

## Phase 3 COVID-19 Research Resumption Plan

Please complete and submit the Plan to your Department Head/Director. Once approved, the Head/Director should forward the application to the Dean/Associate Dean. Once approved, Dean/Associate Dean should forward to the Research Safety Committee. After the Research Safety Committee approves, the Dean will give their final approval, followed by the VPRI's authorization. The research can begin after receiving the VPRI's authorization.

This form is to be completed by each faculty/researcher to document their lab's health and safety plans (including capacity and physical distancing) to support resumption of research activities in Phase 3. Please note: the number of personnel on campus should be minimized as much as possible during Phase 3.

**Name of Faculty/Researcher:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Faculty:** \_\_\_\_\_

### **Section i: General**

**List all names of lab members who will need access to your lab and their role (e.g. PDF, graduate, undergraduate):**

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Please note that only postdoctoral researchers, graduate students, paid lab technicians, and undergraduate students who are registered in a research program (e.g. a research course, or a paid undergraduate position) are allowed in labs during Phase 3.

- I will be using dedicated lab space solely under my control.  
please list the building and room numbers of shared space: \_\_\_\_\_
- I will be using dedicated limited access lab space shared with another/other researchers. If so, please list the building and room numbers of shared space: \_\_\_\_\_
- I will be using multi-faculty shared facilities and common access areas (e.g. CORE or Central Facilities). If so, please list the building and room numbers for the multi-faculty shared facilities and common areas: \_\_\_\_\_
- I will be using CACF Animal Quarters or FREC. I recognize that I must consult with ACC staff and abide by their access and scheduling guidelines.  
please list the building and room numbers of CACF space: \_\_\_\_\_
- My research team will need access to the following offices that are not covered above:  
\_\_\_\_\_
- In addition to the lab-based research described on this form, I wish to conduct field-based research in the coming months. For each field-based project, I acknowledge that I will complete a Resumption of Research Request form (used in Phases 1 and 2) and submit it to my Department Head / Director.

Only rooms (sole control, or shared, multifacility, etc.) listed above are approved for access.  
Any changes to the room or personnel lists require a request to revise to be submitted.

## **Section ii: Declarations**

### **I declare the following:**

- 1) Based on Zone and Flow analysis, within the dedicated lab space solely under my control, I have a capacity of supporting \_\_\_\_ personnel (X) in my lab space at any given time.
- 2) I have \_\_\_\_ personnel (Y) who require access to lab facilities under my control and \_\_\_\_ personnel (Z) who will be accessing shared areas.
- 3) If  $Y + Z$  (total personnel)  $>$  X (capacity), my plan for ensuring physical distancing measures is met as follows:
  - (i) prioritize who is accessing my space based on research project needs and timelines;
  - (ii) scheduling who accesses the lab and types of tools that will be used.

### **Additionally, I declare the following:**

- I have discussed with members of my lab all health and safety requirements ([www.uwindsor.ca/returntocampus](http://www.uwindsor.ca/returntocampus)), as well as organized and coordinated their work schedules in their lab spaces to conform with these requirements.
- I have discussed with members of my lab that if any part of the research can be performed away from campus, including computing, literature review, and writing of manuscripts or thesis, it should be done at home rather than on campus.
- I have instituted a system of everyday reporting to me that each member of my lab will enter their times in the lab and with whom they have come into contact during the time they are at the University; this information will be invaluable for contact-tracing, should this become necessary.
- I confirm that all members of my lab have been informed of their rights of opting not to be conducting research during the COVID-19 pandemic and that they are doing so on their own choosing. Each personnel will sign the acknowledgement form prior to commencing research. A copy of the acknowledgement will be sent to the Research Safety Committee before the research begins, and a copy will be kept in the lab.
- I confirm that I have established a plan with members of my lab to quickly scale back or suspend research activities, if so required by the University in accordance with Public Health directives.
- I will ensure that all lab members conform with health and safety protocols ([www.uwindsor.ca/returntocampus](http://www.uwindsor.ca/returntocampus)) and that they have access to personal protective equipment (PPE).
- I acknowledge that non-conformity or infraction may lead to the University revoking my research operation until the COVID-19 pandemic is over.

