

## **GUIDELINES FOR MINORS INTERNING IN CARVER COLLEGE OF MEDICINE (CCOM)**

### **RESEARCH LABORATORIES**

These guidelines apply to minors interning in individual labs to perform research work in CCOM (herein also referred to as "minors"). These guidelines are not applicable to minors interning in other University of Iowa laboratories. Forms required are:

- *Proposed Project Checklist for Minors Interning in Research Laboratories*
- *Rules for Minors in Research Laboratories*
- *Parental Consent Form*
- *Waiver, Release and Indemnification Agreement*
- *Emergency Medical Treatment Authorization*
- *Potential Hazards in Research Laboratories Information Sheet*

The guidelines do not apply to minors who are employed in individual labs to perform research or to minors who are visitors in the workplace (e.g. children of faculty, pre/post-doctoral) who enter the research area briefly and do not perform work

The University of Iowa is committed to providing a healthy and safe environment for all members of the campus community and Minors interning in Research Laboratories. These guidelines are intended to 1) protect both the safety of Minors and laboratory staff members, 2) define the alternate approval process in compliance with the Minors on Campus Policy ([Operations Manual II, Ch 16](#)), and 3) serve as a minimum requirement for the College of the Roy J. and Lucille A. Carver College of Medicine. Each department within the college may develop more restrictive guidelines and procedures as deemed necessary.

See the Minors on Campus policy for terms and definitions that apply to these guidelines ([Operations Manual II Ch 16](#))

#### **1. Supervision:**

Appropriate supervision must be provided at all times when Minors are in Research Laboratories. The Principal Investigator (PI), or a qualified person designated by the PI, is responsible for the supervision of Minors. The PI and Supervisor are required to undergo criminal background checks and Minor on Campus training located on the [Employee Self Service - My Training: Course #WRM002](#)) prior to directing minors interning in research laboratories.

#### **2. Prohibited Behavior:**

- a. Minors must abide by all University policies and procedures, and college/laboratory rules and procedures. Minors may be removed for non-compliance.
- b. The following behaviors are prohibited by everyone in all University facilities including Research Laboratories:
  - i. Inappropriate use of cameras, imaging, recording and digital devices, including use of such devices in showers, restrooms, or other areas where privacy is reasonably expected.
  - ii. Possession or use of tobacco and possession, use of, or being under the influence of alcohol, illegal drugs or other nonprescription substances that may be harmful, or medication prescribed to another individual.
  - iii. Violence, threats of harm to self or others, and sexual abuse or harassment.
  - iv. Hazing of any kind or bullying, including verbal, physical or cyber bullying.

- v. The use of any social media for the purpose of intimidating, harassing, taunting, bullying or otherwise bringing harm to another person, including a minor interning in a Research Laboratory, students, faculty, staff or Volunteers.
- vi. Possession or use of fireworks, firearms, guns, knives, archery equipment and other weapons, unless being used for an officially sanctioned and approved instructional or research program.
- vii. Theft, intentional misuse, or damage to University or another person's property. Criminal and/or civil charges may be assessed against anyone responsible for such damage, misuse, or theft.

### **3. Safety Training:**

Minors are required to complete all general laboratory safety training provided on-line by Environmental Health and Safety (EHS). Minors and supervisors are required to review project-specific safety procedures that include how to operate instrumentation safely, how to operate eye wash and emergency shower stations, how to call for help if required, how to work safely with solutions, chemicals, and laboratory items

### **4. Restrictions:**

Minors are not permitted to work with and must be isolated from the following:

- Radioactivity
- Controlled Substances
- Infectious agents (organisms requiring BLS2 and higher)
- Toxins or carcinogens
- Corrosive or Volatile Chemicals
- Explosive chemicals or agents
- Organic Solvents
- Open Flames

Minors are required to have eye protection and appropriate personal protection equipment at all times while working in a laboratory.

Minors may not access, handle or work with or in close proximity to vertebrate laboratory animals without explicit permission by the Parent/Guardian with adequate description of related risk. Work with animals requires appropriate approval from Institutional Animal Care and Use Committee ("IACUC").

Principal Investigators may seek limited exceptions to these and other restrictions provided approval by the Associate Dean for Research and Parents/Guardian of the Minor. The description of such activities and their necessity are provided in the PROPOSED PROJECT CHECKLIST FOR MINORS INTERNING IN RESEARCH LABORATORIES form and must be approved additionally by the Associate Dean for Research in the CCOM.

