

GUIDELINES FOR SHORT-TERM VISITORS IN RESEARCH-RELATED AND CLINICAL ACTIVITIES¹

Introduction:

Columbia University (“University”) benefits from the presence of many visitors who come to the University for limited periods of time to receive research training or observe research activities and, at the Columbia University Medical Center (“CUMC”), to train or observe in the context of its clinical programs. In many cases, such visitors are appointed as officers of research or instruction or designated as visiting scholars or visiting scientists, as set forth in the Columbia University *Faculty Handbook* (see Chapters III, IV and VIII).² In a few exceptions, short-term visitors have no appointment, formal affiliation, or other designation with the University (“Short-Term Visitors”). Short-Term Visitors may include high school students, visiting undergraduates, post-baccalaureates, and other observers (who observe, but do not practice, research or clinical techniques or processes) or trainees (who receive training in research or clinical techniques or processes, including practice with appropriate supervision).

Short-Term Visitors may not be compensated. For example, high school students, such as Intel Science Talent scholars, may participate in laboratory activities as part of an educational/mentoring program sponsored by their school or other educational organization in conjunction with the University. However, such students may not be compensated. In some special instances, with authorization, visitors may receive a sponsored internship stipend, such as the National Institutes of Health Supplements Providing Summer Research Experiences for Students and Science Educators.

Except in unusual circumstances, Short-Term Visitors may not remain at the University for longer than three months without an appointment as an officer of research or the designation of visiting scholar or visiting scientist.

While the presence of visitors promotes the mission of the University, we have an obligation to ensure that their activities are conducted in a safe, professional and responsible manner. These Guidelines are designed to achieve that end. Nothing in them should be interpreted to change existing University policies on the appointment of officers of research and instruction and the designation of visiting scholars and visiting scientists. All visitors are subject to University policies and procedures, as well as applicable federal, state and local laws that may apply to their activities.

Visitors may not perform work that would otherwise be performed by University employees and their services may not be considered compensable work. Visitors who do work that is of benefit

¹ These Guidelines are University-wide. CUMC has adopted these Visitor Guidelines with respect to clinical activities as well as research.

² As set forth in the *Faculty Handbook*, anyone participating in collaborative research with a Columbia researcher must receive an appointment as an officer of research or instruction. By contrast, visitors who come to Columbia to conduct their own research or scholarship are designated visiting scientists or visiting scholars.

to the University and that otherwise would be performed by employees of the University may be considered entitled to wages by the U.S. or New York State Department of Labor.

Guidelines:

The University has well-established procedures for making appointments as officers of research and instruction or designating individuals as visiting scholars and visiting scientists. Questions about whether someone should receive an appointment should be directed to the University's Associate Provost for Academic Appointments or at CUMC, to the Director of the Office of Faculty Affairs. For CUMC, the International Affairs Office is responsible for designating visiting scholars and visiting scientists (including both international and U.S. individuals). For the rest of the University, the Associate Provost/Director of the Office of International Students and Scholars is responsible for these designations.

Short-Term Visitors are required to register with the appropriate office of the University prior to their arrival by completing the attached "Visitor Registration Form." The form must clearly state the purpose for which the visitor is coming to the University, the activities in which he or she will be engaged while at the University, and the anticipated length of his or her visit. It must be signed by the visitor, reviewed by the departmental administrator in the relevant department, school, institute or center, and countersigned by the person sponsoring the individual, the applicable department chair, director, and dean or executive vice president.

At the Morningside campus, Lamont-Doherty Earth Observatory and Nevis Laboratories, the registration form requires the approval of the Associate Provost for Academic Appointments, who will submit it to the CU Human Resources Office. Once the applicable Human Resources Office has approved the form, the sponsoring department can arrange for the individual to obtain a temporary identification card from the Office of Public Safety. The identification card must be collected upon the completion of the assignment.

At CUMC, the form should be submitted to the Director of the Office of Faculty Affairs for approval, who will then submit it to the CUMC Human Resources Office for confirmation that any necessary or applicable medical clearance and background checks are completed. All CUMC visitors must complete the attached CUMC Confidentiality Agreement. HIPAA online training is required for any visitor with access to clinical information, patients or research subjects. See Section B below.

It is the responsibility of sponsoring investigators and departmental administrators to ensure that all visitors: (1) have received the necessary training and/or approvals in the following areas; and (2) comply with all relevant University rules and policies during their stay.

