# **University of Rhode Island**

# **COVID-19 Safety Plan for Research Laboratories and Field Research**

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* All sections must be completed
* Submit completed form electronically to Ted Myatt (tedmyatt@uri.edu) and the Dean’s Office for home college.
* Plans that involve human subject research participation (e.g., face to face interactions with research participants) must be submitted in IRBNET as an amendment.
* This plan must be submitted and approved **in advance** of individual labs moving from Phase 2 to Phase 3, at such time that the VPR announces a move to Phase 3 of university research operations (per [**URI Principles and Framework Guiding a Phased Approach to Restarting University Research Activity**](https://web.uri.edu/research-admin/externalrelations/news/uri-resumption-of-research-activities-guidance/)**)**

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**Responsible Faculty Member/Principal Investigator**

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The Faculty Member/Principal Investigator is responsible for ensuring compliance with this Plan, updating this plan as required, and communicating changes to personnel. Failing to follow this plan will result in restrictions up to and including immediate shutdown of the research lab/studio area.

**College**

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| Choose an item. |

**Department**

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**Location(s) to which this Safety Plan applies: Specify all applicable Campus/Building/Floor/Room Numbers**

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**Describe the steps that will be taken to minimize personnel density, allow distancing, and reduce the chances for transmission. These steps must be consistent with CDC guidelines, state guidelines, and the** [**URI Principles and Framework Guiding a Phased Approach to Restarting University Research Activity**](https://web.uri.edu/research-admin/externalrelations/news/uri-resumption-of-research-activities-guidance/)**.**

**The steps/plan must be specific for your research area or situation. You should include at least:**

1. A description of the of areas or locations (size, configuration, shared or single space, etc.) where people may be present, such as the lab, project space, and areas with common equipment;
2. The number of people that will be in the area/space at any one time and how that number minimizes personnel density and will generally provide for distancing of 6 feet (e.g., density of staff should not less than 113 sq. ft per person).
3. A description of anticipated work schedules, including staggering, alternate days, partial days or other adjustment and how work schedules minimize personnel density and provide for general distancing of 6 feet.
4. State if coordination with other teams or labs also using the space or area is required and if so how will you coordinate access to minimize personnel density;
5. A description of situations or conditions where individuals will need to be in close proximity to perform work, operate equipment, travel, etc. and what steps will be taken to minimize contact time and lessen transmission risk.
6. A description of any barriers, partitions or other methods to physically separate people that will be used.
7. A description of any special PPE requirements beyond required cloth face coverings that will be required.
8. A description of any work that cannot be done while wearing PPE or a cloth face covering and steps that will be taken to minimize the potential for viral spread.
9. Other area/location specific steps or considerations

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**Describe the process that will be used to clean common touch points and equipment that will not be cleaned by URI Custodial Staff.**

CDC and state guidelines must be followed. The minimum standard that must be used by all areas is to at least daily clean/disinfected using an [EPA-registered cleaning product](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2), 10% bleach solution, or a 70% alcohol solution. Examples of common touch points and include:

* Benchtops, desktops, and other work surfaces;
* Equipment controls, touchpads, handles and latches;
* Drawer and cabinet handles;
* Sashes of chemical safety hoods and biosafety cabinets;
* Hand tools, micropipettors;
* Faucet handles and sprayer grips;
* Chair backs and armrests (fabric furniture that cannot be decontaminated should not be used);
* Doorknobs and light switches;
* Keyboards, touchpads, and mice.

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**Describe any high touch equipment or areas that cannot be disinfected daily (using an** [**EPA-registered cleaning product**](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)**, 10% bleach solution, or a 70% alcohol solution) and steps that will be used to prevent transmission. For example, an electron microscope that cannot be sprayed with an alcohol solution but will be covered with plastic that is changed with each new user**.

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**Describe the process that will be used to monitor compliance with this COVID-19 Safety Plan, as well as CDC, state, and University requirements related to COVID-19 in the workplace.**

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**FOR HUMAN SUBJECT RESEARCH ONLY: Please list specific IRB protocol(s), a description of the research activities to be conducted including duration of face to face contact, # participants, procedures performed, and a short description of safety measures to be employed**

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**Describe how operations could be curtailed should the university have to move backwards in the Phases (e.g., movement back from Phase 3 to Phase 2). Describe any issues/concerns/impacts with curtailing operations.**

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**Resources**

[Center for Disease Control](https://www.cdc.gov/coronavirus/2019-ncov/index.html) and Prevention

[URI Research COVID-19 Updates](https://web.uri.edu/research-admin/uri-research-covid-19-update/)

**Human Resources Related Questions**

[URI Human Resources](https://web.uri.edu/hr/)

**Personnel Sign-Off**

All personnel, graduate students, postdoctoral researchers, staff, and faculty must be documented below. Note: Undergraduate students are not allowed to participate in research work at this time, with few individual exceptions as allowed by either the VPR or Dean.

By signing below, I acknowledge that:

* I have read, understand, and agree to comply with this COVID-19 Safety Plan.
* I will follow all university guidance and any procedures for daily symptom screening, including not coming to work if I exhibit any symptoms or if I was potentially exposed to the virus (e.g., member of household tested positive).
* I have reviewed the attached “Restarting Research Operations” training materials and ensure that I will comply with all required safety practices.

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| **Name (print)** | **Name (signature)** | **Date** |
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