and dispose of wastes in a designated container (i.e., a red biohazard container and red bag). Exposed areas of the body should be washed with large volumes of tap water as well (for at least 10 minutes). The solution appropriate for the pathogen in your lab is specified in a written protocol and is typically 10% bleach (as Clorox) or 70% ethanol.

¹ Call the Research Office for work orders to Facilities Management for anchoring gas cylinders.

Universal Precautions

Universal Precautions have been mandated by the Veterans Affairs Health Care System, Center for Disease Control, and the Occupational Safety and Health Administration (OSHA) for all health care workers. The concept stresses that *all* patients should be assumed to be potentially infectious for Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV), as well as other pathogens. Many research laboratories deal with human blood tissue or other human components, and universal precautions therefore apply. Universal precautions **must** be followed when lab workers work with human blood and other body fluids (amniotic fluid, pericardial fluid, peritoneal fluid, pleural fluid, synovial fluid, cerebrospinal fluid, semen, and vaginal secretions) **or** any body fluid visibly contaminated with blood. Although HIV and HBV transmission has not been documented from exposure to other body fluids (feces, nasal secretions, sputum, sweat, tears, urine, and vomitus), “universal precautions” should still be used when handling these fluids. This includes:

- * Hand washing following the care of any patient or handling any body fluid is the most effective method of preventing transmission of infectious agents. Refer to [MCM 11-123 Hand Hygiene Policy](#).
- * Gloves must be worn for all procedures that entail contact with body tissues and the body fluids listed above. Hand washing following the removal of gloves is extremely important.
- * Gowns must be worn to prevent soiling of clothing and skin when extensive contact with body fluids covered under universal precautions is likely.
- * Masks must be worn when indicated to prevent possible splashing of body fluids into the nose or mouth.
- * Protective eyewear or face shields must be worn in all situations where the splashing of blood or body fluids to the eyes or mucous membranes is anticipated, such as all operative and invasive procedures.
- * All needles and sharps must be disposed of in an appropriate red reusable sharps container immediately after use. Needles must *not* be recapped before disposal because of the increased risk of needle stick.
- * Laboratory specimens from every patient must be handled as if capable of transmitting infection. Specimens must be collected in containers that will remain leak proof in the transport system. The outside of the specimen containers will be clean and the specimens will be placed in sealable plastic bags prior to transport. Requisitions must be attached by tape or paper clip to the outside of the bag.
- * If a health-care worker sustains a needle stick or significant mucous membrane exposure to body fluids, he/she will report to Employee Health or the MOD as soon as possible. If the exposure source is known, then the patient will be requested (with informed consent) to submit blood for HIV and HBV testing.

Recombinant DNA

Recombinant DNA (rDNA) in the laboratory requires specific approval prior to use. A form outlining the experimental protocol and biosafety level (BL) class **must** be completed and approved by the R&D Biohazard and Safety Committee before *any* work with the agent can begin. Guidelines for working with rDNA are available from the National Institute for Health at their website: http://oba.od.nih.gov/rdna/nih_guidelines_oba.html.

Radioactive Materials- while working in the lab

All employees working with radioisotopes have the following responsibilities: to keep exposure as low as reasonably achievable, to wear an authorized film badge at all times in laboratories with radioactivity, to follow all established radiation safety procedures, to secure all radioisotopes from theft, and to obtain yearly training.

In addition, the following general guidelines for lab safety will always be observed when working with radioactive materials: confine such materials to a small area, make transfers carefully, use absorbent paper on work surfaces, use trays under the experiment, wear gloves and other protective clothing, wash hands, when appropriate use a fume hood, and do not mouth pipette, smoke, drink, or eat in the vicinity of radioactive materials. In the case of a major spill, vacate the area after covering the spill with absorbent pads. Affected personnel should remain nearby to minimize the spread of the radioactivity, shield the spill if possible, and contact the Radiation Safety Officer. Lab personnel are generally responsible for clean up.

Females of Child-bearing Age

The risk of leukemia and other cancers in unborn children increases if the mother is exposed to significant amounts of radiation during pregnancy. Radiation doses for a pregnant woman should not exceed 0.5 REM because of risks to the unborn child. Since this limit is lower than the dose ordinarily permitted for adult workers, special care should be taken to limit exposure. NRC standards set an occupational limit of 1.25 REMs per adult per calendar quarter, or 5 REMs per year. The first trimester of pregnancy is most important when considering whether to continue exposure at adult levels as the 0.5 REM limit applies to the entire 9-month term of pregnancy. Consult with the RSO if necessary.

