

UNIVERSITY OF NOTRE DAME

Minors Performing Research on Campus

The Risk Management and Safety Department (RMS) has developed the following guidelines and protocol for faculty or staff who allow minor children (those under the age of 18) to participate in research activities on campus. These guidelines apply whether the minor is a visitor, volunteer or employee.

The scope of this guide includes:

- A proposed checklist for minors performing research which must be completed by a principal investigator or a qualified responsible adult and returned to RMS prior to the start of work;
- A waiver, release and indemnification agreement which must be signed by a parent or legal guardian of the minor child and returned to RMS prior to the start of work;
- A health information and consent to treatment form which must be completed by a parent or legal guardian of the minor child and kept available in case of accident or emergency;
- Information regarding the supervision of minors in laboratories;
- Instructions for emergency procedures;
- Directives for laboratory safety training requirements.

This guide is intended to address minor children who will commute to campus and remain on site. If a minor will be staying in a dormitory on campus, traveling off-campus for research related activities or utilizing other facilities or services on campus, RMS should be contacted at 574.631.5037 to discuss the issues involved.

Any questions regarding the information presented in this guide may be directed to the Risk Management and Safety Department at 574.631.5037 or riskman@nd.edu.

Guidelines for Minors Performing Research

Principal investigators should follow these steps to get University of Notre Dame authorization and parental permission for a minor (persons under the age of 18) to participate in independent research activities, and to meet supervision, training, and hazardous material requirements and restrictions.

Volunteers and visitors, as well as pets, create a risk for injury and additional liability for the University. In particular, minor children are owed a greater duty of care based on legal requirements and ethical and moral obligations. The Risk Management and Safety Department (RMS) recommends that a responsible and qualified adult person appointed by the Principal Investigator (PI) supervise all visitors or volunteers when they enter a laboratory to work or for a visit. Departmental policy to this effect will reduce or eliminate the risk of personal injury to visitors, volunteers and employees in research laboratories, and the risk of damage to projects and property.

This Guideline applies to all academic and service units involved in laboratory operations. Enforcement of this Guideline will be primarily the responsibility of Department Heads, with compliance assurance by Risk Management and Safety.

The scope of this policy does not include university-sanctioned programs for the introduction of high-school students to the sciences, where minors are closely and continuously monitored by instructional staff. Examples include summer science camps and related outreach programs held during the academic year. Such programs do not constitute independent research activity.

Under University policy, persons receiving gratuities, meal vouchers or other informal reimbursement are considered Volunteers. Those persons, including minors, receiving payment or stipend for services, are considered employees and must work through the employment process with the Department of Human Resources. In some cases, Student Employment can assist with the necessary procedure. Minors under the age of 16 will require additional information and documentation from their school, parent and/or legal guardian.

1. Get authorization before the minor enters the lab

Request authorization by submitting the 2 forms below:

- **DISCLOSURE** - Form 1 - Print out and complete the [Proposed Project Checklist for Minors Performing Research in Laboratories](#) form. On the form:
 - Describe the project.
 - Obtain written consent from the minor's parent(s) or guardian.
 - Designate a qualified adult laboratory supervisor and an alternate supervisor, if necessary.
- **PERMISSION** - Form 2 - Print out and complete the [Waiver, Release and Indemnification Agreement](#):
 - Obtain signature of parent or guardian on the waiver.
 - Send the original waiver to Risk Management and Safety and maintain a copy in your departmental files for 2 years after the minor turns 18 years old.
 - Under University policy, employees are not required to sign waivers. Therefore, waivers are not required for employed minors.
- **HEALTH INFORMATION AND CONSENT TO TREATMENT** – Form 3 – Print out and complete the applicable [Form](#):

- Have the applicable form completed and signed by a parent or guardian; Form 3a is to be used for minor visitors and volunteers while Form 3b is to be used for minor employees.
- The qualified adult laboratory supervisor should maintain the form and have it readily available in case of an accident or illness.

