**Please complete the form below to provide your “Laboratory Plan for a Safe Return”.**

LABORATORY PLAN FOR A SAFE RETURN

**Section 1: GENERAL INFORMATION**

1. **List personnel (including the PI) involved in research that require access to campus facilities:**

Name email Building Hrs/day Days/week

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

*If personnel are in more than 1 building, please enter the 2nd building in the row beneath the name and include information for that building.*

**B) Department Chair, School Director or Institute Director**

Name: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Department name: Click or tap here to enter text.

**C) Associate Dean for Research (or designee):**

Name: Click or tap here to enter text.

Email address: Click or tap here to enter text.

**D) Acknowledgement of building safety measures:**

[ ]  All office and non-laboratory work will be conducted remotely as required in the Executive Order.

[ ]  Any individual’s on-campus presence should be limited to the time it takes to do their on campus work**.**

[ ]  All lab/research team members have masks/face covers to wear when entering the building.

[ ]  There is a mandatory use of cloth face coverings/masks in all public areas or when more than 1 person present.

[ ]  All lab/research team members know that It is **required** to fill out and submit a health screening form prior to entering a building.

* + For some, this will include an additional email submission (e.g., field site managers)

[ ]  Should someone in your research group have symptoms or test positive for COVID-19 immediately notify your Chair/Unit Administrator, University Physician and EHS. The laboratory will need to be properly cleaned and disinfected. Personnel who are ill are required to stay at home.

[ ]  Should someone in your research group test positive for COVID-19, send all personnel home and contact the University Physician to report as much information as known at the time.

[ ]  Building conference rooms and cafeteria spaces must not be used.

 [ ]  Phones, video conferencing or other electronic means must be used for group communications until further notice

[ ]  If they desire, potentially vulnerable individuals should be allowed to continue to work from home.

**Section 2: PROPOSED WORK TO BE PERFORMED**

**A) Will any of your research during the reactivation involve the following?**

Animals: [x]

 Species: Click or tap here to enter text.

Animals will be taken to my laboratory: [ ]

*Be sure to contact CAR at**carinfo@msu.edu**for any animal work planning.*

Hazardous chemicals: [ ]

 Radioisotopes: [ ]

 Biohazards: [ ]

Recombinant DNA: [ ]

Human samples: [ ]

**B) Please list the planned preparations or experiments that require time in the lab**.

1. Click or tap here to enter text.

2. Click or tap here to enter text.

3. Click or tap here to enter text.

4. Click or tap here to enter text.

5. Click or tap here to enter text.

**C) At any point in time, how many laboratory members will be present in the specified laboratory research spaces?** Click or tap here to enter text.

**D) Describe the plan to pause the above work and experiments in a safe and prompt manner if necessary.**  Click or tap here to enter text.

*Labs need to have a detailed shut down plan in place in case research is restricted generally or if lab/research staff experience a positive COVID-19 case and must suspend research for a period of time as the case is investigated.*

**Section 3: SAFETY PLANS**

**Safety plans must be in place for the main lab/research space as well as for shared spaces and equipment.**

* Shared spaces include investigator assigned space that is a) open labs with multiple investigators and/or b) lab space shared with other investigators (e.g., tissue culture rooms, surgery rooms, microscope rooms, etc.).
* Shared equipment would include the PI’s equipment in different areas of the laboratory/shared research space which is shared within the lab or with other labs.
* This section does not include building based cores/facilities that are overseen by the department, building or chair (e.g. autoclaves). These areas will have SOPs developed in the building plan.

**A) Time in the laboratory, research areas and shared spaces**

1. *Main Laboratory/Research Space:*

A centralized laboratory log must be maintained and should have the day and time in and out of a building for each lab member. Examples include: an electronic laboratory calendar (e.g., Outlook) or online excel spreadsheet. Shift work should be considered to reduce the number of personnel in the laboratory at any one time.

**There is a laboratory log for my laboratory personnel to enter their time at work (day, time in and time out).** [x]  **yes**

1. *Shared space/equipment:*

**An electronic calendar will be used for personnel to reserve time for my shared spaces (e.g. tissue culture room) and equipment.** [ ]  **yes**

1. *Responsibility for other shared space/equipment used my laboratory:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Shared area/Shared Equipment | Room, Bldg | Person responsible | EmailAddress | Department | Other |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**B) Strategy for physical distancing**

*A distance of at least 6 feet should be maintained between individuals. The total occupancy of a lab should be determined. Floor tape can be used to demarcate work areas. Traffic flow directions in a lab should be considered.*

1. **Please describe the physical distancing plan for your main laboratory/research space:**Click or tap here to enter text.
2. **Please describe the physical distancing plan for your shared spaces/equipment:**

Click or tap here to enter text.

