## **Stage 2 Site Safety Plans**

#### **COVID-19 Reopening of Individual Research Labs and Shared Facilities**

Each college research group or shared facility must develop a Site Safety Plan (SSP) outlining how its workplace will comply with the CSI Plan for Phased Return to Research on Campus to prevent the spread of COVID-19. This template is designed to assist in SSP development: It can be modified, if necessary, to accommodate individual research group needs. The SSP will be reviewed by CSI's Return to Research on Campus (RRoC) Committee for compliance with CUNY policy and City, State and Federal health guidelines. Upon completion of the review, the SSP must be approved by the Department Chair, Dean and Provost. Once approved, authorization from Campus Planning and Facilities Management is required for on-site research to begin. A copy of the SSP must be posted in the research spaces affected and must be made available in the event of Federal, State or CUNY inspections.

Instructions: Please refer to the CSI RRoC plan while completing this template. Please fill in the tables and respond to each of the queries, as appropriate. Check boxes ( $\square$ ) to indicate that you have read and understood the information presented, and that you agree to the conditions stipulated. The three main sections of this template pertain to Facilities, Personnel and Operations. An optional fourth section pertains to research with Human
Subjects.
Name of College Entity (research group or shared facility):
Name and Department of Primary Investigator or Facility Manager:

# I. Facilities

# I.A.1 Places

**TABLE I.A.1** List all rooms that are included in this Safety Plan. Please enter Occupancy Limits as determined by Campus Planning and Facilities Management.

Building	Room	Type (Lab, Office)	Pre-Covid Occupancy	Maximum Occupancy Stage 2

#### **I.A.2 Floor Plans**

For each room listed above, attach a floor plan illustrating the spatial distancing of personnel, key equipment, points of access and egress, hand hygiene stations and location of floor markings and/or appropriate signage. Floor plans

are available from Facilities Management. Floor plans should indicate required 6 foot spacing between individuals. They should also highlight small spaces requiring face coverings when occupancy exceeds one person.

### **I.A.3 Shared Equipment**

**Table I.A.3** List objects and equipment that are likely to be shared between employees and/or visitors. Sharing should be minimized to the full extent possible. (The Responsible Party is the person normally responsible for the use, maintenance and/or replacement of the equipment.)

Location (Bldg/Room)	Shared Object, Surface or Instrument	Responsible Party

### **I.B.1** Protective Equipment

**Table I.B.1** List weekly allowances of face coverings, hand soap or hand sanitizer, and gloves or other protective equipment required to safely conduct this research. Indicate whether the required equipment is in stock and whether it will be provided by the Primary Investigator/Facility Manager or whether College provision is required.

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			Existing	Source of additional
<u>Type</u>	Quantity	Location	supply	supplies (Grant, OTPS,
			(in weeks)	College, Other)

#### **I.C.1 Cleansing Stations and Supplies**

I, as the Responsible Party for this research program or facility, will provide and maintain hand hygiene stations for personnel, including handwashing with soap, water, and paper towels, or an alcohol-based hand sanitizer containing 60% or more alcohol for areas where handwashing is not possible.	
Describe the location in your research space where staff and visitors will have access to the appropriate hand mygiene and/or sanitizing products:	

#### II. PERSONNEL

### II.A.1 Voluntary participation and misconduct reporting

College personnel may not be coerced to return to campus in order to perform research. All research personnel must be informed about special accommodations available at CSI for those belonging to or sharing their home with parties vulnerable to covid-19. Pls should discuss the option to postpone lab re-entry with each group member. Employees who feel coerced to return to campus, or who are concerned about unsafe conditions should report their concerns either to EHS, the Dean, the Provost or anonymously using this link:\_
https://oae.csi.cuny.edu/publicsafety/alleged\_misconduct\_form.php4

**TABLE II.A.1** List all research staff including: CSI and RF-CUNY employees, Post-doctoral Fellows, Graduate Students and recurrent visitors requesting permission to work in this facility on a weekly basis. Indicate their on-site research function. All functions that can be performed off-campus, must be performed off-campus. All researchers working in labs with chemicals must hold a valid C-14 certification.