Send **both** the completed Project Checklist form and the original Waiver to the Risk Management and Safety Department at 636 Grace Hall or scan as an attachment to riskman@nd.edu prior to the commencement of any research activities.

In addition to complying with the University's requirements for minors performing research, principal investigators are responsible for understanding and complying with University policies regarding minor volunteers, employees and visitors in research laboratories. These requirements also apply to related employment issues. If you have any questions regarding your ability to have a minor volunteer or work in your research lab, please consult with your department or Human Resources.

2. Ensure supervision requirements are observed

Minors are prohibited from working alone in Notre Dame Laboratories.

Provide direct supervision of the minor in the laboratory environment by a qualified adult laboratory supervisor at all times. "Direct supervision" means the following:

- The minor is accompanied into the lab by a trained and knowledgeable supervisor who is designated on the Project Checklist form.
- The designated supervisor must be the actual person observing and physically present in the lab with the minor.
- If under exceptional circumstances the primary supervisor can't be present, an alternate supervisor, formally named on the Project Checklist, may substitute.

3. Instruct the minor on emergency procedures

Review the following emergency procedures with the minor. Show the minor the following emergency equipment and locations:

- Telephone and emergency phone number (911 for Notre Dame Security or 631.5555 from a cell phone)
- First-aid kit
- Eye wash and emergency shower
- Fire alarm pull stations and fire extinguishers
- Building exits – means of egress signs posted
- Where to assemble outside in case of building evacuation

4. Provide general laboratory safety training

Make sure the minor receives appropriate laboratory safety training:

- Begin by enrolling the minor in RMS General or Biosafety level 1-2 Laboratory Safety <http://riskmanagement.nd.edu/training> offered monthly.
- Receive a copy of the certificate of training given by RMS to the minor to document the training.
- Keep all safety training documentation in the laboratory's personnel training files.
- Explain hazards specific to your lab, equipment, and the materials the individual will work with.

- Show the minor how to access and understand material safety data sheets (MSDSs) for the chemicals they will work with. See <http://riskmanagement.nd.edu/>
- Provide personal protective equipment (PPE).
- Enroll the minor in specific training (eg radiation, laser) if necessary

5. Observe hazardous materials restrictions and safety training requirements

Follow these restrictions and safety training requirements:

- **Chemical safety:**
 - Restrictions: Minors are not allowed to work with:
 - Acutely hazardous materials (i.e., compounds having a rat oral LD50 less than or equal to 50 mg/Kg, such as hydrofluoric acid, acrylonitrile, osmium tetroxide, etc.) or reactivities like t-butyl lithium.
 - International Agency for Research on Cancer (IARC) [Group 1 or 2A carcinogens](#)
- **Biological safety:**
 - Restrictions for working with potentially [biohazardous substances](#) are dependent on the age group:
 - Minors between the ages of **12 and 16:**
 - **Are prohibited from working with biohazardous materials above biosafety level 1** (Risk Group 1 agents using BSL-1 practices and precautions).
 - May enter and work at BSL-1 in a large open-bay laboratory where BSL-2 work may be taking place, providing they have no contact with the BSL-2 work
 - Minors between the ages of **16 and 18:**
 - **Are prohibited from working with biohazardous materials above biosafety level 2** (Risk Group 2 agents using BSL-2 practices and precautions).
 - May enter and work at BSL-2 with appropriate training and medical surveillance (if applicable).
 - Training
 - Minors permitted to work at BSL-2 must receive job-specific training from the responsible PI.
 - PIs must use the laboratory's Biosafety Manual to instruct the minor on the risk assessment and safe-handling SOP's developed for the RG2 agents in use.
 - PIs must instruct the minor in proper handling and disposal requirements for biohazardous waste.
 - Minors must be provided with appropriate medical surveillance and training, if applicable.
- **Radiation safety:**
 - Restrictions: **Minors are generally prohibited from handling radioactive materials and operating radiation producing machines and laser units.**
 - PI's may apply for an exception to allow a minor to work under the direct supervision of an Authorized User approved by the Radiation Control Committee with up to 1 millicurie of a radionuclide per experiment.
 - Apply to the Health Physicist in the Risk Management & Safety Department for exceptions.
 - PI's may apply for an exception for a minor to operate a radiation-producing machine or laser unit under the direct supervision of an Authorized User.

