

Pennington Biomedical Research Center
COVID-19 Pandemic - Transition Plan to Resume Normal Operations
Revised 5/13/2020

Scope

Pennington Biomedical's mission is to discover the triggers of chronic diseases through innovative research that improves human health across the lifespan. It does this primarily through studying the causes of obesity, diabetes, cardiovascular disease, cancer and dementia. Its research enterprise includes 67 faculty and more than 18 post-doctoral fellows, 44 laboratories, and 13 highly specialized core service facilities, and a total of about 450 research, support and administrative employees on a 222-acre campus.

In March 2020 Pennington Biomedical activated its continuity plan to ensure the ongoing operations of the Center because of the 2020 COVID-19 outbreak. That plan outlined the measures to be taken to establish that essential personnel must continue to report onsite to manage mission critical Center infrastructure and functional areas, and that all other employees must work from home.

As the Center prepares for the eventual return of its employees, it is important to establish an orderly transition plan to resume normal operations and to phase in activities in a manner that will ensure the safety of the Center's employees, participants, contractors and visitors. This plan outlines the measures to be taken for such an orderly, phased transition.

Return Readiness

The following *general* readiness activities must be performed PRIOR to the return of participants and non-essential personnel. Other readiness activities may also need to be performed by individual units. (See *High Risk Activities and Specialized Facilities*)

- “High touch” and shared work areas must be sanitized.
- Obtaining PPE and Sanitization Supplies
 - Upon return to work, all employees will be required to wear PPE appropriate to the risk level in accordance with CDC guidelines, and all work areas must be regularly sanitized to minimize risk of infection.
 - A minimum inventory of PPE (gloves, gowns, masks, etc.) and sanitization supplies (wipes, hand sanitizer, 70% alcohol cleaning solution, etc.) must be established to ensure an adequate supply for at least 3 months of operations and for all risk levels. Note: It is likely that as many more employees than before will be required to wear PPE, and as activities are ramped up, more PPE/sanitization supplies will be consumed than in prior normal operations. It is important for PPE and supplies inventories to remain well-stocked.
 - Sanitization supplies, such as cleaning wipes and disinfectants, must be distributed to shared workspaces, such as copy/printer/fax, document shredding, recycling and other shared work areas.
- Departments with employees who perform high risk work activities will develop detailed plans/SOPs for managing risk that are specific and appropriate to the activities.

- Temporary wayfinding signs will be placed directing persons to approved entrances to facilitate screening procedures.
- Signage promoting good handwashing/hygiene will be placed or updated throughout the center.
- Signs promoting social distancing will be placed at all screening stations.
- Clear and concise messages
 - Prior to return to work, employees will be updated with clear and concise messages that articulate the expectations for compliance with social distancing, wearing proper PPE, and other requirements appropriate to the work activities to be performed.
 - Messaging should emphasize that if employees are sick, they should stay home.
 - The messaging should also include specific guidance for PIs/labs to assess their research supplies inventories to determine if orders will need to be placed in advance of the Center opening date. A checklist (see Attachment A: *Laboratory Ramp Up Planning Checklist*) will be provided to investigators as a planning aid.
 - Employees should be encouraged to communicate with their supervisor if they anticipate that they will encounter any childcare or other issues that would prevent them from returning to work within the time frame they are assigned to return.

Phased Return to Work

All mission critical personnel must continue to report to work onsite to manage mission critical Center infrastructure and functional areas. All other employees will return to work in phases.

In an effort to decrease the number of persons reporting to the Center, employees will be allowed to return to work in phases, with the first phase of returning workers being those that have limited ability to perform all of their work duties from home. All employees who can perform a significant amount of their work duties from home will continue to do so and will return in a later phase. Employees will be assigned phases by lab/department.

Large labs/departments may rotate or stagger employee schedules as much as practicable to decrease the number of persons reporting to the Center at the same time.

Employees will be assigned a return status for each phase, which will be communicated by their AED or supervisor. The phase statuses are as follows:

- A. Continue working from home
- B. Return in Phase 1 if they can maintain social distancing
- C. Return in Phase 1 if they can maintain social distancing by alternating days or shifts
- D. Return in Phase 1 if they can maintain social distancing by relocating space
- E. Continue to work from home with more direct supervision and a work plan
- F. Mission critical – continue as before

Who May Return

Any employee who has been assigned to return to work, who has been fever free without fever-reducing medicines for 72 hours and is otherwise symptom free may return to work beginning in their assigned

phase. Individuals who have underlying conditions or who otherwise may be at increased risk may be prioritized for continued work-at-home status until the Center has fully resumed normal operations.