### **5. Minors Permitted without registration:**

Minors are allowed in Research Laboratories without any prior registration under the following circumstances only:

- i. They are Visitors in the workplace;
- ii. They are working for the University as employees;
- iii. They are enrolled at the University;
- iv. They are admitted for enrollment at the University;
- v. Minors attending organized events on campus (e.g. STEM event) or events sponsored by the University or UI Health Care that are open to the general public;
- vi. They are on school/organization trips accompanied throughout the trip by an adult chaperone for their school/organization;

- vii. They are attending official admissions events hosted by the University Admissions Office, such as Hawkeye Visit Days;
- viii. High school students participating in pre-enrollment visitation or recruiting activities governed by NCAA or US Department of Health and Human Services regulations; or
- ix. They are receiving medical care or treatment at the University of Iowa.

**6. Required Registration and Process of Minor Interns in Research Laboratories:**

The following documents must be completed, submitted and approved by the PI, the Departmental Executive Officer (or approved designee), and the Office of the Vice President for Research **prior** to a Minor conducting any intern duties:

- i. Proposed Project Checklist for Minors Interning in Research Laboratories,
- ii. Rules for Minors in Research Laboratories,
- iii. Parental Consent Form,
- iv. Waiver, Release, and Indemnification Agreement,
- v. Emergency Medical Treatment Authorization, and
- vi. Potential Hazards in Research Laboratories Information Sheet.

**Process:**

- i. PI notifies Department Admin or Department HR Office (defined by departments) of the desire to have a minor intern in the PI's research lab.
- ii. PI and supervisor required criminal background check and training:
  - a. Department HR submits Criminal Background Check request using the Health Care CBC Application which will trigger the CBC forms to be sent to the PI, supervisor, or others with one-on-one contact who will provide oversight to the minor.
  - b. HR provides info on how to complete the required minor training to the PI, supervisor, and others with one-on-one contact who will provide oversight to the minor.
- iii. After CBC is completed/cleared and verification of training is complete, the PI reviews and obtains appropriate signatures on forms from the minor and parent consent then submits the completed forms to the Department Admin or Department HR Office.
- iv. Department Admin or Department HR Office will obtain signature and approval from the Department DEO.
- v. After Department DEO signs, Department Admin or Department HR Office submits completed forms to Mike Andrews in the OVPR. Risk Management to be informed if there are changes or exceptions made to the activities a minor is allowed to perform.

## PROPOSED PROJECT CHECKLIST FOR MINORS INTERNING IN RESEARCH LABORATORIES

*This section to be completed by the PI and Supervisor **PRIOR** to the minor beginning internship duties.*

Principal Investigator (PI):

Supervisor:

PI Email:

Supervisor Email:

PI Phone:

Supervisor Phone:

Describe the internship duties including the research project and types of experiments to be performed:

Start Date:

End Date:

Check and complete all of the following as applicable to the internship activities to be performed or to which the intern will be exposed:

- Use of non-human cells, tissue, or organs
- Use of Recombinant DNA
- Use of BSL1 organisms such as Baker's yeast & E. coli K12
- Clinical Activity
- Use of inert chemicals or aqueous chemical solutions
- Use of common laboratory equipment such as autoclaves, centrifuge, microscopes, balances, glassware, and incubators
- Use of gel electrophoresis apparatus
- Use of computers and access to the Internet
- Exemption Request:

If there are any activities that require an exemption from the above policy, list those here and explain their necessity. Please send for review and approval by the Associate Dean for Research in the CCOM.

**PI/SUPERVISOR APPROVAL (Person Responsible for Minor):**

I have met with the minor listed below and believe that the person's skill level is appropriate for the duties described above to the best of my knowledge. I understand my responsibility for providing direct supervision of the minor and that the minor must be supervised by me or other qualified responsible person that I designate AT ALL TIMES in the laboratory. I ensure that the minor will attend or participate in required safety training as identified by UI Environmental Health & Safety (EHS) and/or any UI Institutional Review Board (IRB). Lab specific training will also be conducted and personal protective equipment (PPE) will be provided by the college/department and used by the minor as required. I also understand that if the function or internship duties of this Minor should change, I will obtain additional approvals from my college administration and the Office of the Vice President for Research. I further verify that the above information is accurate.