- **Animal Use:**
- Restrictions: **Minors are generally prohibited from handling research animals.**
 - PI's may apply for an exception to allow a minor to work with lab animals under the direct supervision of an Authorized User approved by the Institutional Animal Care and Use Committee (IACUC).
 - Apply to the IACUC for exceptions.

**Proposed Project Checklist for Minors Performing Research in Laboratories
Form 1**

Minor Child's Name: _____ Date of Birth: _____

Supervisor: _____ Contact Phone: _____

PI & Location: _____

Time frame of research project: _____ through _____

Check here if this minor will be participating in a research laboratory project:

Check here if this minor will be participating in a classroom or education outreach program:

1) Please list the chemical hazards or radioactive materials this minor will be using: _____

2) Will the minor be using biohazardous materials such as bacteria, viruses, human cells/tissues, recombinant DNA? If yes, please explain:

3) Will the minor be handling physical hazards such as radiation producing machines or lasers? If yes, please explain:

Please provide a project summary and they types of experiments to be performed:

Minor's prior research laboratory experience: _____

Signatures (must be completed prior to the beginning of work):

Parent or Legal Guardian: _____

Contact email and phone: _____

PI: Supervisor (If different than PI): _____

RMS Review and Approval: _____

**ACADEMIC RESEARCH
WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT
FORM 2**

I, _____, am the parent or guardian of a minor child, _____ who will be participating in Academic Research (“Research”) at the University of Notre Dame du Lac Notre Dame, Indiana (the “University”) during the period _____ through _____. I am fully aware that my child’s participation in this Research is totally voluntary.

In consideration of the University’s agreement to permit my minor child to participate 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 and its employees, students, agents, servants, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries, including death, mental anguish or emotional distress to my child and/or property, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses (including hospital and medical expenses) and attorneys’ fees, which arise out of, occur during, or result from my child’s participation in the Research including travel to and from the University and including without limitation any loss, claim, demand or suit that my child might assert once he/she attains the age of majority.

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, and its employees, students, agents, servants, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss or damage they or any of them incur or sustain as a result of any claims, demands, actions, causes of action judgments, costs or expenses, including attorneys’ fees, which result from arise out of relate to my child’s participation in the aforementioned Research or arising out of his or her travel to or from the University and including without limitation any loss, claim, demand or suit that my child might assert once he/she attains the age of majority.

3) 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 Indiana, and if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force and effect.

4) In the event of any cause of action, the laws of the State of Indiana apply and the jurisdiction lies with the St. Joseph County Superior Court or the U. S. District Court of Northern District of Indiana.

5) I hereby acknowledge and accept that there are certain risks, including bodily injury and death that could result from my child’s participation in the aforementioned Research which will include working in teaching and research laboratories. I have knowingly and voluntarily decided to assume the risks of these dangers in consideration of the University’s permission to allow my minor child to participate in the aforementioned Research. I, individually and on behalf of my minor child, hereby release and discharge the University from any and all negligence, including the University’s own negligence, in connection with my child’s attendance at, or participation in the Research, including travel to and from the University, except for any gross negligence or willful and wanton misconduct on the part of the University.

6) 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.

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.