Only those non-employees conducting official business with the Center may return. Center employees who are expecting official visits from non-employees are advised to notify personnel screening staff posted at the screening stations.

Screening Procedures for Employees, Contractors, Visitors and Others

The screening procedures below must be followed by all **employees, contractors, visitors and others** who report to the Center (note that the Clinical Trials Unit has specific screening procedures for clinical trial participants):

- All persons will be directed to enter the Center only through approved entrances.
- Before being admitted to their work area or other destination, everyone must report to be screened to include a temperature check and screening questions. (see Attachment B: *COVID-19 Screening Questions for Non-Participant Employees, Contractors, Visitors, Others*)
 - The table below lists the screening stations:

For:	Report to:	Notes
Participants (except those utilizing Fitness Center)	Clinic Lobby	The Clinic staff will provide screenings for this area at times based upon scheduled clinic visits between the hours of 6:30 AM and 12:00 PM, Monday through Friday.
Participants utilizing Fitness Center	Fitness Center	This area will be coordinated by the Intervention staff on an as needed basis for those participants utilizing the fitness center as part of an ongoing study. (The Fitness Center will remain closed to employees during Phase 1 of the Return to Work Plan.)
Clinical Trials Unit Staff	Imaging Lobby	The Clinic staff will coordinate this area between the hours of 6:00 AM and 8:30 AM.
Comparative Biology Staff	CBC Facility	
Facilities Maintenance and Grounds	Time clock area in F Building	
ALL OTHERS	C Building Atrium	Will operate between the hours of 6:15 AM and 10:30 AM.
AFTER SCREENING STATION HOURS		At other times, screening will take place at the main Security office in D Building.

- Departments may stagger their employees' reporting times to prevent long lines at the screening station.
- **While waiting to be screened, everyone must maintain at least 6' distance between persons at all times.**
- Persons who are exhibiting respiratory symptoms, have a temperature greater than or equal to 100°F, or whose responses to the screening questions indicate a risk of infection will be referred to their primary care physician and will not be admitted to their work area, and must leave the Center immediately.
- Persons that are allowed to continue on to their work area or other destination will be given a colored band daily to be visibly worn while they remain at the Center.

Required PPE, Social Distancing, Hand Washing, Sanitization of Share Work Areas

- All employees will be **required** to wear PPE appropriate to the risk level of their work activities in accordance with CDC guidelines. **Note:** High Exposure Risk requires a specific plan for PPE (see *High Risk Activities and Specialized Facilities*):
 - Low Exposure Risk
 - Jobs that do not require people to be in contact with people known, or suspected to be infected with COVID-19, such as:
 - Remote workers
 - Office workers who do not have frequent contact with coworkers, customers, and the public
 - Healthcare workers providing telemedicine
 - Required PPE:
 - Use a **face mask** when entering/leaving PBRC buildings where you are likely to encounter other persons, and when working in common workrooms used by others, such as copy/printer/fax rooms
 - High Exposure Risk (requires specific plan; see *High Risk Activities and Specialized Facilities*)
 - Jobs requiring frequent/close contact with people who may be infected but are not known to have or suspected of having COVID-19
 - Frequent contact with travelers who return from international locations with widespread COVID transmission
 - Those who have frequent contact with the general public or have high potential for exposure to known or suspected sources of COVID-19, such as:
 - healthcare delivery and support staff (doctors, nurses, support staff) exposed to known or suspected COVID-19 patients
 - Medical transport workers
 - Required PPE: **Use PPE required by specific plan**
- Social Distancing
 - All employees must practice social distancing to minimize risk of infection:
 - Employees must not report to work if they are sick.
 - Maintain at least 6' distance between persons at all times.
 - Prefer meetings to be held virtually
 - **Do not gather in numbers of more than 10 people.**

- Limit foot traffic between buildings to only critical activities.
- Hand Washing
 - Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
 - If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
 - Avoid touching your eyes, nose, and mouth with unwashed hands.
- Sanitization of Shared Work Areas
 - All high touch areas in shared workspaces must be sanitized after each use using the provided cleaning wipes and disinfectants provided in those areas.

