**Safety Plan Form**

**If Proposing to Return to In-Person Research During the SARS-CoV-2 (COVID-19) Pandemic**

* **Please fill out and sign this Safety Plan Form.**
* **Please refer to the Safety Guidelines document for more detailed information.**

Safety Plans must be consistent with CDC guidelines, applicable University policies, and the [**Safety Guidelines document**](https://research.hawaii.edu/orc/wp-content/uploads/sites/6/2021/03/Safety-Guidelines.pdf).

**To submit a proposed Safety Plan in the eProtocol system:**

* Please fill out a Modification application in the eProtocol system.
* Upload this Safety Plan Form (and all other relevant documents needed to assess the Safety Plan) to the eProtocol Attachments page.

**To submit a proposed Safety Plan for non eProtocol system applications:**

* Please send an email to [**uhirb@hawaii.edu**](mailto:uhirb@hawaii.edu) with your modification request, this Safety Plan Form, and all other relevant documents needed to assess the Safety Plan attached.

The IRB will continue to protect populations at higher risk for severe illness from SARS-CoV-2 (COVID-19) by limiting research with these populations (i.e. older adults, people with severe underlying medical conditions [**– click here for the CDC website for more detailed information**.)](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/specific-groups.html)

If there are technical and/or software difficulties experienced that render impossible the filling out of this form fillable document, please create a separate Word (or equivalent word processing software) document that clearly answers the below questions. Mahalo.

1. **Principal Investigator and Human Studies Program (HSP) Protocol Number and Title**

The Principal Investigator (UH Faculty Member) is responsible for:

* Ensuring compliance with this safety plan.
* Monitoring CDC and University requirements related to SARS-CoV-2 (COVID-19) transmission prevention in the workplace andupdating the plan as required.
* Communicating safety plan changes to all personnel and participants.
* Ensuring that each research team member complies with the approved safety plan.

Name of Responsible Principal Investigator (UH Faculty Member)

|  |
| --- |
|  |

Research HSP Project Protocol Number and Title

|  |
| --- |
|  |

1. **Location(s) to which this Safety Plan Applies**

Specify all applicable research sites for data collection or processing such as UH campus buildings, floors, and room numbers in the box below, as well as any off-site locations outside of the UH System (provide address and building name).

|  |
| --- |
|  |

1. **Following the** [**Safety Guidelines document**](https://research.hawaii.edu/orc/wp-content/uploads/sites/6/2021/03/Safety-Guidelines.pdf)**, and to avoid multiple Modification applications as the situation changes, please describe your safety plan for each phase in the Safety Plan Form Table on Page 3. Only one modification application and safety plan are required for each protocol.**

The safety plan must include steps to minimize personnel density, adhere to UH vaccination, testing, social distancing, and PPE requirements, and reduce the possibility of transmission for your participants, research team, and community; the Safety Plan must be specific to your research area or situation. Consider the following as applicable to your study:

* Describe the 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.
* Describe the number of people that will be in the indoor ventilated area/space at any one time, a description of anticipated work schedules, including staggering, alternate days, partial days or other adjustments, and how work schedules will minimize personnel density and provide for general distancing of 6 feet or more.
* Differentiate the space where participants will be and the space where researchers will work and how density will be safely managed in each (if the spaces are different.)
* Describe whether or not the proposed safety modifications will be relevant to other approved research occurring in the same physical location. A modification application must be submitted separately for each approved protocol.
* State if coordination with other teams or labs also using the space or area is required, and if so, clearly describe how you will coordinate access to minimize personnel density.
* Describe 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.
* Describe any barriers, partitions or other methods to physically separate people that will be used.
* Describe any special PPE requirements beyond required cloth face coverings that will be required.
* Describe 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.
* Describe other area/location-specific steps or considerations if applicable.
* Describe safe consent and/or assent procedures, and recruitment plans.
* Include details for personal health monitoring of participants and research personnel prior to interaction and coming to work.

**Safety Plan Form Table**

|  |  |
| --- | --- |
| **RED**  Stay at Home (Major Disruption) |  |
| **ORANGE** Safer at Home (Moderate Disruption) |  |
| **YELLOW**  Act with Care (Minor Disruption) |  |
| **GREEN**  Recovery (Minimal Disruption) |  |
| **BLUE**  Post COVID-19 Pandemic (Limited Disruption) |  |

1. **Clearly describe the process that will be put in place to monitor compliance with this Safety Plan.**

|  |
| --- |
|  |

**Research Personnel Sign-Off**

All Principal Investigators, Co-Investigators, and Student Investigators must sign below.

By signing below, I acknowledge that I have read, understand, and agree to fully comply with this Safety Plan during any research activity associated with this aforementioned Research Project.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name (print)** | **Name (signature)** | **Study Role (P.I., Co-I., Student)** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Failing to follow this Safety Plan will result in restrictions, including possible shutdown of the research.

If there are additional Co-Investigators or Student Investigators, print, sign and date below or on a separate page. Mahalo.

Mahalo nui for working with us to help keep participants, research personnel, and our community safe (Mālama).