The Research Compliance Training Finder can help determine what trainings an individual is required to take. The Training Finder is available at:
<http://www.columbia.edu/cu/compliance/docs/training/index.html>.

Prior to beginning any assignment, all CUMC visitors who are subject to Joint Commission mandates must comply with the CUMC's drug screening/background check guidelines as well as

the medical surveillance protocols.³ Such visitors may also be required to fulfill additional requirements under New York Presbyterian Hospital (NYP) policies and procedures.

A. Environmental Health and Safety; Radiation Safety

All visitors must attend the applicable Environmental Health and Safety training sessions. Individuals may identify safety training through the Research Compliance Training Finder, referenced above. Department administrators and principal investigators must make visitors aware of basic institutional safety policies and procedures that are applicable to regular employees. Visitors training or observing in laboratories must read the University's Laboratory Safety and Chemical Hygiene Plan, available at <http://ehs.columbia.edu/Policy1.1.html>, as well as the host laboratory's Laboratory Assessment Tool and Chemical Hygiene Plan (LATCH), available in the laboratory.

Prior to undertaking laboratory activities, visitors must attend Laboratory Safety, Chemical Hygiene and Hazardous Waste Management training and, if applicable, Formaldehyde/Xylene, Biological Safety/Bloodborne Pathogen, Laser and/or Radiation Safety training.

The principal investigator or the visitor's sponsor, or his/her designee, will provide task-specific training in handling hazardous materials:

- Visitors with no prior experience may not handle hazardous materials until they can demonstrate technical proficiency obtained through initial work with non-hazardous materials. (e.g., use of water to demonstrate and teach dilution techniques at the outset of activities). A progression of activities will be assigned as techniques are learned and proficiency developed to the satisfaction of the principal investigator or the visitor's sponsor.
- For those with prior experience in handling hazardous materials, the principal investigator or the visitor's sponsor, or his/her designee, will assess the level of competency and provide further training as needed if a progression of work activities is required.

Visitors may not perform any spill clean-up activities other than those necessary for the immediate protection of themselves and others.

The involvement of visitors in the handling of hazardous waste is limited to placing the waste in designated containers; they may not be involved with labeling, identification or storage of the waste. Those are responsibilities of trained laboratory staff members.

³ The Joint Commission requirements are applicable to all employees, casuals, students or visitors who have direct patient contact in NYP through the delivery of treatment, the conduct of evaluation, the enrollment of patients in studies, or the collection of data or specimens.

Visitors who may be exposed to radioactive material or ionizing radiation must contact the Office of Environmental Health and Safety to enroll in the dosimetry program that monitors radiation exposure.

B. Privacy

No visitor may have access to patient records or protected health information without completing the University's general HIPAA training. This includes access to electronic clinical information, hard copy records, or protected health information in any other format. To register for general HIPAA training, send an email to HIPAA@columbia.edu.

All CUMC visitors must complete an institutional Confidentiality Agreement, attached at the end of these Guidelines.

C. Medical Surveillance

Visitors at CUMC who may be present in patient care settings are subject to the University's Medical Surveillance Policies and Procedures through Workforce Health and Safety. If Visitors will come into contact with patients at NYP, then the visitor is subject to the NYPH Medical Clearance process under their Policies and Procedures. Any specific questions or concerns regarding the CUMC Medical Surveillance process must be handled with CUMC HR and they will work with Workforce Health and Safety to address concerns and review special circumstances.

D. Research Subjects

Visitors may not conduct or collaborate on human subjects research without an appointment as an officer of research or instruction. They must be added to the relevant Institutional Review Board protocol for prior approval of the University's Institutional Review Board, and must complete all applicable training, including but not limited to on-line training in human subjects protection and both general HIPAA training (see Section B) and on-line HIPAA Training for Researchers (available in Rascal).

Visitors may not participate in activities that directly involve vertebrate research animals without the prior approval of the University's Institutional Animal Care and Use Committee. The principal investigator is required to include the names, qualifications and activities of all visitors in his/her animal protocol form, together with a description of the activities that the visitors will perform on animals. Prior to undertaking such activities, visitors must attend the Institutional Animal Care and Use Committee regulatory lecture, take any required web-based species-specific training courses, and/or attend any required wet lab training offered by the Institute of Comparative Medicine. In addition, they are subject to the University's Medical Surveillance Policies and Procedures for the applicable campus.