Security- while working in the lab

All employees are responsible for following the rules on the use of the key card access system in buildings 40, 41 and 42. All doors to labs and offices must be locked after working hours when not occupied by authorized employees. Health Care System Police will report the incidence of unlocked doors. **DO NOT PROP OPEN DOORS!**

The ARF is locked at all times. A magnetic key card is now required to gain entry through the interior doors on either level, although the exterior door is unlocked during normal administrative hours (Mon-Fri., 7:30 AM - 4:30 PM). A key card may be obtained after completing the relevant paperwork in the Research office. After working hours, it will be necessary use a key code to disarm the security system along with the assigned key card.

Waste Disposal

Employees are encouraged to recycle office paper, newspapers, magazines, cardboard and non-contaminated plastics. Before recycling cardboard boxes or containers used to ship radioactive materials, cover or mark over any indication of radioactivity (symbols, labels, etc.). Buildings 40, 41 and 42: Recycling bins are available in each research building, in Building 20, and basement Building 41(tan bin for cardboard). **Do not throw waste/trash of any kind in the tan cardboard recycling bin.**

For hazardous chemical disposal, containers must be properly labeled using special labels that are available through the Research Office. The VA Safety Office should then be called for pickup. Questions regarding chemical wastes can be directed to the Research Safety Chairperson or to the Research Office.

Chemicals for disposal should be placed in a Satellite Accumulation area. There are in different locals on each floor. There are two labels that need to be placed on each container. One label is "Hazardous Waste". The other label should be completely filled out listing the PI, the contents of the bottle itemizing all the contents of a solution and the DATE the CONTAINER WAS PLACED IN THE AREA.

Paper towels, gloves, plastic tubes and related materials that are not hazardous can be disposed of in the normal waste containers. These containers should be lined with plastic bags. Do not use these containers to dispose of anything that will puncture the bag or to dispose of liquids that may leak. When full, the bags should be sealed. Place closed bags near waste containers for Housekeeping to pick up. There is also a tan trash bin located in the basement of Building 41. **Do not throw trash in bins unless it is in a trash bag.**

Non-sharps biohazardous waste should be placed in the red biohazardous containers. These containers are lined with red bags and it is extremely important that no sharps are placed in these containers. Housekeeping will collect and replace the red bags.

Glass and plastics items that **are not** biohazardous should be disposed of in unlined red sharps containers.

Gas Cylinders

Lab personnel in Buildings 40, 41 and 42 are to order gas cylinders through the Research Office or they can place their own work order. The gas cylinders are then delivered to the appropriate lab. Labs should plan sufficiently in advance for gas use so that work orders to Facilities Management for delivery may be processed in time. Non-disposable cylinders should be returned to the gas cylinder room near the loading dock in the main hospital.

Radioactive Materials

Radioactive waste shall be stored as per the instructions of the Radiation Safety Officer (RSO). Be aware that housekeeping employees must not collect **anything** marked "radioactive".

All dry radioactive waste is to be stored in appropriately marked containers (e.g., twenty-gallon yellow drums with a sign indicating the type of waste to be placed inside). A plastic bag will be inside each drum and a disposal tag attached to the top. When the drums are full, call the EHS (335-8501), to schedule a pick up time, as there is not a regular pick-up schedule. When a drum is removed, it will be replaced by an empty drum. Liquid waste is to be stored in one-gallon bottles that are provided. Animal carcasses are to be triple-wrapped in special heavy duty plastic bags and frozen (except in those cases where special procedures have been agreed to previously). The exterior of the waste containers will be assayed for radioactivity before removal. For additional information, refer to the [Radiation Safety manual](#).

Lab Closeout Procedures

Researchers who are planning to retire or leave the VAHCS must arrange for final disposal of all biological, chemical, and radiological materials from their laboratory prior to vacating the lab. See the "Closeout Procedures for Hazardous Materials in Laboratories" (Appendix M of the [Chemical Hygiene Plan](#)) for more information.



IOWA CITY VETERANS AFFAIRS (VA) HEALTH CARE SYSTEM

601 Highway 6 West, Iowa City, IA 52246-2208

(319-338-0581)

Community-Based Outpatient Clinics

2979 Victoria Street, Bettendorf, IA 52722-2784 (563-332-8528)

2230 Wiley Blvd, SW, Cedar Rapids, IA 52404-2364 (319-369-4340)

915 Short Street, Suite 163, Decorah, IA 52101 (563-387-5840)

200 Mercy Drive, Suite 106, Dubuque, IA 52001-7343 (563-588-5520)

387 E. Grove Street, Galesburg, IL 61401-3728 (309-343-0311)

1009 East Pennsylvania Avenue, Ottumwa, IA 52501-2108 (641-683-4300)

721 Broadway Street, Quincy, IL 62301-2708 (217-224-3366)

406 C Avenue, Sterling, IL 61081-3410 (815-632-6200)

945 Tower Park Drive, Waterloo, IA 50701-9098 (319-235-1230)

Coralville Clinic: Primary Care: 520 10th Avenue, Suite 100, Coralville, IA 52241-1923 (319-358-2406)

Mental Health: 520 10th Avenue, Suite B, Coralville, IA 52241-1923 (319-688-3366)

In Reply Refer To: 636A8/151

Dear

Welcome to the Iowa City Veterans Affairs Health Care System.

