

# Academic Affairs Laboratory Safety Request to Resume Research During COVID-19 Pandemic Request

## Introduction:

This form developed by Academic Affairs Laboratory Safety shall be used to document and approve requests to resume or begin new face-to-face research. Please answer all questions with enough detail so that anyone reading this document can understand and execute the process described. Send the completed form along with any additional supporting documentation to the Academic Affairs Director of Laboratory Safety who will work directly with proposers to gain the approval of the Provost. Once approved, the PI may forward the approved process to the appropriate research committee, such as but not limited to: IRB, Animal Care, and Academic Senate Research Committee. Face-to-Face research may *not* commence until after the PI has received a signed approval of this request.

## Research Identification:

1. Title of the Proposed Research/Project:
2. Name of the PI or Faculty and phone number:
3. Indicate where the in-person activities will occur (select all that apply):
  - On Big Rapids Campus. Address/Location \_\_\_\_\_
  - On Grand Rapids Campus Address/Location \_\_\_\_\_
  - Off Campus Address/Location \_\_\_\_\_
  - Number of individuals involved \_\_\_\_\_
  - Other (describe)

## Section One: Conducting Face-to-Face Research

**DIRECTIONS:** Use the table below to identify:

- 1) **All tasks and procedures that directly contribute to the research that *cannot be performed remotely*.** Once each task/procedure has been identified, assess whether the risk of exposure to Covid-19 is low, medium, high or very high using the most current CDC/MIOSHA definitions.  
[https://www.michigan.gov/documents/leo/Final\\_MIOSHA\\_Rules\\_705164\\_7.pdf](https://www.michigan.gov/documents/leo/Final_MIOSHA_Rules_705164_7.pdf)
- 2) **Administrative Controls:** Identify the actions required of participants such as: providing participants with a list of written procedures to be followed, encouraging sick individuals to stay home, requiring all participants to complete the symptom checker daily, describing how contact between individuals will be minimized, etc.
- 3) **Engineering Controls:** These types of controls reduce exposure to hazards without relying on individuals' behavior such as installing high-efficiency air filters, increasing ventilation rates, installing physical barriers such as clear plastic sneeze guards, isolating participants from all hazards. etc.
- 4) **Personal Protective Equipment (PPE):** While administrative and engineering controls are considered more effective in minimizing exposure to SARA-COV2, PPE may also be needed, such as gloves, goggles, face shields, masks. If the need for a **respirator** is identified contact the Academic Affairs Director of Laboratory Safety.

Task/Procedure	Risk	Administrative Controls	Engineering Controls	PPE
Example: Taking body temperature	Medium	Symptom checker required daily.	High-efficiency air filters added.	Surgical mask level 3 provided and required.

(Contact the Academic Affairs Director of Laboratory Safety for technical support: [annehawkins@ferris.edu](mailto:annehawkins@ferris.edu))

**Requirements:**

1. Identification of one or more designated worksite supervisors who will be responsible for implementing the COVID-19 Preparedness and Response Plan specific for the Face-to-Face Research. They will implement, monitor, and report on the COVID-19 controls strategies identified above. Provide worksite supervisors' name(s) and contact information here:
  
2. Upon receiving notification of a potential COVID-19 exposure of a participants that may directly or indirectly impact the Face-to-Face Research, the worksite supervisor will immediately notify the Associate Provost of Operations and pause the Face-to-Face research.
  
3. All FSU Employees and students are required to complete the Ferris State University Symptom Checker DAILY. Identify the individual who will be responsible for maintaining this information here:
  
4. All FSU employees are required to complete COVID-19 training that is related to this Face-to-Face Research. The training shall address the following:
  - a. How to access and complete the Ferris State University Daily Symptom Checker.
  - b. How they will report personal COVID-19 exposure to the worksite supervisor
  - c. Administrative controls, engineering controls and personal protective equipment that directly impact how they will perform their tasks or activities.
  - d. The process that will be used to notify them in the event there has been an exposure.

Identify the individual who will be responsible for providing the above training here:

## Section Two: Approval Process

Signature of the PI responsible for the research.

(Check applicable box)

I understand that if I am granted approval to conduct Face-to-Face research that *cannot be done remotely* during the COVID-19 Pandemic (Identified in Section One), only those tasks identified shall be done Face-to-Face, and that all research activities shall be placed on pause should any participant have a potential or actual exposure to COVID-19. In the event of potential or actual exposure, I shall notify the College Dean and Associate Provost of Academic Operations immediately.

I understand that if I am granted approval to conduct Remote Research Only (no Face-to-Face exposure) during the COVID-19 Pandemic, the research shall follow the Preparedness and Response Plan developed by the college.

Signature of the Dean

College of

As the Dean of the college, I have reviewed this plan and submitted it to the Director of Academic Affairs Laboratory Safety for VPAA office approval. Once approved I will ensure that the steps outlined above are completed prior to the start of any approved research.

Signature of the Provost or designee

I have reviewed this plan and approve with as written.

I have reviewed this plan and approve with additions comments.

I have reviewed this plan and do not approve.