

# 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:

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Signature / Date:

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

Signature / Date:

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

Signature / Date:

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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  
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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.

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## 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.

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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](http://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**

<b>Fire</b>	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 <b>"Code Red"</b> . For example, the operator might repeatedly announce "code red on 4 west". When an alarm is over, the operator will announce <b>"all clear on Code Red"</b> .
<b>Other codes</b>	1. <b>"Code Blue on (area)"</b> indicates a <b>medical emergency</b> .
	2. <b>"Code 333 external"</b> indicates an external disaster (see page 1: Research Disaster Plan).
	3. <b>"Code 333 on (area)"</b> indicates an internal disaster (such as a chemical spill, explosion, et cetera).
	4. <b>"Code Green on (area)"</b> indicates a situation involving <b>violent behavior</b> .
	5. <b>"Tornado Warning"</b> - 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
<b>Other Buildings:</b>			
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 accidentally<sup>1</sup>. 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.

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<sup>1</sup> 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](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.