

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

Department/Unit: ART, Graphic Design, Emerging Practices **College/School:** College of Arts and Sciences

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This plan covers operation for Return Phase: 2 (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)

<u>Building and Room Number</u>	<u>Square Footage or listed maximum room capacity</u> <u>(Note: a 6 ft. radius around a person is ~200 sq. ft.)</u>	<u>Max # of simultaneous personnel permitted</u>	<u>Other Considerations</u>
<i><u>Ex. Hochstetter 452</u></i>	<i><u>Ex. 400sqft/10 persons</u></i>	<i><u>Ex. 2</u></i>	<i><u>Ex. Max 2 researchers per bench, 1 per hood</u></i>
CFA 134	103.22	1	
CFA 140	347.77	2	
CFA 142	1202.08	6	

Exposure Controls

<u>Controls</u>	<u>Description (if not applicable, indicate as NA)</u>
<i>Describe engineering measures and administrative measures for ensuring social distancing and health screening among lab members:</i>	<ul style="list-style-type: none"> • While working in the space all occupants must wear face masks, as required by UB and NYS. • While working in the facility, people will maintain a distance from one another of at least six feet – work stations will be spaced 6’ apart. • Occupants will wash their hands carefully upon arrival, before departure, and as needed while working. • Users will take their own temperature at the same time each morning and evening. If the temperature is elevated, they will notify the PI and avoid the lab and self-isolate. • Users who feel sick or experience any symptoms of Covid-19 will notify the PI and self-isolate. If symptoms arise while at work, the user will leave as soon as possible. • Facility users who experience any symptoms of Covid-19 will immediately contact their physician and request testing
<i>Describe the availability of PPE required in your lab both for research and for safeguards to minimize risk of transmission:</i>	Masks required in hallways and when in a room occupied by more than one person. Optional face shields are recommended when working one-on-one with another individual. Individuals must wash hands for at least 20 seconds, immediately prior to using shared equipment and when leaving the facility. Use restrooms opposite CFA 146, or sinks in CFA 142 & 146.
<i>Describe plan to minimize risk of transmission during routine procedures that may briefly require close proximity (if applicable):</i>	Limited to no more than 10 minutes continuous. Masks and gloves required.
<i>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.)</i>	N/A - This facility does not operate any dangerous equipment nor any processes/activities requiring a buddy system.

<i>Describe plans for lab readiness and expected or actual critical materials or reagents, including needed PPE:</i>	Acquisition of PPE (including masks, gloves and face shields) will be centrally sourced through the department. Antibacterial soap for hand-washing station. Spray bottles with 70% denatured alcohol.
<i>Describe plan for receipt of deliveries:</i>	No deliveries at this time due to the spending freeze.
<i>List shared facilities or instrumentation your lab members need to access and describe plan for shared usage:</i>	Computer keyboards & mice, fabrication machinery & output devices must be sanitized before and after use by each user.
<i>Describe plan for disinfecting common surfaces and shared equipment within lab and/or allowing down-time between users: (Refer to EH&S guide)</i>	Prior to use, surfaces will be wiped with a paper towel saturated with 70% denatured alcohol, left wet and allowed to air dry before use. This process will be repeated after use.
<i>Describe any coordination with other offices/labs and core facilities:</i>	N/A

Lab Personnel

Name	Title	Contact Info	Active during this phase
<i><u>Ex. Jane Smith</u></i>	<i><u>Graduate Student</u></i>		<i><u>Y/N</u></i>
Domenic J. Licata	Instructional Support Technician	716-645-0531, djlicata@buffalo.edu	Y
Jeff Sherven	Instructional Support Technician	(716) 645-0556, jsherven@buffalo.edu	Y (CFA 142)
<i>Describe any special accommodations required (e.g., vulnerable, compromised health (must be careful re personal info):</i>			
<i>Communication plan for lab members:</i>	Faculty and students who wish to use the EPGD facilities must notify Domenic J. Licata to ensure occupancy compliance, using direct communication, EPGD Slack channel, or Email. Those wishing to work in the BAP area in CFA 142 must coordinate with Jeff Sherven.		

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.*

<u>Shift (e.g.)</u>	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
<u>Midnight – 9 am</u>							
<u>9 am – noon</u>		DJL	DJL	DJL	DJL	DJL	
<u>Noon – 4 pm</u>		DJL	DJL	DJL	DJL	DJL	
<u>4 pm -8 pm</u>							
<u>8 pm - midnight</u>							


Communication and Compliance

<p><i>Describe how you will explain to personnel the safeguards and practices for safe operations within each phase of operations:</i></p>	<p>Instructional Support Technicians will communicate directly with lab users, either in person or via email. All users of the EPGD labs must communicate with the Tech at least 24 hours in advance to schedule a work session.</p> <p>All personnel must sign off on THIS form prior to first entering the facility.</p>
<p><i>Describe how the PI will ensure compliance and resolve any conflicts and concerns among group members and among those sharing research spaces:</i></p>	<p>Instructional Support Technician will coordinate the scheduling of facilities by faculty and student researchers.</p> <p>Compliance will be ensured by warning for the first violation and banning from the facility for one month for the second violation. Repeated violations will result in indefinite suspension of facility access. Facility users are encouraged to speak privately to the PI if they have any concerns about their own or other users' ability to comply with these guidelines. If laboratory personnel are uncomfortable with the COVID 19 hygiene plan and feel that the PI is not adequately responsive, personnel are encouraged to speak with the Department chair if they do not receive satisfaction at the department chair level, they may contact the CAS Dean's office.</p>
<p>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)</p>	

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: Paul Vanouse Date 7/10/2020

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 06/29/2020

Signed: _____ Date _____

Signed: _____ Date _____

Signed: _____ Date _____

Reviewed by:

Name/Title _____ **Date:** _____

Name/Title _____ **Date:** _____