E. Accidents or Emergencies

In the event of an accident or emergency, the same procedures used for employees should be used for visitors. The individual should be treated (a) for the Morningside campus, at the Student Health Services or the Emergency Room at St. Luke's Hospital, (b) for Lamont, at the

Emergency Room at Nyack Hospital, (c) for Nevis, at the Emergency Room at Dobbs Ferry Hospital, or (d) at CUMC, Workforce Health and Safety or Emergency Room at NYP. In each case, the appropriate Human Resources office should be notified and a Departmental Accident Report Form should be completed and sent to University Risk Management.

F. Miscellaneous

The University reserves the right to withdraw any visitor privileges and remove a visitor from campus without prior notice.

No Short-Term Visitor will be allowed on any ship owned or operated by the University.

G. Provisions for Short-term Visitors Who Are Minors or Who Work with Minors

Research participants under the age of eighteen are “minors” for purposes of New York State law. We ask that you familiarize yourself with and follow Columbia’s policy on the [Protection of Minors](#). For more information, please visit the Protection of Minors website at <http://www.compliance.columbia.edu/minors.html>.

Where minors participate in research-related activities in University laboratories (as opposed to being present during a tour for strictly observational purposes), additional requirements apply:

- ❑ In addition to the Registration Form referred to above, the attached Parental Consent Form must be filled out and signed by a parent or guardian of the minor visitor prior to observing or participating in any research related activities.
- ❑ No one under the age of fourteen is allowed in any University laboratory (except if present on an organized tour or field trip for strictly observational purposes, provided hazards are minimized).
- ❑ Minors between ages 14 and 18 may participate in certain research-related activities in a laboratory, so long as they have completed applicable safety training and they are directly supervised by the principal investigator, sponsor or his or her designee.
- ❑ No one under the age of 18 is allowed to be alone in a laboratory.
- ❑ No one under the age of 18 may handle human blood, human cell lines or any other material defined as “other potentially infectious materials” by OSHA (Bloodborne Pathogens Standard 29 CFR 1910.1030).
- ❑ No one under the age of 18 may work directly with vertebrate animals or enter Institute for Comparative Medicine facilities where such animals are housed.

Questions relating to this Policy should be directed to the Associate Provost for Academic Appointments (for non-CUMC departments) or the Director of Faculty Affairs (for CUMC).

COLUMBIA UNIVERSITY
Office of Human Resources
Visitor Registration Form

Please Indicate: **Research** **Clinical** **Administrative (Non Research/Non Clinical)**

Name: _____ Date: _____

Home Address: _____ Dept. Name: _____

_____ Work Location: _____

Home Phone No.: _____ Work Phone No.: _____

Affiliation (e.g. school or other entity): _____

Are you currently authorized to work in the United States? Yes No

Name(s) and Department(s) of Any Family Members Employed at Columbia University:

Emergency Contact:

Name: _____

Relationship: _____

Phone No: _____

Check One:

_____ Visitor is 14 to 18 Years of Age

_____ Visitor is over 18 Years of Age

Supervisor Name: _____

Supervisor Title: _____

Supervisor Phone No: _____

Describe the Role and Activities to be Performed in Detail (**Please attach Resume to this form**):

Estimated Number of Hours per Week: _____

Project Start Date: _____ Project End Date: _____ (Not to exceed 3 months)

Will any of the following Special Indicators be part of the duties of the Visitor?

Yes No

If Yes, Please check the applicable boxes and schedule the required Medical Surveillance appointment at <http://asp.cpmc.columbia.edu/hrorient/msr/> for your visitor.

- Potential Blood Borne Pathogen Exposure
- Contact with Known Infectious Agents (e.g. Varicella, Polio)
- In Laboratory with exposure to a known carcinogen/mutagen/reproductive toxins/extremely toxic substances _____ . (Department/Visitor must consult with EH&S when an OSHA regulated substances is used. Also, check lab safety and Chemical Hygiene Plan).
- Class 3b or 4a Lasers (Required only for specific projects)
- Contact with patient or human subjects in an NYPH (New York Presbyterian Hospital) or ACNC (Ambulatory Care Network) space (protocol includes drug testing if not already conducted as part of the pre-employment requirement).
- Contact with patients or human subjects in CUMC space (non-hospital) (protocol does not include drug testing but it may be part of the pre-employment requirement).
- Medical Clearance to wear a full face/half-face respirator.
- Medical Clearance to wear N-95 Face Mask Respirator due to: *Entering the room of a patient on respiratory isolation. *Administering aerosolized ribavirin to patients with respiratory syncytial virus (RSV). *Performing or assisting at a procedure on a patient with influenza.
- Contact with Animals (Research)-medical clearance requirement must be met.