PI Signature (REQUIRED) Date

Supervisor Signature (if different than PI) Date

***This section to be completed by the Minor and Parent/Guardian PRIOR to beginning internship duties.***

Minor's Name: Email:

Date of Birth: Prior research lab experience:

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Parent/Guardian Name: Home Phone Number:

Primary Cell Phone Number: Secondary Cell Phone Number:

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Emergency Contact Person's Name (other than Parent/Guardian):

Relationship to Minor: Primary Phone Number:

Secondary Phone Number:

**Signatures: Minor and Parent/Guardian have reviewed the above information**

Minor: Parent/Guardian:

***Send this completed PROPOSED PROJECT CHECKLIST FOR MINORS INTERNING IN RESEARCH LABORATORIES, along with signed RULES FOR MINORS IN RESEARCH LABORATORIES, PARENTAL CONSENT FORM, WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT, EMERGENCY MEDICAL TREATMENT AUTHORIZATION and the POTENTIAL HAZARDS IN RESEARCH LABORATORIES INFORMATION SHEET to:***

**Internal Review/Approval:**

**DEO or Designee:** \_\_\_\_\_

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

**Required if Exemptions Requested on Proposed Project Checklist:**

**Associate Dean for Research:** \_\_\_\_\_

## RULES FOR MINORS IN RESEARCH LABORATORIES

1. Never conduct work on an assignment or be alone in any laboratory environment without direct, immediate supervision from the Principle Investigator (PI), an adult designated by the PI and/or the supervisor.
2. Never operate instrumentation unless approved by the PI or supervisor. Always ask for assistance if it is not clear how to operate instrumentation.
3. Complete and follow safety training specific to the hazards in the laboratory.
4. Always wear closed-toe shoes and long pants while in any laboratory to reduce the amount of exposed skin.
5. Always wear the personal protective equipment (PPE) as directed and dispose of it appropriately. PPE includes goggles, gloves, coats/gowns, and other face/body protection as dictated by the hazard being worked with or around. Always wear eye protection while working in the laboratory. Always remove PPE when leaving the work area.
6. Always follow the instructions of the PI, an adult designated by the PI and/or the supervisor.
7. Always report an accident (regardless of severity) immediately to the PI and/or supervisor so that together you can complete a *First Report of Injury*.
8. Always keep your hands away from your face and wash them well with soap and water prior to leaving any laboratory area and after removing gloves.
9. Never eat, drink, chew gum, apply lip balm, or touch contact lenses while in any laboratory environment.
10. Always tie back long hair to minimize hazard risk in the laboratory.
11. Always ask questions if you don't understand an assignment, safety requirements or hazards involved.
12. Review and discuss confidentiality requirements with the PI and/or supervisor.
13. Review and complete the *Proposed Project Checklist*.

### Prohibited Behavior:

1. Minors must abide by all University policies and procedures, and college/laboratory rules and procedures. Minors may be removed for non-compliance.
2. The following behaviors are prohibited by everyone in all University facilities including Research Laboratories:
  - Inappropriate use of cameras, imaging, recording and digital devices, including use of such devices in showers, restrooms, or other areas where privacy is reasonably expected.
  - Possession or use of tobacco and possession, use of, or being under the influence of alcohol, illegal drugs or other nonprescription substances that may be harmful, or medication prescribed to another individual.
  - Violence, threats of harm to self or others, and sexual abuse or harassment.
  - Hazing of any kind or bullying, including verbal, physical or cyber bullying.
  - The use of any social media for the purpose of intimidating, harassing, taunting, bullying or otherwise bringing harm to another person, including a minor volunteering in a Research Laboratory, students, faculty, staff or Volunteers.
  - Possession or use of fireworks, firearms, guns, knives, archery equipment and other weapons, unless being used for an officially sanctioned and approved instructional or research program.
  - Theft, intentional misuse, or damage to University or another person's property. Criminal and/or civil charges may be assessed against anyone responsible for such damage, misuse, or theft.

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Signature of Minor

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Signature of Parent/Legal Guardian

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Printed Name of Minor

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Printed Name of Parent/Legal Guardian

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Date

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Date

## **PARENTAL CONSENT FORM**

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

By signing below, I hereby attest to the following:

I give my consent for \_\_\_\_\_ to intern at the University of Iowa from \_\_\_\_\_ to \_\_\_\_\_.

I am the legal guardian of this child who is under eighteen (18) years of age.

To the best of my knowledge, he/she is in good health and is able to participate in an internship assignment at the University of Iowa with the following physical limitations (if any):

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I will accept the judgment of the University of Iowa concerning matters relating to my son/daughter as an intern.

I take full responsibility for any and all actions of my child during his/her internship at the University of Iowa.

I have read the foregoing and understand it.