**C) Personal Protective Equipment (PPE)**

1. **Do you have the standard research-related PPE (Personal Protective Equipment) to conduct your planned studies?**

 [ ]  yes [ ]  no [ ]  not required

1. **Do non-research cloth face coverings cause a safety concern if worn in the laboratory or shared spaces?**

[ ]  yes [ ]  no [ ]  not required

If yes, please discuss: Click or tap here to enter text.

*e.g. Cloth face coverings are not a substitute for properly indicated PPE.  Face masks, respirators, or surgical masks should be used where so indicated by the nature of the work.  Nor should cloth facemasks be worn If they present a specific hazard to the wearer, e.g. fire hazard while working with open flames, or a physical hazard while working close to moving pieces of machinery.*

**D) Personal Hygiene**

**For all research spaces, adequate hand washing and/or hand sanitizing supplies will be available in the research areas?** [ ]  yes

**E) Strategy for disinfection**

*The EPA has a list of approved disinfectants for use against COVID-19 (*[*https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2*](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)*) including: 1)* ***70% Ethanol****, apply and maintain wet for 5 minutes. Ensure wet contact time is accomplished as ethanol evaporates; 2)* ***10% Bleach****, make fresh daily, apply and maintain wet for 10 minutes. Ensure use is within 24 hours after making solution; 3)* ***Sani-Cloth****® Germicidal Disposable Cloth, apply and maintain wet for 3 minutes, dispose of wipe appropriately; 4)* ***Cavicide****™, ready to use within the expiration date, apply and maintain wet for 3 minutes.*

*A plan with disinfectant strategies and preparation that includes instructions on how to mix, store and use the disinfectant appropriately (including proper PPE when using, e.g. safety glasses, chemical-compatible gloves) is required for the laboratory. Helpful information can be found on the product label. Pay attention to disinfectant contact times, also listed on the EPA-approved list. Do not assume that a disinfectant works on contact. Reference the Safety Data Sheet (SDS) for further information on PPE or any other hazard information. Contact Environmental Health and Safety (EHS) at any time with questions. (517) 355-0153 or* *ehs@msu.edu**. For additional guidance on disinfectant choice please see: or* [*https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2*](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)

1. **What areas in the main laboratory/research area will be disinfected?  What disinfectants will be used? In addition to disinfecting the area at the beginning and end of the day, will the area be disinfected before and after use?**

*e.g., lab benches, door handles, light switches, stools, chairs, desks, printers, etc.; remove high-touch items like common pens, etc.*

Click or tap here to enter text.

1. **What areas in the shared spaces that will be disinfected?  What disinfectants will be used? In addition to disinfecting the area at the beginning and end of the day, will the area be disinfected before and after use?**

*e.g., lab benches, door handles, light switches, stools, chairs, desks, printers, etc.; remove high-touch items like common pens, etc*

Click or tap here to enter text.

1. What disinfectant(s) will be used to clean shared equipment? What specific equipment components will be disinfected before and after use: *e.g., keyboard, equipment handles, eyepiece of microscope, touch pads, etc.; remove high-touch items like common pens, etc…*

Click or tap here to enter text.

1. SOPs (standard operating procedures) that include the disinfectant instructions above (and how to prepare the disinfectant and any PPE required for its use) are posted/available in the research areas and by the equipment to be disinfected.

See: <https://ehs.msu.edu/_assets/docs/covid-19-cleaning-nonhealthcare.pdf>

[ ]  yes [ ]  no

1. **Additional comments:** Click or tap here to enter text.

**F) Core Facilities Required:** (e.g., RTSF, Flow Cytometry Core, Imaging Core, Animal Facilities)

Facilities needed # samples or time/week (e.g. 3 hrs 2X/week)

Click or tap here to enter text.

Click or tap here to enter text.

**G) Training/Communication**

**I will discuss and document the following training and communications with my laboratory members?**

The required COVID-19 Safe Return to the Laboratory.

 Located at: https://bit.ly//EHS-4950-SCO [ ]  yes

Training on the changes in building operations during the pandemic [ ]  yes

Updated emergency contact list [ ]  yes

This laboratory plan and its implementation [ ]  yes

Development of frequent virtual work safety meetings to address any concerns and reinforce a commitment to continually improve lab safety as research continues and possibly ramps-up. [ ]  yes

**Section V - Additional Considerations:** Click or tap here to enter text.

**ADDITIONAL INFORMATION AND LINKS:**

Access to new/updated COVID-19 related EHS information, FAQs and laboratory signage at: <https://ehs.msu.edu/news/index.html>.

**FORM SUBMISSION**

**This signed form is to be submitted to the Department Chair or Institute Director or School Director, and a copy should be kept by the PI and shared with the laboratory.**

**I certify that by signing and submitting this form, this is an accurate representation of my research and that this document, including its research and safety plans, will be explained to those that work in my laboratory.**

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**Principal Investigator Date**

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**Department Chair, School Director or Institute Director Date**

**(or designee)**

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**Associate Dean for Research (or designee) Date**

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**Environmental Safety and Health/Office of Regulatory Affairs Date**