Animals (Research) additional information visit IACUC website: <http://www.cumc.columbia.edu/dept/iacuc/> or contact directly at 212-305-24

Any workplace incidents/exposures please complete an Accident Report Form and take to WHS:

<http://www.hr.columbia.edu/hr/forms/workers-comp/pdf-ver.pdf> or contact Worker's Compensation directly at 212-851-0645.

***Any CUMC Visitors (volunteers, trainees, and observers) over the age of 18, and who is providing service at New York Presbyterian Hospital (NYP) must be compliant with Joint Commission mandates, and therefore are subject to a pre-employment drug screening test.**

PLEASE NOTE: If Roles and Responsibilities change from the above description, please notify your CUMC HR Client Manager and CUMC's Director of Faculty Affairs or the Associate Provost, as applicable, immediately for reassessment.

Visitor Signature: _____ Date: _____

PI/Sponsor Authorization: _____ Date: _____

Chair/Director/Dept. Authorization: _____ Date: _____

Dean's Office Authorization: _____ Date: _____

Executive Vice President for Arts & Sciences Authorization (including Nevis)
_____ Date: _____

Associate Provost-Morningside Authorization (Morningside, Lamont and Nevis)
_____ Date: _____

CU HR Authorization (Morningside, Lamont and Nevis; other non-CUMC)
_____ Date: _____

Office of Faculty Affairs Authorization (CUMC)
_____ Date: _____

CUMC HR Authorization: _____ Date: _____

PLEASE NOTE: This form is used for research, clinical, and administrative short-term visitors. For administrative short-term visitors, not all signatures may be relevant.
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For Department Use Only:

- Drug Screening Confirmation Email received from CUMC Human Resources (If applicable)
- Medical Surveillance Appointment Scheduled (If applicable)
- Background Check completed or in progressed (If applicable)
- HIPAA and Security Training
- EH&S Training (If applicable)

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CU/CUMC Human Resources Use Only:

- Drug Screening Verified
- Background Check Verified
- Medical Surveillance Appointment Verified
- Resume Attached and Reviewed

COLUMBIA UNIVERSITY

Office of Human Resources

Minor Visitors Parental Consent Form

Required for Visitors under 18 years of age

My child, _____, has my permission to participate as a visitor in the _____ program at Columbia University under the supervision of _____. I understand that, depending on the kind of project being conducted, my child may be required to participate in environmental health and safety programs and/or medical surveillance may be required for visitors working in research, clinical and educational programs at the University. PLEASE NOTE: For some Visitors at Columbia University Medical Center, a drug screening may be required under the Joint Commission requirements. To the extent that there is a positive drug screening result, both the minor and the parent will be notified. I understand that there may be risk of injury to my child and I agree that I will not hold the Trustees of Columbia University in the City of New York, and its officers, faculty, students, employees, and agents, responsible for any injury that my child may incur at the University or while traveling to and from the University.

Columbia University is committed to promoting a safe environment for minors who participate in our programs and activities. We have taken a number of important steps to establish safeguards for your child. You can read the University's policy and access other helpful resources at http://compliance.columbia.edu/minors.html.

My child is covered by the following health care plan:

Insurance Carrier _____ Policy/Membership Number _____
Name of Insured _____ Name of Employer _____
Signature of Parent or Guardian _____ Date _____
Signature of Witness _____ Date _____

Print the full name and address of a person who can be reached between the hours of 9:00 a.m. and 5:00 p.m. in case of emergency.

Name _____ Relationship _____
Address _____ Phone Number _____

Columbia University Medical Center Confidentiality Agreement

As a faculty member, employee, student, affiliate, visitor or volunteer at Columbia University Medical Center (CUMC) you may have access to what this Agreement refers to as "Confidential Information." The purpose of this Agreement is to help you understand your duty regarding Confidential Information.