You will be assigned to our facility as a Research Assistant for _____ from _____ through _____ under authority of 38 U.S.C., 7405(a)(1).

During your period of affiliation with our facility, you are authorized to perform services as directed by the Administrative Officer for Research and Development.

In accepting this assignment you will receive no monetary compensation and you will not be entitled to those benefits normally given to regularly paid employees of the Department of Research, such as leave, retirement, etc. You will, however, be eligible to receive the benefits indicated below. Cash cannot be paid in lieu of these benefits.

___ Quarters ___ Subsistence ___ Uniforms ___ Laundering of Uniforms

If you agree to these conditions, please sign the statement below. This agreement may be terminated at any time by either party by written notice of such intent.

Please indicate your veteran status by circling the appropriate number:

Sincerely yours,

1 - Vietnam Veteran*

2 - Other Veteran

3 - Non-Veteran

DANIEL J. HELLE
Human Resources Officer

I agree to serve in the above capacity under the conditions listed above.

(Signature)

(Date)

*For this purpose, a Vietnam Veteran is one with service between 8/5/64 and 5/7/75.

FL 10-294
Oct 1980 (RS)

Employee's Name:

Job Title:

Department/Service Assigned: ICVAHCS Research & Development

If employee falls into more than one functional category listed below, access should be granted based on the less restrictive category to meet the need of an intended purpose.

This table shows access or non access to PHI in regards to functional category, it does not show if a user needs access to their own System of Records (e.g. 24VA10P2) in order to complete their job functions. For a list of classes of people, please reference VHA Handbook 1605.02, Appendix B.

Immediate Supervisor: Check off functional category, review with employee, obtain signatures, and maintain copy in the *Supervisor's Personnel Files* (RCS 10-1, 05-3) for the individual employee. Review of Functional Category must be done on an annual basis, even if there is not a change.

	Functional Categories (Class of Persons)	Type of Protected Health Information Accessible	Allowable Systems of Records for Limited Access	Conditions for Access to Information
<input type="checkbox"/>	Direct Care Providers	Entire Health Record		Treatment of Individuals
<input type="checkbox"/>	Department of Veterans Affairs (VA) Researchers	Entire Health Record including research records		Activities as approved by an Institutional Review Board or Privacy Board
<input type="checkbox"/>	Indirect Care Providers	Entire Health Record		In support of treatment of individuals
<input type="checkbox"/>	Chief Business Office (CBO) Administrative	Entire Health Record		In support of CBO functions such as payment, reimbursement, income verification and eligibility benefits
<input type="checkbox"/>	Health Information Support Services	Entire Health Record		Assign diagnostic codes, transcribe, file, release information, scan, and provide or input registry data
<input type="checkbox"/>	Quality, Oversight and Investigations	Entire Health Record		Address medical inspections, investigations, complaint review and resolution, quality reviews, patient safety reviews, compliance, and provide congressional response
<input type="checkbox"/>	Chief of Police	Limited Health Record	79VA10P2, 24VA10P2	Reviewing Patient Inquiry
<input type="checkbox"/>	Police and Security Service	No Need for access to PHI		Security functions
<input type="checkbox"/>	Information Security, Privacy, Compliance, VISN Staff, Patient Advocate	Entire Health Record including research records		Monitoring and tracking of security privacy and compliance issues
<input type="checkbox"/>	Operations Support	No need for access to PHI		Internal operations.

	Functional Categories (Class of Persons)	Type of Protected Health Information Accessible	Allowable Systems of Records for Limited Access	Conditions for Access to Information
<input type="checkbox"/>	Leadership and Management	Limited access, where necessary to complete assignment	24VA10P2, 79VA10P2, 121VA10P2 and any other system of records with national data.	Operation and management, executive decisions for health care operations
<input type="checkbox"/>	Non Health Information Administrative Support	Limited Health Record, where necessary to complete assignment	79VA10P2, 24VA10P2	Administrative, public, and employee support
<input type="checkbox"/>	Environmental Support Staff	No need for access to PHI		Maintenance of grounds and buildings
<input type="checkbox"/>	Information Technology	Limited Health Record, where necessary to complete assignment	79VA10P2, 24VA10P2, 121VA10P2 and any other system of records for an IT system.	Maintenance and support of computer systems.
<input type="checkbox"/>	Veterans Canteen Service	No need for access to PHI		Retail and food services for employees and Veterans
<input type="checkbox"/>	Volunteer Services	Limited Health Record	79VA10P2, 24VA10P2	Transportation and other services

By signing this document I acknowledge and understand that I have been assigned the functional categories listed above and given computer access and VistA menu options if applicable to access and use Protected Health Information only in the performance of my official job duties and assigned task.