Parent or Guardian Printed Name

Parent or Guardian Signature

Date

UNIVERSITY OF NOTRE DAME
HEALTH INFORMATION AND CONSENT FOR EMERGENCY MEDICAL TREATMENT FORM FOR MINORS
FORM 3a (Visitors or Volunteers)

Research Department: _____

Name of Minor Child: _____ Birth Date: _____

Permission for Treatment: The health history provided on this form is correct to the best of my knowledge. By my signature below, I hereby grant permission and authorize the provision of emergency medical treatment for minors/students who become ill or injured while participating in a University of Notre Dame du Lac sponsored Program and when parents or guardians cannot be reached.

Release of Information: By my signature below, I authorize the University of Notre Dame to release medical information regarding the above named minor/student to any person or entity to whom the University of Notre Dame refers the minor/student for medical treatment.

TO GRANT CONSENT

I, _____ of _____
(Name of Parent/Legal Guardian) (City)
_____, _____, do hereby state that I am the
(County) (State)
parent or legal guardian of: _____, a minor.
(Name of Child)

Should an emergency arise while my child is under the supervision of the staff of The University of Notre Dame du Lac, I do hereby authorize the staff to obtain medical attention for my child. I do hereby give consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, blood transfusion and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine during the program period. All such treatment shall be at my expense, and I agree to reimburse the University or its representatives for any expenses that they or any of them might incur on account of my child's condition or treatment. This consent shall not give rise to, and is not intended to give rise to a legal duty owed by the University to my child. I do hereby release and forever discharge the University of Notre Dame du Lac and its employees, agents, officers, trustees, affiliates and representatives from any and all liability of any kind for any claim, demand, action, cause of action, expense (including hospital and medical expenses), judgment or cost, including without limitation attorneys' fees, co-pays or deductibles, which arise out of or relate in any manner to the exercise of authority or judgment pursuant hereto, or to the securing, oversight, administration or supervision of medical or other care or treatment on behalf of my minor child at any time or any travel incident thereto.

◆ Family Doctor: _____ Phone: _____

◆ Family Dentist: _____ Phone: _____

◆ Medical Insurance: _____, _____, _____
(ID Number) (Group Number) (Member's Name)

◆ Medical History: Allergies, if any, including medication and foods: _____

◆ Chronic or existing diseases or medical problems (e.g. diabetes, epilepsy): _____

◆ Medicines your child is now taking and dosage: _____

◆ Date child received last Tetanus injection or booster (if known): _____

◆ Any physical restrictions: _____

I can be reached at the following phone numbers(s) in an emergency:

_____, (_____) _____
(Name and Location) (Phone)

_____, (_____) _____
(Name and Location) (Phone)

_____ Dated _____
(Signature of Parent/Legal Guardian)

UNIVERSITY OF NOTRE DAME
CONSENT FOR EMERGENCY MEDICAL TREATMENT FORM
Form 3b (Employed Minors)

Research Department: _____ Date of Employment: _____

Minor Employee Name: _____

TO GRANT CONSENT

I, _____ of _____
(Name of Parent/Legal Guardian) (City)
_____, _____, do hereby state that I am the
(County) (State)
parent or legal guardian of: _____, a minor.
(Name of Child)

Should an emergency arise while my child is employed by The University of Notre Dame du Lac, I hereby authorize University representatives and staff to obtain emergency medical attention for my child. I do hereby give consent to any recommended examination, anesthetic, medical diagnosis, surgery or treatment, blood transfusion and/or hospital care to be rendered to my child under the supervision and on the advice of any physician or surgeon licensed to practice medicine.

◆ Family Doctor: _____ Phone: _____

◆ Family Dentist: _____ Phone: _____

◆ Medical History: Allergies, if any, including medication and foods: _____

◆ Chronic or existing diseases or medical problems (e.g. diabetes, epilepsy): _____

◆ Medicines your child is now taking and dosage: _____

◆ Date child received last Tetanus injection or booster (if known): _____

I can be reached at the following phone numbers(s) in an emergency:

_____, (_____) _____
(Name and Location) (Phone)

_____, (_____) _____
(Name and Location) (Phone)

(Signature of Parent/Legal Guardian) Dated _____