

University of New Haven
COVID-19 Safety Plan
(All sections must be completed)

Responsible Faculty Member/Principal Investigator

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The Faculty Member/Principal Investigator is responsible for ensuring compliance with this Plan. Failing to follow this plan will result in restrictions up to and including immediate shutdown of the offending research lab or area.

Location(s) to which this Safety Plan applies: Specify all applicable Campus/Building/Floor/Room Numbers

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Describe the steps that will be taken to minimize personnel density, allow distancing, and reduce the chances for transmission. These steps must be consistent with CDC guidelines, state guidelines, and applicable University policies.

The steps/plan must be specific for your research area or situation. You should include at least:

- 1) A description of the of areas or locations (size, configuration, shared or single space, etc.) where people may be present, such as the lab, project space, and areas with common equipment;
- 2) The number of people that will be in the area/space at any one time and how that number minimizes personnel density and will generally provide for distancing of 6 feet.
- 3) A description of anticipated work schedules, including staggering, alternate days, partial days or other adjustment and how work schedules minimize personnel density and provide for general distancing of 6 feet.
- 4) State if coordination with other teams or labs also using the space or area is required and if so how will you coordinate access to minimize personnel density;
- 5) A description of situations or conditions where individuals will need to be in close proximity to perform work, operate equipment, travel, etc. and what steps will be taken to minimize contact time and lessen transmission risk.
- 6) A description of any barriers, partitions or other methods to physically separate people that will be used.
- 7) A description of any special PPE requirements beyond required cloth face coverings that will be required.
- 8) A description of any work that cannot be done while wearing PPE or a cloth face covering and steps that will be taken to minimize the potential for viral spread.
- 9) Other area/location specific steps or considerations

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Describe the process that will be used to clean common touch points and equipment that will not be cleaned by Housekeeping.

CDC and state guidelines must be followed. The minimum standard that must be used by all areas is to at least daily clean/disinfected using an [EPA-registered cleaning product](#) or a 70% alcohol solution.

Examples of common touch points and include:

- Benchtops, desktops, and other work surfaces;
- Equipment handles and latches;
- Equipment controls and touchpads;
- Drawer and cabinet handles;
- Sashes of chemical safety hoods and biosafety cabinets;
- Bin and water incubator lids;
- Hand tools, micropipettors;
- Faucet handles and sprayer grips;
- Chemical bottles and lids, including chemical waste collection vessels and areas;
- Chair backs and armrests (fabric furniture that cannot be decontaminated should not be used);
- Doorknobs and light switches;
- Keyboards, touchpads, and mice;
- Remote controls.

Describe any equipment or areas that cannot be disinfected daily using an [EPA-registered cleaning product](#) or a 70% alcohol solution steps that will be used to prevent transmission. For example an electron microscope that cannot be sprayed with an alcohol solution but will be covered with plastic that is changed with each new user.

Describe the process that will be used to monitor compliance with this COVID-19 Safety Plan, as well as CDC, state, and University requirements related to COVID-19 in the workplace, including personal health monitoring prior to coming to work.

Specify who will be responsible for monitoring CDC, state, and University requirements related to COVID-19 in the workplace, updating this plan as required, and communicating changes to personnel.

Specify who will be responsible for ensuring each individual signing below has completed initial and any subsequent required COVID-19 training.

Resources

[Center for Disease Control](#)

[State of Connecticut](#)

Personnel Sign-Off

All personnel, undergraduate and graduate students, postdoctoral researchers, staff, and faculty must be documented below.

By signing below, I acknowledge that I have read, understand, and agree to comply with this COVID-19 Safety Plan.

Name (print)	Name (signature)	Date