Employee's Signature:		Date:
Supervisor's Signature:		Date:
<input type="checkbox"/> Interim Review for Position Change	<input type="checkbox"/> Interim Review for Job Assignment Change	
The following changes have been made to employees' functional category:		
<input type="checkbox"/> No changes made, functional category and menu options to remain the same for this fiscal year.		
Employee's Signature:		Date:
Supervisor's Signature:		Date:

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)



2. **SOCIAL SECURITY NUMBER**



3a. **PLACE OF BIRTH** (Include city and state or country)



3b. **ARE YOU A U.S. CITIZEN?**

YES NO (If "NO", provide country of citizenship) ◆

4. **DATE OF BIRTH** (MM / DD / YYYY)



5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)



6. **PHONE NUMBERS** (Include area codes)

Day ◆

Night ◆

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959?

YES

NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System?

YES (If "YES", proceed to 8.)

NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military?

YES (If "YES", provide information below) NO

If you answered "YES," list the branch, dates, and type of discharge for all active duty.
If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. YES NO

10. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved. YES NO

11. Are you currently under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. YES NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address. YES NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt. YES NO

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Form Approved:
OMB No. 3206-0182

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works. YES NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? YES NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

- 17a. Applicant's Signature: _____ Date _____
(Sign in ink)
- 17b. Appointee's Signature: _____ Date _____
(Sign in ink)

Appointing Officer:

Enter Date of Appointment or Conversion
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

- 18a. When did you leave your last Federal job? _____
DATE: MM / DD / YYYY
- 18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? YES NO DO NOT KNOW
- 18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. YES NO DO NOT KNOW

VA-WOC APPOINTEE INTELLECTUAL PROPERTY AGREEMENT

This agreement is made between _____ and the Department of Veterans Affairs (VA) in consideration of my without compensation (WOC) appointment by the VA Medical Center (VAMC) at Iowa City, IA, and performing VA-Approved Research (as defined below) utilizing VA resources. This agreement is not intended to be executed by WOC appointees exclusively performing clinical services, attending services, or educational activities at the VAMC.

1. I hold a WOC appointment at the VAMC for the purpose of performing research projects, evaluated and approved by the VA Research and Development Committee (VA-Approved Research), at that VAMC.
2. By signing this agreement, I understand that, except as provided herein, I am adding no employment obligations to the VA beyond those created when I executed the WOC appointment.
3. I have read and understand the VHA Intellectual Property Handbook 1200.18, which provides guidance and instruction regarding invention disclosures, patenting and the transfer of new scientific discoveries.
4. Notwithstanding that I am an employee or appointee at The University of Iowa I will disclose to VA any invention that I make while acting within my VA-WOC appointment in the performance of VA-Approved Research utilizing VA resources at the VAMC or in VA-approved space.
5. I understand that the VA Office of General Counsel (OGC) will review the invention disclosure and will decide whether VA can and will assert an ownership interest. Every effort will be made to issue a decision within 40 days of receipt of a complete file. OGC will base its decision on whether VA has made a significant contribution to the invention, to include my use of VA facilities, VA equipment, VA materials, VA supplies, and VA personnel, as well as assessment of the potential of the invention.
6. If VA asserts an ownership interest based on my inventive contribution, then, subject to Paragraph 7 below, I agree to assign certain ownership rights I may have in such invention to the VA. I agree to cooperate with VA, when requested, in drafting the patent application(s) for such invention and will thereafter sign any documents, recognizing VA's ownership as required by the U.S. Patent and Trademark Office at the time the patent application is filed.
7. VA recognizes that I am employed or appointed at the entity named in Paragraph 4 and have obligations to disclose and assign certain invention rights to it. If that entity asserts an ownership interest, VA will cooperate with it to manage the development of the invention as appropriate.
8. If a Cooperative Technology Administration Agreement (CTAA) exists between the VA and the mentioned entity in Paragraph 4, this Agreement will be implemented in accordance with the provisions of that CTAA.