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\_\_\_\_\_  
Signature of Parent or Legal Guardian

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\_\_\_\_\_  
Date

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\_\_\_\_\_  
Printed name of Parent or Legal Guardian

## WAIVER, RELEASE, and INDEMNIFICATION AGREEMENT

I, \_\_\_\_\_, am the parent or guardian of a minor child, \_\_\_\_\_ who will be participating in Research ("Research") as an intern at the University of Iowa (the "University"). I am fully aware that my child's participation as an intern in this Research is completely voluntary.

In consideration for the University's agreement to permit my minor child to participate as an intern in the aforementioned Research, the receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:

- 1) I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, hereby release, acquit and forever discharge the University; Board of Regents, State of Iowa; the State of Iowa, and each of their respective employees, agents, and representatives from any and all liability for personal injury, including death, or property damage or loss suffered by my child as a result of, arising out of, or in any way involving their presence and/or participation in University laboratories, except to the extent such liability results directly from the negligence of the University, its agents, or employees.
- 2) I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University; Board of Regents, State of Iowa; the State of Iowa, and each of their respective employees, agents, and representatives from any and all claims, including but not limited to claims of infringement, damages or remuneration, for invasion of privacy, defamation, or misappropriation, or otherwise arising from such Research.
- 3) I acknowledge that I have read, understand and signed the **Potential Hazards in Laboratories Information Sheet** describing the potential risks associated with my child's research project(s). I fully understand that there are potential risks and hazards associated with exposure to hazardous materials, substances, or animals, and I have carefully discussed them with my child. By signing this agreement, I knowingly and voluntarily assume the risks of these dangers in consideration of the University's permission to allow my minor child to voluntarily participate in the aforementioned Research.
- 4) I hereby consent to any publicity, including the use of my child's name and likeness, and waive any right to inspect and/or approve any photography, film videotape, recordings or advertising copy which may be used in connection with my child's participation in the Research.
- 5) I agree that this Waiver, Release and Indemnification Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Iowa, and if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force and effect.
- 6) In the event of any cause of action, the laws of the State of Iowa apply.
- 7) In signing this Waiver, Release and Indemnification Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provision, that I understand it affects my legal rights and those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

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Parent or Guardian Printed Name

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Parent or Guardian Signature

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Date

### **EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

In the event my child requires medical care during their internship at a University of Iowa Research Laboratory, all reasonable attempts will be made to contact me at the phone numbers provided to obtain consent for treatment. In the event you are unable to reach me, emergency treatment may be provided as needed. If in the judgment of the health care provider the medical care is not an emergency, no treatment will be provided until my consent has been provided by phone or in person.

I agree to assume all costs related to such treatment and authorize my insurance company to pay benefits to The University of Iowa Student Health Service, the University of Iowa Hospitals and Clinics, or UI QuickCare. Also, I authorize the disclosure of medical information to my insurance company for the purpose of this claim.

**Participant Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## POTENTIAL HAZARDS IN RESEARCH LABORATORIES - INFORMATION SHEET

Type	Characteristics/potential hazards		Examples
Biological Agents	Noninfectious and non-hazardous living organisms or products of living organisms.	Biosafety Level 1 – No known hazard	Baker's yeast & E. coli K12
Biohazard	Non-human cells, tissue, or organs	No known hazard	Cultured cells
Chemicals	Refined compound that may be in the form of a solid, liquid or gas.	Aqueous Chemical Solutions – No known hazard	Saline solution
		Inert Chemicals – No known hazard	Salt solutions
Clinical Activity not involving contact with patients	Reviewing clinical data.	No hazard	Extracting data from anonymous patient data
Computer Usage & Internet Access	Computer program use or research involving internet usage.	The University does not have control over the information available through the internet or other electronic data sources. Sites accessible through the internet or other electronic data sources may contain material that is illegal, defamatory, inaccurate, obscene, profane, or potentially offensive to others.	Internet searches Review of scientific literature and methods
Physical Hazards	Mechanical/electrical equipment and instrumentation, and other lab equipment.	Electrocution, burns, tissue damage, scrapes, cuts, injuries from pinch points. High noise levels can cause hearing loss.	Use of autoclaves, centrifuge, microscope, balances, glassware, incubators, gel electrophoresis apparatus.
Recombinant DNA	Genetically modified organisms	No known hazards	DNA isolation, building a new DNA molecule
Other: (Must be approved by Associate Dean for Research)			

Some laboratory facilities at the University of Iowa are potentially hazardous environments. Even under ideal conditions, including the proper use of materials and adherence to safety procedures, a risk of personal injury exists. The above Potential Hazard Information Sheet provides the most common potential hazards, but it is not intended to be an exhaustive list. Failure to adhere to established procedures may result in even greater risk.

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Parent or Guardian Printed Name

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Parent or Guardian Signature

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Date