Name	<u>Title</u>	Visitor (Y/N)	Cell phone #	<u>Email</u>	C-14 # (if applicable)	On-Site Research Function

#### **II.B.1** Visitors

Unnecessary visits are strongly discouraged. *Essential* recurrent visitors should be listed in the above table. Occasional or one-time essential visitors must be scheduled in advance (see below). All visitors must meet the same requirements for physical distancing, hygiene, PPE and contact tracing requirements that are specified for research staff listed in Table II.A.1. Inessential visitors are prohibited.

#### **II.C.1** Personnel Log

☐ I, as the Responsible Party for this facility, understand that a log of every person who works in any of the rooms
listed in Table I.A.1.or who has close contact with individuals in these rooms including workers and visitors (but
excluding appropriate deliveries) will be maintained. This log will be used should contact tracing be required due to
the spread of infection.

Person responsible for maintaining a log of employees and visitors:
Describe how you will establish and maintain a log (with dates and times for each person) listing all employees and visitors visiting each research space:
II.D.1 Schedule
Staggered shifts and/or fixed shift teams limit lab occupancy to reduce a person's potential for close interactions with others. Primary Investigators/Facility Managers of approved SSPs must construct weekly schedules from Sunday to Saturday and submit it to Campus Planning and Facilities Management no later than noon on the Wednesday prior to the start of the work week.
II.E.1 Deliveries and Pickups
Explain how you will handle deliveries and pickups, including designated areas and means of limiting contact:
II.F. Essential Activities
Briefly explain why there are no off-campus options for conducting this research:
III. OPERATIONS
III.A.1 Physical Distancing
The Responsible Party for this facility is responsible for ensuring that research staff and visitors comply with the following distancing requirements. Please check each box to acknowledge your responsibility.
☐ Ensure 6 ft. distance between personnel, unless safety or core function of the work activity requires a shorter distance. When personnel are less than 6 ft. apart from one another, they must wear acceptable face coverings.

☐ Ensure that confined spaces (i.e., a room that cannot be occupied by two people at the same time while maintaining six feet of social distancing) will be occupied by only one individual at a time, unless all occupants are wearing face coverings and eye protection. If occupied by more than one person, occupancy will not exceed 50% of maximum capacity. Room occupancy levels are specified in section I.A.
$\square$ Post social distancing markers using tape or signs that denote 6 ft. of spacing in commonly used areas such as lab benches and other applicable areas (e.g. desks, instruments, etc.).
☐ Limit in-person gatherings as much as possible and use web-conferencing whenever possible. Essential in-person gatherings and meetings should be held in open, well-ventilated spaces with appropriate social distancing among participants.
List situations that may not allow for 6 ft. of distance between individuals. Define measures that you will implement to ensure the safety of research personnel in such situations.
III.B.1 Protective Equipment
Employees must be provided with an acceptable face covering at no cost. An adequate supply of face coverings and safety glasses must be available to ensure replacement when necessary.
$\square$ I, as the Responsible Party for this facility, will ensure face coverings and protective eyewear will be cleaned or replaced after use or when damaged or soiled. Face coverings may not be shared; should be labeled with the user name and properly stored; or discarded.
Describe the policy you will implement to ensure that protective equipment is appropriately cleaned, labeled, stored and/or discarded (include face coverings and eye wear if applicable):
III.C.1 Shared Equipment and Surfaces Policy
Sharing of objects and touching of shared surfaces are discouraged. For objects and surfaces that must be shared, sanitization before and after each use, or the use of disposable medical or trade-appropriate gloves, help to prevent the spread of infection.
Describe the procedures you will implement to ensure the safety of your employees when using the shared objects listed in <b>Table I.A.3</b> :