Signature

Date: _____

Mark Yorek, ACOS for Research

Date: _____

Iowa City VA Health Care System Scope of Practice for Research Personnel Animal and/or Bench Research

RESEARCH PERSONNEL NAME:								
Species:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Rat	<input type="checkbox"/> Mouse	<input type="checkbox"/> Dog	<input type="checkbox"/> Hamster	<input type="checkbox"/> Guinea Pig	<input type="checkbox"/> NHP	<input type="checkbox"/> Other:
PRINCIPAL INVESTIGATOR/PRIMARY SUPERVISOR:								

This Scope of Practice is specific to the duties and responsibilities of the above individual, as an agent of the listed Principal Investigator. The employee is specifically authorized to conduct research involving animal subjects and/or bench research with the responsibilities outlined below in conjunction with approved research protocols. Under no circumstance may anyone perform research duties outside their approved Scope of Practice for research. The Principal Investigator remains responsible at all times for the conduct of the employee and must complete, sign and date this Scope of Practice.

PROCEDURES:

A Research employee may be authorized to perform the following duties and procedures on a regular and ongoing basis. They may be performed without specific prior discussion/instruction from the Principal Investigator. The Principal Investigator must check the appropriate box that pertains to the research employee's position. The original signed copy of this document must be maintained in the Research and Development Office.

Routine Duties	Applicable	Not Applicable
Safely handles toxic, carcinogenic, or flammable reagents, and uses appropriate protective equipment and/or clothing.	<input type="checkbox"/>	<input type="checkbox"/>
Handles biomaterials, microbial or viral agents, pathogens, and/or toxins.	<input type="checkbox"/>	<input type="checkbox"/>
Safely operates routine laboratory equipment (e.g. centrifuges, safety cabinets, exhaust hoods, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
Handles radioactive materials and/or radiation generating equipment. <i>Radiation Safety approval required to order/use radioactive materials.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Collects and manages the secure storage of data including data bases and experimental results.	<input type="checkbox"/>	<input type="checkbox"/>
Processes and ships specimens, chemicals, reagents, etc. <i>Requires Shipping of Hazardous Materials training. US Dept of Transportation.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 7/1/2013

Understands safe reagent/chemical handling and labeling. Knows MSDS location and use.	<input type="checkbox"/>	<input type="checkbox"/>
Knows hazardous waste generation, handling and storage requirements.	<input type="checkbox"/>	<input type="checkbox"/>
Works with recombinant DNA.	<input type="checkbox"/>	<input type="checkbox"/>
Knows location and use of safety shower, eyewash, fire blanket, fire extinguisher, flammable chemical storage.	<input type="checkbox"/>	<input type="checkbox"/>
Only ACORP (Animal) Research Users Continue Below:		
Uses safe procedures involving animals and uses protective equipment appropriately (e.g. gloves, mask, eye protection, protective clothing).	<input type="checkbox"/>	<input type="checkbox"/>
Is knowledgeable about the ethical and safe handling of animals and performs procedures involving animals (e.g. tailing, surgery, and/or behavioral interventions). <i>Requires completion of the CITI Species Specific training.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies endpoint criteria - Identifies when protocol endpoints are reached, as described in approved protocol.	<input type="checkbox"/>	<input type="checkbox"/>
Does pre-procedural and post-procedural monitoring, reporting pain or abnormalities for immediate remediation.	<input type="checkbox"/>	<input type="checkbox"/>
Performs special husbandry and/or practices as described in the approved ACORP. Please list briefly:	<input type="checkbox"/>	<input type="checkbox"/>
Performs Category D and / or E procedures, as approved in the ACORPs.	<input type="checkbox"/>	<input type="checkbox"/>
Performs / participates in enrichment procedures for animals.	<input type="checkbox"/>	<input type="checkbox"/>
Performs / participates in antibody production.	<input type="checkbox"/>	<input type="checkbox"/>
Performs surgical procedures as described in approved ACORPs.	<input type="checkbox"/>	<input type="checkbox"/>
Administers euthanasia for animals in approved ACORPs.	<input type="checkbox"/>	<input type="checkbox"/>
Performs pre – or post- euthanasia tissue collection.	<input type="checkbox"/>	<input type="checkbox"/>
Administers parenteral injections (IP-intraperitoneal, SQ-subcutaneous, IM-intramuscular, IV-intravenous) I	<input type="checkbox"/>	<input type="checkbox"/>
Administers Intracerebral Injections.	<input type="checkbox"/>	<input type="checkbox"/>
Administers substances PO (orally).	<input type="checkbox"/>	<input type="checkbox"/>
Obtains blood specimens from ACORP-approved animals	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Duties (if applicable):

_____ is authorized to perform in the following miscellaneous duties not otherwise specified in this Scope of Practice.

Annual Education Requirements:

1. Working with the VA IACUC*
2. Species Specific Training*
3. Radiation Training**
4. Biosafety Training
5. VA Privacy and Information Security Awareness and Rules of Behavior (TMS #10176)
6. VA Safety Training

*Animals only: Training on the CITI Program website – www.citiprogram.org

**Radiation use only

PRINCIPAL INVESTIGATOR STATEMENT:

This Scope of Practice was reviewed and discussed. After reviewing his/her education, qualifications, research experience involving bench research and animal subjects, peer reviews, and individual skills, we certify that the employee possesses the skills to safely perform the aforementioned duties/procedures. We agree to abide by the parameters of this Scope of Practice, all-applicable hospital policies and regulations.

