Continuity for the Phased Re-opening of Campus Research

Principal Investigator Implementation Rubric

All Principal Investigators, independent of the current activity status of their laboratory, must develop a plan that addresses each element of the *Continuity for the Phased Re-opening of Campus Research* directive. This plan must meet, at a minimum, the "Acceptable" criteria outlined in the rubric, below, and be in place before directing research staff to return to the lab or increasing current activity. Achieving a level of "Good" for each element is intended to promote continuous improvement according to the *Plan, Do, Check, Act* cycle. Within two weeks of a labs "reopening", all Principal Investigators must refine their management of the prescribed guidelines to reflect a level of "Good", as outlined, below. It cannot be overemphasized that adherence to the guidelines expressed in the reopening directive is essential to ensure the health and safety of employees, students and visitors at UTHSC.

Competency	Unacceptable	Acceptable	Good
On Campus Staffing	Personnel informed that high-risk individuals should continue to work from home.	Provision for the identification of high-risk individuals in each work unit. (e.g. over 60 years old, individuals with personal health issues placing them at additional risk.)	Provision exists for the identification of high-risk individuals. Method of communicating expectations effectively communicated. Plan in place to periodically re-assess employee needs as conditions in the community evolve.
	Determination of critical activities made on an ad hoc basis.	Critical activities identified based on work area goals and objectives. Personnel cross-trained to ensure ability to maintain critical operations.	Work activities prioritized, personnel cross-trained. Timeline of operations identifies evolution of critical activities over at least the next 90 days. Workplan includes provision to periodically re-assess status of operations.

	Staff schedules determined on an ad hoc basis.	Staff schedules established for on-campus and telecommuting work. Plans formulated to account for productivity and equitable scheduling.	Staff schedules established for on-campus and telecommuting work. Personnel informed of the schedule, responsibility for critical activities and back-up plans in the event of absence. Plan includes periodic re-assessment of schedules and staffing requirements based on productivity and employee needs.
Space and Resource Management	Personnel informed of requirement to maintain social distancing and expected to modify the areas and workflow accordingly.	Offices, laboratories and other workspaces evaluated and reorganized to provide at least 144 sq. ft. of space for each employee.	At least 144 sq. ft. of space allocated for each employee. Plans to periodically reassess adherence to spacing guidelines based on staff needs and as on-campus staffing increases.
Guidelines for Personal and Workplace Hygiene

(e.g. use of facemasks, handwashing, routine disinfection, social distancing) | Personnel instructed to self-monitor for COVID-19 symptoms each day prior to coming to campus. No establishment of specific instructions for this is to be done. | Plan for individuals to self-monitor each day prior to coming to campus. Plan includes the deliberate adoption of the practice for self-monitoring (e.g. use of the UTHSC self-monitoring tool) and information about symptoms of COVID-19. | Plan for individuals to self-monitor each day prior to coming to campus. Plan includes the deliberate adoption of the practice for self-monitoring and information about symptoms of COVID-19. Check implemented to evaluate staff compliance with self-check requirements. |
| | Personnel informed of the requirement to wear facemasks while on campus. Provision to ensure all staff members have access to facemasks. | Plan for the use of facemasks while on campus. Instructions provided for the storage, handling and maintenance of masks. Instructions address specific workplace implementation (e.g. in labs, animal facilities, personal offices, shared offices, common areas, etc.). Provision to ensure personnel have adequate access to facemasks. | Personnel instructed on the use of facemasks as it applies to their workplace and job responsibilities. Check implemented to evaluate compliance with facemask use requirements. Periodic contact with staff members to identify pain points or challenges to implementation. Collectively trouble shoot pain points to establish resolutions. |

Personnel informed of the requirement to disinfect at least a 6-foot radius around personnel work areas and frequently touched at the start and end of each shift and as needed in between.	Plan to disinfect at least a 6-foot radius around personnel work areas and frequently touched surfaces (e.g. keyboard, mouse, phone, doorknobs, etc.) at the start and end of each shift and as needed in between. Disinfection supplies procured.	Plan to routinely disinfect surfaces. Disinfection supplies procured. Provision made to identify need for replacement products. Check implemented to evaluate compliance with disinfection procedures. Periodic contact with staff members to identify pain points and discussion to facilitate resolution.
Responsibility for routine disinfection of shared equipment and common space items not specifically delegated.	Provision made for the routine decontamination of shared equipment and common space items (e.g. copiers, shared computer workstations, etc.).	Provision made for the routine decontamination of shared equipment and common space items. Check implemented to evaluate compliance. Plan to identify additional overlooked items or surfaces established.
Personnel instructed to wash hands upon entering and exiting and frequently throughout the day. Supplies of soap and paper towels available at handwashing sinks.	Personnel instructed to use proper handwashing technique to wash hands upon and entering, prior to leaving the workplace, after contact with frequently touched surfaces, after contact with facemasks. Handwashing sinks identified and stocked with adequate soap and paper towels. Hand sanitizer positioned in appropriate locations to facilitate sanitization after contact with frequently touched surfaces.	Personnel instructed to wash hands upon and entering, prior to leaving the workplace, after contact with frequently touched surfaces, after contact with facemasks. Handwashing sinks identified and stocked with adequate soap and paper towels. Hand sanitizer positioned in appropriate locations to facilitate sanitization after contact with frequently touched surfaces. Check implemented to evaluate compliance and adequate supply of handwashing supplies and sanitizer. Periodic contact with staff members to identify pain points and discussion to facilitate resolution.

Escalation Procedure	Escalation procedure not specified or enforced. Escalation procedure enforced inconsistently.	Escalation procedure established to respond to incidence of non-compliance with guidelines such as wearing and properly handling a facemask, routine surface disinfection.	Escalation procedure established to respond to incidence of non-compliance. Personnel informed of procedure. Procedure is enforced. Root cause assessment to determine why guidelines were not followed with action taken to mitigate the potential for recurrence.
	Principal Investigator or work area supervisor relies on Research Safety Affairs to assess compliance with guidelines.	Compliance with guidelines is overseen by lab or work area Principal Investigator.	Principal Investigator or work area supervisor not frequently in lab designate or assign oversight responsibilities to an appropriate individual or collectively to the group through observation of colleagues.