# III.D.1 Hygiene, Cleaning and Disinfecting

and disinfecting requirements while at their workstations.
☐ I, as the Responsible Party for this facility, will ensure that all staff and visitors will adhere to hygiene and sanitation requirements from the Centers for Disease Control and Prevention (CDC) and the NY Department of Health (DOH) and cleaning logs will be kept on site that document date, time, and scope of cleaning.
Person I designate to keep a cleaning log:
Location of clooning logs
Location of cleaning log:
Describe how you will promote good hand hygiene:
III.D.2 Regular cleaning
$\Box$ I, as the Responsible Party for this facility, will ensure that the workspaces, shared objects and shared surfaces are regularly cleaned and disinfected at least after every shift, daily, or more frequently as needed.
Describe the specific policies will you implement to ensure regular cleaning and disinfection of your worksite and ar shared objects or materials, using products identified as effective against COVID19:
III.E.1 Communication.
☐ I, as the Responsible Party for this facility, will follow communication requirements to ensure the research staff and visitors are informed of the latest guidance and safety measures. I will regularly consult the NY Forward websit at https://forward.ny.gov/ and applicable Executive Orders at governor.ny.gov/executive orders or whenever notified of the availability of new guidance.
☐ I will post signage (provided by Facilities Management) throughout the laboratory to remind personnel to adher to proper hygiene, social distancing rules, appropriate use of face coverings, and cleaning and disinfecting protocols
$\ \square$ I will establish a communication plan for employees and visitors with a consistent means to provide updated information.
III.F.1 Notifications and Responsibilities.
☐ While in the facility, if a research staff member or visitor notifies me that he/she has developed symptoms

assessment and testing. If test results are positive for COVID-19, I will inform Facilities Management. CSI will rely upon the <a href="NYS">NYS initiative</a> for contact tracing. I agree to cooperate with this contact tracing by providing data from schedules and daily logs.
☐ When outside the facility, if a research staff member or visitor who worked in the facility within the past 48 hours notifies me that they have tested positive for COVID-19, I will tell them to stay home and I will contact Facilities Management, who will contact state and local health departments. In addition, I will cooperate the State in any required contact tracing, as above.
III.G.1 Disinfection of contaminated areas.
☐ I, as the Responsible Party for this facility, am responsible for cleaning and disinfecting the equipment, shared surfaces and workspaces in the facilities listed in <b>Table I.A.1</b> using CDC/ DOH approved materials should I be notified that a research staff member or visitor who worked in these facilities tested positive for COVID-19.
Describe how you will clean the applicable contaminated areas. List the products identified as effective against COVID 19 that you have to clean contaminated areas:
IV. RESEARCH INVOLVING HUMAN SUBJECTS
Please complete this section only if your research requires in-person interactions with human subjects. Otherwise, proceed to <b>Section V</b> .
IV.A.1 General information
IRB Number:
Protocol Title:
IV.A.2 IRB Approval
Did your Study receive approval from the IRB to begin or continue in-person activities/new enrollment during the COVID-19 pandemic? Or is approval pending?
☐ I certify that I have read the CUNY, CDC and campus Human Subject research Guidelines during the COVID pandemic.

Describe your plan to protect research subjects from contracting or spreading COVID-19 when they are in your research facility. Emphasize all aspects of the plan that differ from or are not described in <b>Sections I.A.1 – III.G.1</b> above.
<b>Note:</b> This SSP is intended to ensure compliance with Covid-related CUNY policies and State guidance. The SSP process is distinct from that for seeking modifications of IRB protocols.
V. APPROVAL
By signing this form, the Primary Investigator or Facility Manager signifies compliance with all elements of the CSI Plan for Phased Return to Research on Campus. In addition, the Primary Investigator or Facility Manager attests to having read and understood the <u>State-issued guidelines</u> and agrees to implement them.
Signature of Primary Investigator or Facility Manager:
Prior to submitting for administrative approval, this Site Safety Plan must be reviewed and approved by the RRoC Committee to ensure compliance with CUNY requirements and State guidelines. To initiate RRoC Committee review, please submit the completed form to <a href="mailto:SSP@csi.cuny.edu">SSP@csi.cuny.edu</a> .
By signing this form, the Department Chair signifies that this SSP plan is aligned with departmental priorities and indicates that it can be conducted within the occupancy limits set by the SSP solicitation for Stage 2 research.
Signature of Department Chair:
By signing this form, the Dean signifies that this SSP plan complies with the CSI RRoC Plan, is consistent with the prioritization specified by CUNY for Stage 2 research, and is manageable given the occupancy limits identified by Facilities Management.
Signature of Academic Dean:
Final approval.
Provost's signature:

Approval of this SSP does not imply authorization for campus access. Campus access may only be authorized by Campus Planning and Facilities Management.