This Scope of Practice will be reviewed **annually** and amended as necessary to reflect changes in the duties/responsibilities, utilization guidelines and/or hospital policies.

We understand that the employee must not perform any procedures which constitute the practice of the profession for which they may be eligible for but did not obtain a license, registration, or certification.

Employee Signature

Date

If you are the Principal Investigator completing this form, please sign as the Employee and have your Supervisor/Service Chief sign below

Principal Investigator/ Supervisor

Date

Associate Chief of Staff for Research and Development

Date

Iowa City VA Health Care System Scope of Practice for Research Personnel Biomedical/Bench Research

RESEARCH PERSONNEL NAME:
PRINCIPAL INVESTIGATOR/PRIMARY SUPERVISOR:

The Scope of Practice is specific to the duties and responsibilities of the above individual, as an agent of the listed Principal Investigator. The employee is specifically authorized to conduct bench research with the responsibilities outlined below in conjunction with approved research protocols. Under no circumstance may anyone perform research duties outside their approved Scope of Practice for research. The Principal Investigator remains responsible at all times for the conduct of the employee and must complete, sign and date this Scope of Practice.

PROCEDURES:

A Research employee may be authorized to perform the following duties and procedures on a regular and ongoing basis. They may be performed without specific prior discussion/instruction from the Principal Investigator. The Principal Investigator must check the appropriate box that pertains to the research employee's position. The original signed copy of this document must be maintained in the Research and Development Office.

Routine Duties	Applicable	Not Applicable
Safely handles toxic, carcinogenic, or flammable reagents, and uses appropriate protective equipment and/or clothing.	<input type="checkbox"/>	<input type="checkbox"/>
Handles biomaterials, microbial or viral agents, pathogens, and/or toxins.	<input type="checkbox"/>	<input type="checkbox"/>
Safely operates routine laboratory equipment (e.g. centrifuges, safety cabinets, exhaust hoods, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
Handles radioactive materials and/or radiation generating equipment. <i>Radiation Safety approval required to order/use radioactive materials.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Collects and manages the secure storage of data including data bases and experimental results.	<input type="checkbox"/>	<input type="checkbox"/>
Processes and ships specimens, chemicals, reagents, etc. <i>Requires Shipping of Hazardous Materials training. US Dept of Transportation.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Understands safe reagent/chemical handling and labeling. Knows MSDS location and use.	<input type="checkbox"/>	<input type="checkbox"/>
Knows hazardous waste generation, handling and storage requirements.	<input type="checkbox"/>	<input type="checkbox"/>
Works with recombinant DNA.	<input type="checkbox"/>	<input type="checkbox"/>
Knows location and use of safety shower, eyewash, fire blanket, fire extinguisher, flammable chemical storage.	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 7/1/2013

Miscellaneous Duties (if applicable):

_____ is authorized to perform in the following miscellaneous duties not otherwise specified in this Scope of Practice.

Annual Education Requirements:

1. Radiation Training**
2. Biosafety Training
3. VA Privacy and Information Security Awareness and Rules of Behavior (TMS #10176)
4. VA Safety Training

**Radiation use only

PRINCIPAL INVESTIGATOR STATEMENT:

This Scope of Practice was reviewed and discussed. After reviewing his/her education, qualifications, research experience involving bench research, peer reviews, and individual skills, we certify that the employee possesses the skills to safely perform the aforementioned duties/procedures. We agree to abide by the parameters of this Scope of Practice, all-applicable hospital policies and regulations.

This Scope of Practice will be reviewed **annually** and amended as necessary to reflect changes in the duties/responsibilities, utilization guidelines and/or hospital policies.

We understand that the employee must not perform any procedures which constitute the practice of the profession for which they may be eligible for but did not obtain a license, registration, or certification.