### **I have reviewed the following with each member of my research team:**

- All personnel are to stay home if sick. If anyone is showing any symptoms of COVID-19, they are not to work, but rather self-isolate at home and consult their health-care providers. All members are to keep a log of each of their self-screening surveys and remit this information to myself once every week. They will also consult UWindsor's "Health and Safety Guidelines for the Return to

Campus” as well as associated documentation and forms on the UWindsor Website ([www.uwindsor.ca/returntocampus](http://www.uwindsor.ca/returntocampus)) once a week in order to be cognizant of the University’s latest updates.

- Strict hygiene measures, including avoiding touching the face, frequent handwashing, and good respiratory etiquette are to be followed. Handwashing should be performed on each entry and exit of a building or a lab.
- Straight observation of the lab area’s maximum capacity. Physical distancing (2-m separation) is to be followed.
- Masks must be worn in all common areas (including hallways, washrooms, etc.). Masks must also be worn in the lab when other personnel are present. A different mask should be worn in hallways and common areas than the mask that is donned in the lab.
- I am to be informed immediately, if there is suspicion of contravention to any of the above, so that corrective actions can be taken as soon as possible.

### **Section iii: Lab space**

#### **Lab Space**

Using data provided to me, which allows for **one person per 200 square feet (18.6 square metres)**, the maximum number of people allowed in my lab at any given time is: \_\_\_\_\_

Please provide a sketch using the space below, or provide a printed figure, that details how you have arranged the work area of each lab member. If there will be foot traffic in the lab, please also indicate the path and traffic direction. Note large pieces of equipment or obstructions in the lab that might reduce its capacity to hold the above number of personnel. Note: diagrams are not required for multi-use facilities, because flow and zone analyses should already be completed for those spaces.

#### **Office Space and Common Areas**

- I acknowledge that I will be available physically or electronically (via email, messaging and/or other platforms) when experiments are ongoing for supervision and consultation should issues arise. I am also committed to provide timely supervision and perform periodic safety checks of ongoing research work being performed by lab members. Personnel who have shared office space will not be accessing their normal office for depositing personal items or for performing computing operations. Instead a designated area for depositing personal items will be made available in the designated laboratory space.
- I acknowledge that common areas, such as eating areas and refrigerators used to store food, will not be used during the COVID-19 pandemic. My lab members will exit the building or go to Faculty designated area(s) in order to consume bagged lunches in a manner that observes physical distancing and all other health and safety requirements.
- I agree to follow the instructions provided by my Dean about where food can be consumed and where breaks can be taken.

**Section iv: Safety Procedures**

In the following four sections, please ensure you checkmark all the boxes and write a statement explaining your strategy description or if not applicable, provide an explanation of how that section is not relevant to your work.

**1. Physical Distancing**

The number of research team members (faculty, staff, students, etc.) who access spaces at any time must be minimized to ensure all individuals can continue to practice physical distancing. Describe how you have used the strategies below to minimize people within your lab.

**Include lab member names as appropriate.**

|                          | <b>Strategy</b>  | <b>Detailed description</b> |
|--------------------------|--|-----------------------------|
| <input type="checkbox"/> | Shared electronic calendar available to facilitate coordination of schedules between personnel using the same space. <i>Identify specific methods e.g. Teams, One Drive, Google Calendar etc.</i>  |                             |
| <input type="checkbox"/> | Shifts staggered   |                             |
| <input type="checkbox"/> | Lunch and break times staggered  |                             |
| <input type="checkbox"/> | Use of common equipment coordinated to avoid multiple people using at a given time   |                             |
| <input type="checkbox"/> | Teams of personnel who will work at one time have been created to minimize the numbers of discrete contacts with different individuals and limit the impact in the event of a COVID positive case, while also minimizing working alone situations. |                             |
| <input type="checkbox"/> | Visual markings in labs have been added to indicate minimum physical distancing  |                             |
| <input type="checkbox"/> | Equipment has been relocated where possible to support physical distancing requirements  |                             |
| <input type="checkbox"/> | Workstations have been reconfigured to support physical distancing   |                             |
| <input type="checkbox"/> | Workstations have been dedicated to one person at any given time   |                             |
| <input type="checkbox"/> | Uni-directional workflow has been established within lab and labelled accordingly (i.e. one-way paths for movement within the space)   |                             |
| <input type="checkbox"/> | Other (explain)  |                             |

