# Application to Request to Resume Research Activities

*Applicants can develop their plan by completing these forms and saving this as their Request to Resume Research Plan.*

## Principal Investigator/applicant (name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission Checklist:** *I can confirm that I have:*

* Completed the Request to Resume Research Form (appendix a)
* Reviewed the [COVID-19 Exposure Control Plan](https://adm.viu.ca/sites/default/files/covid-19-exposure-control-plan-2020-05-26.pdf)
* Completed the Risk Assessment template (appendix b)
* Reviewed and/ developed safe work procedures (appendix c)
* Completed a research space plan - checklist (appendix d)
* Completed the People Management checklist (appendix e)
* Identified Facility access/cleaning plans and sent an email to facility@viu.ca
* Completed required training and commit to training all student researchers
* Reviewed and commit to the requirements to ensure oversight and compliance

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| --- | --- | --- |
| 1. *Please sign upon completion*
2. *Please submit the request to resume research plan to* *safety@viu.ca**, for review*
 | **Principal Investigator/applicant:** |  |
| **Date:** | Click here to enter a date. |
| **Dean/Director Approval:** |  |
| **Date:** | Click here to enter a date. |
| **HSS Review:** |  |
| **Date:** | Click here to enter a date. |
| 1. *The plan will be forwarded to the AVP SRCA for final approval*
2. *Health and Safety will retain a copy of this plan*
3. *A copy of this plan will also be provided to the University Joint Occupational Health and Safety Committee as an information item*
 | **AVP SCRA Approval:** |  |
| **Date:** | Click here to enter a date. |

**DISCLAIMER: The requirements of this plan are based on current provincial and federal requirements as well as WorkSafeBC guidelines. It should be expected that the requirements of this plan could change in the future. Any changes in requirements will be communicated as soon as practicable with the expectation that every endeavour will be made to conform to the changes as soon as practicable.**

Appendix A. Request to Resume Research Form

### Research Team

*Please provide a list of all the researchers, faculty and students that are involved in this research including their position and email contact information.*

|  |  |  |
| --- | --- | --- |
| Name | Status at VIU (faculty, student, Research Personnel) | Email contact: |
|  |  |  |
|  |  |  |
|  |  |  |
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### Description of Research Activities

*Please provide a brief description in lay person terms of the research that will be undertaken. For Centres and Institutes, if this is meant to cover more than one project with similar methods, you can mention the projects together here as opposed to developing different plans for each project.*

### Rationale for the request to resume research activity

*Please justify why this activity cannot be done remotely (that it either requires access to campus, or be done in the field, or require physical face-to-face interactions with research participants)*

1. Does this research currently have approval, as described, from the Research Ethics Board, the Animal Care Committee or Biosafety?

\_\_\_\_YES

\_\_\_\_NO, A submission is forthcoming

\_\_\_\_NO, an amendment is needed if approval is granted to proceed

1. Is this research supported by an external funding agency? If so, which funders?

\_\_\_\_YES Funding agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_NO

1. Does this research require an amendment to an existing research funding contract (note: if the workplan in an existing contract has been changed in order to proceed, the principal investigator must ensure that the funding agency approves the changes).

\_\_\_\_YES

\_\_\_\_NO, there are no changes necessary

Appendix b: Risk Assessment

Table 1: Risk Assessment Template

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| **Risk Identification, Assessment and Control** |
| **Dept./Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Job/Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **1. Identify Critical tasks** | **2. Risk Assessment** | **3. Hazard Control Mitigation (see table above for ideas)** | **4. Describe Control to be implemented** | **5. Safe work procedure required** |
| Critical Task(s)/Work  | Risk(s) exposure | Risk Rating (L, M, H) | Type(s) of Controls (Hierarchy)Select one or more options | Description of Control(s)  | Identify new procedure(s) for Administrative or PPE Otherwise mark n/a |
| ***E.g. Delivering a lab demonstration*** | ***E.g. Exposure to COVID-19*** | ***E.g. L*** | [x]  **Elimination/Physical Distancing**[ ]  **Engineering**[ ]  **Administrative**[ ]  **PPE** | ***E.g. Cordon off instructing area*** | ***E.g. n/a*** |
| ***E.g. Use of shared tools/equipment to undertake class work*** | ***E.g. Exposure to COVID-19*** | ***E.g. L*** | [x]  **Elimination/Physical Distancing**[ ]  **Engineering**[x]  **Administrative**[ ]  **PPE** | ***E.g. hand washing and sanitizing tools***  | ***E.g. develop safe work procedure for sanitizing tools*** |
| ***E.g. Dental clinic student practice*** | ***E.g. Exposure to COVID-19*** | ***E.g. H*** | [x]  **Elimination/Physical Distancing**[ ]  **Engineering**[ ]  **Administrative**[x]  **PPE** | ***E.g. use of PPE (N95, disposable gloves)*** | ***E.g. develop safe work procedure for PPE*** |