Employee Signature

Date

If you are the Principal Investigator completing this form, please sign as the Employee and have your Supervisor/Service Chief sign below

Principal Investigator/Supervisor

Date

Associate Chief of Staff for Research and Development

Date

Iowa City VA Health Care System Scope of Practice for Research Personnel Human Subjects Research

RESEARCH PERSONNEL NAME
PRINCIPAL INVESTIGATOR (PI) / PRIMARY SUPERVISOR

This Scope of Practice is specific to the duties and responsibilities of the above individual, as an agent of the listed Principal Investigator. The employee is specifically authorized to conduct research involving human subjects with the responsibilities outlined below. Under no circumstance may anyone perform research duties outside their approved Scope of Practice for research. The Principal Investigator remains responsible at all times for the conduct of the employee and must complete, sign and date this Scope of Practice.

PROCEDURES:

A Research employee may be authorized to perform the following duties and procedures on a regular and ongoing basis. They may be performed without specific prior discussion/instructions from the Principal Investigator. The Principal Investigator must check the appropriate box that pertains to the Research employees' position. The original signed copy of this document must be maintained in the employee's file in the Research and Development Office.

Routine Duties	Applicable	Not Applicable
1. Screens patients to determine study eligibility criteria by reviewing patient medical information or interviewing subjects. Comments/Exceptions:	<input type="checkbox"/>	<input type="checkbox"/>
2. Develops recruitment methods to be utilized in the study. Comments/Exceptions:	<input type="checkbox"/>	<input type="checkbox"/>
3. Performs venipuncture to obtain specific specimens required by study protocol (requires demonstrated and documented competencies Comments/Exceptions:	<input type="checkbox"/>	<input type="checkbox"/>
4. Initiates submission of regulatory documents to IRB, VA R&D committee and sponsor. Comments/Exceptions:	<input type="checkbox"/>	<input type="checkbox"/>
5. Prepares study initiation activities. Comments/Exceptions:	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 7/1/2013

6. Provides education and instruction of study medication use, administration, storage, side effects and notifies adverse drug reactions to the study site. Comments/Exceptions:	<input type="checkbox"/>	<input type="checkbox"/>
7. Provides education regarding study activities to patient, relatives, and Health Care System staff as necessary per protocol. Comments/Exceptions:	<input type="checkbox"/>	<input type="checkbox"/>
8. Maintains complete and accurate data collection in case report forms and source documents. Comments/Exceptions:	<input type="checkbox"/>	<input type="checkbox"/>
9. Initiates and/or expedites requests for consultation, special tests or studies following the Investigator's approval. Comments/Exceptions:	<input type="checkbox"/>	<input type="checkbox"/>
10. Obtains and organizes data such as test results, diaries/cards or other necessary information for the study. Comments/Exceptions:	<input type="checkbox"/>	<input type="checkbox"/>
11. Demonstrates proficiency with VISTA/CPRS computer system by scheduling subjects research visits, documenting progress notes, initiating orders, consults, etc. Comments/Exceptions:	<input type="checkbox"/>	<input type="checkbox"/>
12. Accesses patient medical information while maintaining patient confidentiality. Comments/Exceptions:	<input type="checkbox"/>	<input type="checkbox"/>
13. Authorized to obtain informed consent from research subject and is knowledgeable to perform the informed consent "process". Comments/Exceptions:	<input type="checkbox"/>	<input type="checkbox"/>
14. Initiates intravenous (IV) therapy and administers IV solutions and medications. Comments/Exceptions:	<input type="checkbox"/>	<input type="checkbox"/>
15. Collects and handles various types of human specimens. Comments/Exceptions:	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Duties (if applicable):

_____ is authorized to perform in the following miscellaneous duties not otherwise specified in this Scope of Practice.

This Scope of practice for research does not grant you clinical privileges. If clinical privileges are needed, you will need to contact the research office for assistance.

PRINCIPAL INVESTIGATOR STATEMENT:

This Scope of Practice was reviewed and discussed. We certify that the employee possesses the skills to safely perform the aforementioned duties/procedures. We agree to abide by the parameters of this Scope of Practice and all applicable hospital policies and regulations.

This Scope of Practice will be reviewed **annually** and amended as necessary to reflect changes in the duties/responsibilities, utilization guidelines and/or hospital policies.

We understand that the employee must not perform any procedures which constitute the practice of the profession for which they may be eligible for but did not obtain a license, registration, or certification. For example, an unlicensed physician may not do any procedures that would be considered the practice of medicine (e.g., perform history and physical examinations, order or alter medication prescriptions, interpret laboratory results, give medical advice, etc.)

