

COVID 19 Research Management Plan

***Please complete and submit the following to your Chair/Director for approval***

*This form is to be completed by each PI to document their research activities, and health and safety plans, in compliance with the* [***University of Guelph Research Phase-In Framework***](https://www.uoguelph.ca/research/system/files/2020-06-12%20FINAL%20UofG%20Research%20Phase-In%20Framework.pdf) *(June 12, 2020). Your plan must meet or exceed the guidelines outlined in that document.*

**Name of Faculty Member/Principal Investigator/Supervisor:**

**Department/School:**

**Justification for Phase-In of Research Activities (see** [***University of Guelph Research Phase-In Framework***](https://www.uoguelph.ca/research/system/files/2020-06-12%20FINAL%20UofG%20Research%20Phase-In%20Framework.pdf)**Principles V and VI):**

*N.B. Approval will be based on whether research is critical and/or time-sensitive will consider multiple factors, including risks to important/timely impact (e.g. COVID-19 research, seasonally-dependent research, research reliant on the life cycle of living organisms, research reliant on limited availability of crucial resources), risks to researchers’ career progression, and institutional risks (e.g. failing to fulfil non-renegotiable contracts, damage to long-term research infrastructure).*

*Decisions about priority will be made transparently and will take into account equity, diversity, and inclusion (EDI), risk/liability for the researchers and the institution, as well as practicality and feasibility of Research Management Plans.*

**Names of Research Personnel and justification for why each needs access to research facilities:**

Graduate Students (include degree program and semester level):

Undergraduate Research Assistants:

Postdoctoral Researchers:

Other Research Staff:

**Research Facilities to be accessed:**

|  |  |  |
| --- | --- | --- |
| Building name  and Room numbers of Research facilities | Maximum number of people who may be in room at one time | Names of Lab Members who need to access space |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Do you share lab space or facilities with any other Faculty Members/PIs: Yes \_\_\_\_ No \_\_\_\_

If yes, please provide their names, shared room numbers,

Please confirm that you have coordinated plans with them for use of that space: Yes \_\_\_\_ No \_\_\_\_

**Summary of activities:**

*Provide a summary (max ~500 words) of the activities that each of your research personnel will be undertaking or involved with.*

# APPENDIX: Research Phase-in Checklist

# A close up of a logo Description generated with very high confidence

# Research Recovery from COVID-19

The checklist is to be completed by the PI to document plans for physical distancing upon returning to research activities.

**Name of Principal Investigator/Supervisor:**

**Department:**

## General:

I confirm that a plan has been established to quickly scale back or suspend research activities if so required by the University in accordance with Public Health directives

I have reviewed the following with my research team:

All personnel are to stay home if sick. If anyone is showing symptoms of COVID-19, they are not to attend work, but rather self-isolate at home and consult their health care provider.

Strict hygiene measures including avoiding touching your face, frequent hand washing and good respiratory etiquette are to be followed.

Physical distancing (2m separation between yourself and other people) is to be followed whenever possible

While there is no clear evidence that wearing a non-medical mask will protect you from the virus, doing so may help protect others around you if you are unable to maintain physical distancing.

## 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. Identify the strategies used to minimize people within your research spaces.

|  |  |  |
| --- | --- | --- |
|  | **Strategy** | **Comments and/or Description** |
|  | Shared electronic calendar available to facilitate coordination of schedules between personnel using the same space. *Identify method e.g. Teams, One Drive, etc.* |  |
|  | Shifts staggered |  |
|  | Lunch and break times staggered |  |
|  | Use of common equipment coordinated to avoid multiple people using at a given time |  |
|  | 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. |  |
|  | Visual markings have been added to indicate minimum physical distancing |  |
|  | Equipment has been relocated to support minimum physical distancing |  |
|  | Workstations have been reconfigured to support minimum physical distancing |  |
|  | Workstations have been dedicated to one person |  |
|  | Uni-directional workflow has been established and labelled accordingly (i.e. one-way paths for movement within the space) |  |

If there are scenarios where working alone will be required, identify how these will be managed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Hand washing and disinfection

|  |  |  |
| --- | --- | --- |
|  | **Consideration** | **Comments/Description** |
|  | Handwashing soap and paper towels and/or an appropriate alcohol-based hand sanitizer (>60%) are available and supplies deemed to be sufficient. |  |
|  | Expectations for handwashing/sanitizing have been reviewed with personnel. *Describe expectations.* |  |
|  | Disinfectant for use on equipment, tools and high-touch surfaces (e.g. faucets, door handles, bench/desk tops, etc.) is available and supplies deemed to be sufficient. *Indicate disinfectant(s) to be used* |  |
|  | Procedure developed and communicated to research team for disinfection of equipment and high touch surfaces at the beginning of use and before the end of use on a given day, or before its use by another individual |  |

## Personal Protective Equipment (PPE)

|  |  |  |
| --- | --- | --- |
|  | **Consideration** | **Comments/Description** |
|  | Supplies of PPE for research activities have been assessed and are adequate |  |
|  | PPE for each individual is stored separately |  |

## Other

Are there scenarios where personnel will be unable to maintain a physical distance of 2m? Yes  No

If yes, describe:

If yes, identify what additional precautions will be practiced:

Non-medical mask will be worn

Physical barriers will be implemented

**Additional practices implemented:**

Please refer to the following for further information:

* [Current COVID-19 related guidance for Research at the University of Guelph](https://www.uoguelph.ca/research/article/2019-novel-coronavirus-information)
* Related COVID-19 guidelines on the [EHS website](https://www.uoguelph.ca/hr/about-hr/environmental-health-safety-ehs/ehs-guidelines)

-----------------------------------------------

**Plan Submitted By:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Name, Signature and Date

**Approved by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair/Director Name, Signature and Date