"Confidential information" includes information about patients, employees, or students or financial or other business or academic information relating to Columbia University Medical Center. You may learn or have access to confidential information through CUMC=computer systems (which include but are not limited to the clinical, human resources and financial information systems) NewYork-Presbyterian (NYP) Hospital computer systems, through interactions with CUMC students, staff or other faculty, or through your treatment of CUMC patients.

As an individual having access to confidential information, you are required to conduct yourself in strict conformance with applicable laws and CUMC policies governing confidential information. As a condition of your relationship to CUMC, you are required to acknowledge and abide by these duties. A violation of any of these duties will subject you to discipline, which might include, but is not limited to, dismissal of your relationship (faculty appointment, employment, student, consulting, etc.) with CUMC, in addition to legal and/or financial liability.

I understand that I may have access to electronic, printed, or spoken confidential information, which may include, but is not limited to, information relating to:

- Patients - including Protected Health Information (PHI), records, conversations, patient financial information, etc.;
- Employees - including salaries, employment records, disciplinary actions, etc.;
- Students - including enrollment, grade and disciplinary information;
- Research - including PHI created, collected, or used for research purposes;
- CUMC - including but not limited to financial and statistical records, strategic plans, internal reports, memos, peer review information, communications, proprietary computer programs, source code, proprietary technology, etc.;
- Third party information - including computer programs, client and vendor proprietary information, source code, proprietary technology, etc.;
- PHI and Personal Identifying Information (PII) used in other contexts.

Accordingly, as a condition of, and in consideration of my access to confidential information, I promise that:

1. I will use confidential information only as needed by me to perform my legitimate duties as defined by my relationship (faculty, employment, student, visitor, consulting, etc.) with CUMC.
 - I will not access confidential information which I have no legitimate need to know.
 - I will not in any way divulge copy, release, alter, revise, or destroy any confidential information except as properly authorized within the scope of my relationship with CUMC.
 - I will not misuse or carelessly handle confidential information.
 - I understand that it is my responsibility to assure that confidential information in my possession is maintained in a physically secure environment.

2. I will safeguard and will not disclose to any other person my access code (password) or any other authorization code that allows me access to confidential information. I will be responsible for misuse or wrongful disclosure of confidential information that may arise from sharing access codes with another person and/or for failure appropriately to safeguard my access code or other authorization to access confidential information.
 - I will log off computer systems after use.
 - I will not log on to a system or access confidential information to allow another person access to that information or to use that system.

- I will report any suspicion or knowledge that my access code, authorization, or any confidential information has been misused or disclosed without CUMC authorization.
 - I will not download or transfer computer files containing confidential information to any non-NYP/CUMC authorized computer, data storage device, portable device, telephone, or other device capable of storing digitized data.
 - I will only print documents containing confidential information in a physically secure environment, will not allow other persons' access to printed confidential information, will store all printed confidential information in a physically secure environment, and will destroy all printed confidential information when my legitimate need for that information ends in a way that protects the confidentiality of the information.
3. I will follow CUMC policies and procedures regarding the use of any portable devices that may contain confidential information including the use of encryption or other equivalent method of protection.
 4. I acknowledge my obligation to report to the CUMC Privacy Officer any practice by another person that violates these obligations or puts CUMC, its personnel, or its patients at risk of a disclosure of confidential information.
 5. I will only use my Columbia email account to send and receive message that may include confidential information and will not use email to send confidential information to other parties outside of Columbia/NYP without protection to prevent unauthorized access.
 6. If I am involved in research, any research utilizing individually identifiable protected health information will be performed in accordance with federal, state, local and Institutional Review Board policies.
 7. If I no longer need confidential information, I will dispose in a way that assures others cannot use or disclose it including following the Information Technology policy for disposal of printed confidential information or electronic equipment that may contain confidential information.
 8. I understand that my communication using the Columbia University information network is not private and the content of my communication may be monitored to protect the confidentiality and security of the data.
 9. I understand that my obligation under this Agreement will continue after termination of my relationship with CUMC.
 10. I understand that I have no right or ownership interest in any confidential information referred to in this Agreement. CUMC may at any time revoke my access code, or access to confidential information. At all times during my relationship, I will act in the best interests of CUMC.

Name (print)

Date

Name (sign)

Department

A copy of this Agreement should be kept in the Department