Employee Signature

Date

If you are the Principal Investigator completing this form, please sign as Employee and have your Supervisor/ Service Chief sign below

Principal Investigator/Supervisor

Date

Associate Chief of Staff for Research & Development

Date

INFORMATION REQUIRED FOR ELECTRONIC FINGERPRINT VERIFICATION:

COMPLETE LEGAL NAME:

LAST

FIRST

MIDDLE

DATE OF BIRTH:

SOCIAL SECURITY:

SEX: M F Other

(CIRCLE ONE)

RACE: _____

HEIGHT: _____

WEIGHT: _____

EYE COLOR: _____

HAIR COLOR: _____

PLACE OF BIRTH:

OCCUPATION (ex: RESIDENT, VOLUNTEER, CONTRACTOR, NURSE, etc.):

~~SUPERVISOR~~/POINT OF CONTACT:

Michele MacDonald, Program Specialist

PHONE # OR EXT#

DEPARTMENT:

Research & Development

EMAIL ADDRESS:

LEGAL RESIDENCE: (ONLY FOR INK PRINTS)

STOP: DO NOT WRITE BELOW THIS LINE. FOR AGENCY USE ONLY.

Date of electronic fingerprint submission: _____ *Initials:* _____

Courtesy Print Information: SON: _____ *SOI:* _____

Check if Ink prints:

Certified Mail Tracking Number for Ink Prints: _____

Date Mailed to OPM-FIPC: _____

Date scanned: _____

Scanned By: _____

Request for Personal Identity Verification (PIV) Card

Name (Last, First, Middle): _____

Date of Birth: _____

Social Security Number: _____

Place of Birth (City/State/Country): _____

Race (Options: American Indian or Alaska Native; Asian or Pacific Islander; Black non-Hispanic; Hispanic; White non-Hispanic): _____

Hair Color: _____

Eye Color: _____

Height: _____

US Citizen: Yes No

If not a US citizen please give country of citizenship: _____

e-mail address: _____

For Office Use Only

Entered: _____

Sent Notification: _____

PI _____

Date Fingerprinted _____

Human Subjects (CITI) Training

This website is the same website that the University of Iowa IRB is using for its human subjects training. But please note that you **MUST** add the VA as an affiliate in your profile and complete VA specific training in order to get credit for the course. Please follow affiliate instructions below:

<https://www.citiprogram.org/default.asp>

Instructions for NEW USERS of the CITI website training

If you have **NOT** used this site previously you will need to complete the following:

1. Register as new user and in the affiliated institution section – go to Veterans Affairs and find **Veterans Affairs Iowa City, IA – 584** and click 'submit.'
2. Choose a Username, Password and Verification Phrase.
3. Be sure to answer: "My research or IRB administrator has informed me that I have to take the VA Basic training on Human Subjects Protections and Good Clinical Practices (GCP)."
4. Be sure to answer: "I took VA biosecurity training previously, or my VA medical center does not require me to take this training at CITI."
5. You will then be assigned "VA Human Subjects Protection and GCP, Basic Course". To start the training click on "Grade Book".
6. **You must complete the 5 required GCP modules, *plus* your choice of 8 elective modules from a list of 18.**

Click on the first module, at the end of each module you will need to click on "take quiz" and then "click here to generate quiz". You can then proceed to the next module by clicking "go to next module." You can stop at anytime and the program will restart where you left off.

Note: The VA has established a minimum "passing" aggregate score of 80% for all quizzes. If you want to improve your score on a quiz, you may revisit the content and repeat the quiz. The software will remember your best score.

Instructions for those who previously used the CITI website training.

If you have **USED** this site previously you need to add the VA as another institution.

1. Log onto the website using your user name and password. If do not remember your password click "Forgot Username and Password" link.
2. Add the VA to your participating institutions. Go to "Affiliate with Another Institution" and in the Veterans Affairs section find **Veterans Affairs Iowa City, IA – 584** and click 'submit.'
3. Follow steps 3-6 above to complete the course for VA human subjects training.

**IOWA CITY VA MEDICAL CENTER
EDUCATION VERIFICATION FORM**

As part of the credentialing process it is necessary to verify educational credentials. To assist us in completing this process, please provide the following information:

EMPLOYEE NAME	
UNIVERSITY/PROGRAM ATTENDED	
CITY / STATE / COUNTRY	
DEGREE/TRAINING	DATE EDUCATION COMPLETED
LICENSE/REGISTRATION STATE	
ISSUE DATE	EXPIRATION DATE
CERTIFICATION	ISSUE/AWARD DATE – EXPIRATION DATE
SOCIAL SECURITY NUMBER	DATE OF BIRTH / PLACE OF BIRTH
EMPLOYEE SIGNATURE	

FOR OFFICE USE ONLY

DATE OF VERIFICATION/INITIALS	DEGREE/CERTIFICATION VERIFIED
LICENSURE VERIFIED	OFFICE OF INSPECTOR GENERAL VERIFIED