Appendix C: Develop Safe Work Procedures

VIU Safe Work Procedure Template (found at the bottom of the page on this [link](https://adm.viu.ca/health-and-safety/hazard-identification-risk-assessment-and-control)). Complete as many of these as are required for the procedures you will use in your research activity.

Research Space Plan Checklist

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| **VIU COVID-19 RESEARCH SPACE PLAN CHECKLIST*****Use Directions:**** *Use this checklist as a quick tool to assess pandemic control measures in your instruction/workspace.*
* *Describe the details for each control measure indicated as ‘yes’.*
* *It is possible that a Faculty/Department has multiple site plans as part of this framework.*
* *Review completed questionnaires often to ensure they are still effective and in use.*
 |
| **Person(s) completing the plan:** |  | **Class Type** | [ ]  Classroom [ ]  Lecture Hall [ ]  Laboratory [ ]  Shop Floor [ ]  Studio [ ]  Clinic |
| **Date:** |  | **Room #s:** |   |
| **#** | **Control Measure** | **Yes** | **N/A** | **Details/Applicable Task from Risk Assessment (Table 1)** |
| 1. | Entry/Exit Process is in place? | [ ]  | [ ]  | *E.g. implemented safe work procedure - one door, hand sanitizing, pre-screening questions* |
| 2. | Areas identified within the classroom to be cordoned off from access?  | [ ]  | [ ]  | *E.g. lecture or demonstration areas, faculty offices, prep areas* |
| 3. | Infection control and physical distancing posters posted in classroom and throughout the common areas?*Posters available on VIU Health and Safety Website.* | [ ]  | [ ]  |  |
| 4. | The maximum number of persons allowed in a space has been determined? This must be posted in each teaching space. Standard signage should be posted in each teaching space but can be [found here.](https://www.worksafebc.com/en/resources/health-safety/posters/help-prevent-spread-covid-19-occupancy-limit?lang=en&origin=s&returnurl=https%3A%2F%2Fwww.worksafebc.com%2Fen%2Fforms-resources%23first%3D10%26sort%3D%2540fcomputeditemdatefield343%2520descending%26f%3Alanguage-facet%3D%5BEnglish%5D%26tags%3DCovid-19%7Ca96b6c96607345c481bb8621425ea03f) | [ ]  | [ ]  | *Calculate based 2m social distancing requirement –* *Considerations for equipment providing sufficient distance requirements to be included. E.g. lab bench, car hoists, etc.* |
| 5. | Directional arrows to support flow of people throughout the teaching space are in place? | [ ]  | [ ]  | *E.g. use tape, etc. or contact Facilities with your needs* |
| 6. | Facilities has been notified of access needs before shops/labs begin? | [ ]  | [ ]  | Access is required at these times:Access is required on these days: |
| 7. | Facilities has been notified of additional cleaning needs for building based on ECP? |  |  | # Washrooms:Other high traffic areas outside the classroom: |