If there are scenarios where working alone will be required, identify how these will be managed, ensuring that the lone worker will report at the start and end of each shift: \_\_\_\_\_

**2. Hand Washing and Sanitization**

|                          | <b>Action</b>   | <b>Comments/Description</b> |
|--------------------------|---|-----------------------------|
| <input type="checkbox"/> | Handwashing soap and paper towels and/or an appropriate alcohol-based hand sanitizer (>60%) are available and supplies are adequate.  |                             |
| <input type="checkbox"/> | Expectations for handwashing/sanitizing have been reviewed with personnel. <i>Describe expectations.</i>  |                             |
| <input type="checkbox"/> | Disinfectant for use on equipment, tools and high-touch surfaces (e.g. faucets, door handles, bench/desktops, etc.) is available and supplies are adequate. <i>Indicate disinfectant(s) to be used.</i>                           |                             |
| <input type="checkbox"/> | Procedure developed and communicated to research team for sanitization of equipment and high-touch surfaces in the lab at the beginning of use and before the end of use on a given day, or before its use by another individual. |                             |

Note: Building infrastructure external to the lab, including elevators, corridors, door handles and other high-touch surfaces, will be cleaned twice daily by custodial staff.

**3. Personal Protective Equipment**

|                          | <b>Action</b>  | <b>Comments/Description</b> |
|--------------------------|--|-----------------------------|
| <input type="checkbox"/> | The lab maintains a supply of appropriate PPE for research activities.           |                             |
| <input type="checkbox"/> | All members are aware of the locations of the PPE and have ready access to them. |                             |

**4. Inability to Maintain Physical Distancing**

Are there scenarios where personnel will be unable to maintain a physical distance of 2 m?

Yes  No

If yes, describe:

What additional precautions, in addition to the wearing of non-medical masks, will be practiced to minimize inadvertent contradiction of physical distancing (if any):

**Section v: Other Research-Related Requirements**

Please provide certificates / approval number and date of approval for relevant permits (e.g. ethics; animal care; biohazard; radiation; laser use; etc.).

**Other**

Please provide any additional information not captured in the above that you would like to share:

**Other Research-Related Requirements**

- I acknowledged that the full range of services desirable for research will not be available during the COVID-19 pandemic; however, the following will be required:
- My research personnel will need to order / receive shipment of supplies and consumables once every \_\_\_\_\_ week.
- My research team will need access to the following research facilities not covered above \_\_\_\_\_ once every \_\_\_\_\_ week.
- My research team will need access to the following services that are not covered above:  
\_\_\_\_\_
- The research includes human participants and I will seek REB clearance. Please note that this approved RSC application must accompany the REB application or a Request to Revise must be submitted afterwards.*

(please ensure if any rooms are listed in this section, that they are also listed in section 1: general)

*Note that you must also obtain any relevant approvals and/or clearances from the Animal Care Committee and/or the Research Ethics Board if applicable before your research proceeds.*

**Section vi: Signatures**

Research Resumption Plan submitted by:

\_\_\_\_\_  
Faculty Name\_\_\_\_\_  
Faculty Signature**Approved by:**\_\_\_\_\_  
Dean or Associate Dean Name\_\_\_\_\_  
Dean or Associate Dean Signature\_\_\_\_\_  
Research Safety Committee (RSC) Chair\_\_\_\_\_  
RSC Chair Signature**Final Approval by:**\_\_\_\_\_  
Dean or Associate Dean Signature\_\_\_\_\_  
Date**Authorization by:**\_\_\_\_\_  
VPRI Signature\_\_\_\_\_  
Date