**Guidance for Principal Investigators & Support Lab Directors to Complete a Laboratory Operations Plan**

**PI Laboratory Operation Plan [Word Template]**

**Principal Investigators: Use this template to guide the plan for your research activities that accounts for the requirements set out in the *UB Research Ramp-up Plan* document. This template is also a guide for core facilities or other research activities. Once completed, submit this plan to your Department Chair or unit Director for review and approval.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This plan covers operation for Return Phase: \_\_\_\_\_\_\_\_\_\_ (e.g. 1, 2, 3) (must have a plan before each phase and update for significant changes on an ongoing basis)**

**Lab or Studio Space (adapt as needed for work off-site)**

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| --- | --- | --- | --- |
| **Building and Room Number** | **Square Footage or listed maximum room capacity**  **(Note: a 6 ft. radius around a person is ~200 sq. ft.)** | **Max # of simultaneous personnel permitted** | **Other Considerations** |
| ***Ex. Hochstetter 452*** | ***Ex. 400sqft/10 persons*** | ***Ex. 2*** | ***Ex. Max 2 researchers per bench, 1 per hood*** |
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**Exposure Controls**

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| --- | --- |
| **Controls** | **Description (if not applicable, indicate as NA)** |
| ***Describe engineering measures and administrative measures for ensuring social distancing and health screening among lab members:*** |  |
| ***Describe the availability of PPE required in your lab both for research and for safeguards to minimize risk of transmission:*** |  |
| ***Describe plan to minimize risk of transmission during routine procedures that may briefly require close proximity (if applicable):*** |  |
| ***Describe controls (including any prohibitions, buddy-system of communication) to minimize risk to lab personnel working alone and/or on high-risk procedures (reactive or acutely toxic materials, etc.)*** |  |
| ***Describe plans for lab readiness and expected or actual critical materials or reagents, including needed PPE:*** |  |
| ***Describe plan for receipt of deliveries:*** |  |
| ***List shared facilities or instrumentation your lab members need to access and describe plan for shared usage:*** |  |
| ***Describe plan for disinfecting common surfaces and shared equipment within lab and/or allowing down-time between users: (Refer to EH&S guide)*** |  |
| ***Describe any coordination with other offices/labs and core facilities:*** |  |

**Lab Personnel**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Contact Info** | **Active during this phase** |
| ***Ex. Jane Smith*** | ***Graduate Student*** |  | ***Y/N*** |
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| ***Describe any special accommodations required (e.g., vulnerable, compromised health (must be careful re personal info):*** |  | | |
| ***Communication plan for lab members:*** |  | | |

**Staggered Lab Schedule for Lab Staff (minor adjustments to this schedule do not need pre-approval provided safety measures are upheld)** *An alternative option may be to alternate days-on and days-off.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift (e.g.)** | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| **Midnight – 8 am** |  |  |  |  |  |  |  |
| **8 am – noon** |  |  |  |  |  |  |  |
| **Noon – 4 pm** |  |  |  |  |  |  |  |
| **4 pm -8 pm** |  |  |  |  |  |  |  |
| **8 pm - midnight** |  |  |  |  |  |  |  |

**Animal Research**

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| ***If the research involves animals, describe how safeguards will be accounted for, and how you will coordinate with LAF.*** |  |

**Human Subjects Research**

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| --- | --- |
| ***Human subject research must follow the guidelines provided in the document entitled “Guidance for Human Subjects Research.” Describe how the study subject interaction will be managed in keeping with this guidance.***  ***Include here:***   * ***How subjects will be prescreened and advised on their requirements (e.g. face covering, temperature, other requirements necessitated by your study design)*** * ***How subjects will be directed once they arrive at clinic or study site and social distancing will be maintained.*** * ***How the waiting area will be managed.*** * ***How will subjects that are known to be COVID positive or exhibit symptoms will be managed.*** * ***Any PPE or other safeguards to be used not already described in this plan.*** * ***Approval by the IRB of any protocol changes necessitated by social distancing and hygiene requirements.*** |  |

**Travel, Off-campus Research Facilities & Field Work**

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| --- | --- |
| ***Describe plans to mitigate risks during travel and while at off-campus research sites (e.g., field work, national laboratories):*** |  |
| ***Describe measures to minimize risk after returning to campus from off-campus research sites:*** |  |

**Communication and Compliance**

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| --- | --- |
| ***Describe how you will explain to personnel the safeguards and practices for safe operations within each phase of operations:*** |  |
| ***Describe how the PI will ensure compliance and resolve any conflicts and concerns among group members and among those sharing research spaces:*** |  |
| **Lab personnel who do not feel comfortable returning to work or have circumstances that impact returning should not be pressured to do so. (Refer to HR for guidance). Personnel in this situation should first discuss with the PI, and if the situation is not resolved, then discuss with one or more departmental contacts, designated by the Chair/Director (e.g. Chair, Graduate Program Director, Associate Director of Research)** | |

*As the Principal Investigator or Faculty Supervisor responsible for research, scholarly, and creative activities in the designated laboratory, studio, clinic or off-site location(s), I affirm that the measures and practices I have outlined in this Laboratory Operations Plan are consistent with the principles and safe practice guidance in the UB Ramp-up Research Plan and EH&S, and that resumption of activities is contingent on maintaining safe practices, including any revisions necessitated by changes in public health conditions, and approval(s) by the Department Chair and/or Associate Director of Research. I further acknowledge that it is my responsibility to ensure compliance with these plans by personnel under my supervision.*

*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Attestation by lab personnel: I have reviewed this document with my supervisor, understand the expectations, and agree to abide by all the safety measures described in this plan.**

*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Reviewed by:**

**Name/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**