Appendix D. People Management Checklist

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| **PEOPLE MANGEMENT CHECKLIST*****Directions:**** *Use this checklist to ensure you have considered the following factors in your space.*
* *State the details for each control measure indicated as ‘yes’.*
* *Keep completed questionnaires as part of this framework*
 |
| **Person completing this plan:** |  | **Class Type** | [ ]  Classroom [ ]  Office [ ]  Laboratory [ ]  Shop  |
| **Date:** |  | **Room #s:** |  |
| **#** | **Control Measure** | **Yes** | **NA** | **Details/Applicable supporting comments** |
|  | **Illness /Pre-screening**  |  |  |  |
| 1. | A process is in place to advise students to stay home if sick and how to report COVID-19 like symptoms? Supporting measures should also be in place to accommodate absences?  | [ ]  | [ ]  | *E.g. course outline, orientation* |
| 2. | A process is in place to advise employees to stay home if sick, and how to report COVID-19 like symptoms? Supporting measures should also be in place to accommodate absences and provide coverage, if applicable?  | [ ]  | [ ]  | *E.g. contingency plans,*  |
| 3. | Employees have been informed about the [COVID-19 VIU Leave Protocol](https://adm.viu.ca/health-and-safety/covid-19/covid-19-viu-employee-leave-protocol)? | [ ]  | [ ]  | *E.g. email communication* |
| 4. | A daily process to pre-screen students/employees has been developed – self-reporting is mandatory. | [ ]  | [ ]  | *E.g. general wellness questions prior to entering class, general entry/exit safe work procedure*  |
| 5. | If employees and/or students are absent due to illness, COVID-19 self-assessment via the online COVID-19 tool is advised. | [ ]  | [ ]  | [*https://bc.thrive.health/covid19/en*](https://bc.thrive.health/covid19/en) |
|  | **Safe Spaces control measures** |  |  |  |
| 6. | Student and Employees have been provided instruction on where to spend their break time?  | [ ]  | [ ]  | *E.g. leave the building, inside personal vehicles etc.*  |
| 7. | Room set up to allow for 2 meters physical distancing between students? | [ ]  | [ ]  |  |
| 8. | Demonstration and work areas set-up to allow for 2 meters physical distancing? | [ ]  | [ ]  | *E.g. using barriers, floor decals, tape* |
| 9. | Nearest hand washing sink located, is stocked, and has been identified to students?  | [ ]  | [ ]  | Sink Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10. | Handouts, papers, pens, etc. are not physically provided to students? (Use e-versions, students provide their own, etc.) | [ ]  | [ ]  |  |
| 11. | When possible, students have dedicated tools/equipment? *E.g. items are not shared between students during class.*  | [ ]  | [ ]  | *E.g. assign or sign out tools/equipment*  |
| 12. | Common touch points and tools/equipment that must be shared are identified? | [ ]  | [ ]  | *E.g. safe work procedure* |
| 13. | Cleaning/sanitizing materials are provided with instruction? | [ ]  | [ ]  | *E.g. orientation and safe work procedures* |
| 14. | Students are given instruction for the safe and correct use of any provided personal protective equipment?  | [ ]  | [ ]  | *E.g. orientation and safe work procedures* |
| 15. | Students are reminded to avoid face touching during class and to wash hands immediate before and after? | [ ]  | [ ]  | *E.g. orientation, posters, pre-screening* |
|  | **Supervision** |  |  |  |
| 16. | A process has been developed to deal with students not following the established control measures? | [ ]  | [ ]  | *E.g. student code of conduct, in class procedures (oral warning, written warning, suspension)* |
| 17. | A process has been developed to deal with employees not following the control measures? | [ ]  | [ ]  | *E.g. manager, dean reporting, incident reporting* |

Appendix E. Daily COVID-19 prevention checklist

*This form does not need to be completed for your request but should be used after approval to do daily checks.*

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| **Daily COVID-19 Prevention Checklist** ***Directions:**** *Use this checklist to ensure that what is implemented is working well in your work area (class/shop/lab)*
* *Contact Facilities* ***immediately*** *for any daily Facility Needs based on the checklist findings for the day*
 |
| Date: Click here to enter a date. |
| Building#: Click here to enter text. |
| Room#: Click here to enter text. |
|  | **#** |  | **Yes** | **No** |
| **SAFE SOCIAL INTERACTIONS** | 1. | Walk-through research areas to ensure all physical distancing methods are still in place (signage, directional arrows, decals, etc.)  | [ ]  | [ ]  |
| 2. | Social Distancing is being respected by all persons | [ ]  | [ ]  |
| **PERSONAL HYGIENE** | 3. | Hand Washing facilities and supplies are maintained (including hand sanitizer stations) | [ ]  | [ ]  |
| 4. | COVID-19 daily Pre-screen complete by all persons required to enter and use the research area | [ ]  | [ ]  |
| 5. | Remind all persons daily about personal hygiene expectations (hand washing, cough/sneeze etiquette, etc.)  |  |  |
| **ENVIRONMENTAL HYGIENE** | 6. | Remind users about responsibilities to clean shared equipment/tools between each use  | [ ]  | [ ]  |
| 7. | COVID-19 Signage still posted | [ ]  | [ ]  |
| **PERSONAL PROTECTIVE EQUIPEMENT (PPE)** | 8. | Personal Protective Equipment(if required) is being worn by employees and students  | [ ]  | [ ]  |