High Risk Activities and Specialized Facilities

Departments with activities that are deemed high risk, or specialized facilities (e.g., Clinical Trials Unit, Inpatient Unit, Comparative Biology, shared services or shared equipment), are required to create a specific plan or SOP to minimize risk of infection. The plans/SOPs must include required readiness activities to be performed PRIOR to resuming operations, and protocols for maintaining sanitized work areas and sanitizing high touch areas and equipment between users. Specific plans/SOPs for the following units/areas are attached:

- Cell Biology Core
 - Interim Safety Procedures for CBB Core Utilization
- Clinical Trials Unit
 - CTU Return to Work Plan
 - CTU COVID-19 Re-Open Priority Plan (4/29/2020)
- Comparative Biology
 - Procedures for Post-Pandemic Transition Back to Normal
 - Operations in the Comparative Biology Facility
- Genomics Core Facility

Compliance with Social Distancing, Required PPE and other Measures

All persons who are denied admittance to the Center will be required to leave immediately. Employees who fail to comply with social distancing, required PPE, or any other required measures will be sent home and a formal reprimand will be placed in their personnel file. Repeated offenses will be subject to PBRC's progressive discipline policy up to and including termination.

Attachment A: Laboratory Ramp Up Planning Checklist

Laboratory Ramp Up Planning Checklist		
Personnel and Safety		
	Task	Comment
	Determine how social distancing will be applied.	
	Those at increased risk should continue to work from home if possible.	
	Work in shifts (morning vs evening, every other day) and coordinate with other labs in shared lab space. May also consider reserving shared equipment.	
	Consider requirements for PPE if it is available.	
	Establish disinfecting protocols for shared areas - break rooms, atrium, shared lab equipment, shared procedure rooms. Include who provides cleaning supplies and ensure availability.	
	Require cloth face masks when working anywhere another person might be. Keep masks on in the lab because it is difficult to stop in the middle of the experiment and put a mask on if a delivery person or other lab personnel enters the lab.	
	Glove use should be reserved for the laboratory space. The “no gloves in the hall” rule still applies.	
	Consider scheduling shifts for personnel who work in shared cubicle space.	
	Whenever possible, conduct lab meetings via Microsoft Teams.	
	Emphasize to staff that laboratory personnel should refrain from visiting other laboratories, whenever possible.	
	Establish hand-washing protocols within each lab, such as after using shared equipment.	
Supplies and Equipment		
	Task	Comment
	Consider if any equipment needs recalibrated/certified. Schedule any requests through Nancy Pease.	
	Determine what reagents and consumables need to be restocked. Realize there may be shipping delays and limited availability as many labs nationwide are also ramping back up.	
	Consider the PPE needed for higher risk experiments and if it is available.	
	Start-up/test computer-controlled scientific equipment prior to initiating runs.	
	Check cell culture aspirators for mold growth that occurred during the hiatus.	
Experimentation		
	Task	Comment
	Prioritize which experiments to run.	
	Encourage employees to do lab work at Pennington Biomedical and then go home to analyze data, whenever possible.	
	Check with CBC about availability of ordering new animals.	
	Consider what research can be easily halted if another “stay at home” order is required.	
	Encourage the wearing of lab coats and establish a cleaning protocol.	
	Develop protocols for procedures that require two people at the same time.	

Attachment B

COVID-19 Screening Questions for Non-Participant Employees, Contractors, Visitors, Others

NAME: _____

Date: _____

Please check yes or no to each of the questions below:

- Yes No Do you currently have fever, cough or shortness of breath?
- Yes No Do you **currently have any** of the following symptoms: chills, muscle pain, sore throat, or a new loss of taste or smell?
- Yes No Has it been less than 3 days since any of the above symptoms have resolved **and less than 10 days** since symptoms first appeared?
- Yes No Have you been in close contact (within 14 days) with anyone with a confirmed case or suspected case of COVID-19?
- Yes No Have you been diagnosed with COVID-19? If yes, has it been less than 14 days since you were diagnosed and your symptoms resolved?

Temperature: _____ °F

Please select the appropriate response below:

- If yes to any question above **and/or** a temperature of 100°F or more, please ask the employee to call their primary care physician immediately and notify their supervisor they will not be reporting to work today
- If no to all of the above but have a temperature of 100°F or more, please ask the employee to call their primary care physician immediately and notify their supervisor they will not be reporting to work today
- If no to all of the above and a temperature below 100°F, provide the employee with a wrist band and allow the employee to report to their department for work

Initials of staff completing form: _____

Interim Safety Procedures for CBB Core Utilization

The following guidelines are applicable to ALL CBBC spaces including L4011, L4016, L4056, L4076, and C1015 (Cell Culture facility):

1. If you are sick or feeling unwell -- DO NOT ENTER THE FACILITY, STAY HOME!
2. Only trained users of CBBC equipment may enter Core spaces. At this time, one-on-one training and assistance is on hold until further notice. Remote assistance is possible if advance notice is given to CBBC staff.
3. If possible, schedule instrument usage so that back-to-back reservations are avoided.
4. Upon entering the Core, wash your hands for the recommended 20 seconds.
5. Don fresh gloves (provided by CBBC) and face mask* (*depends on State/Federal guidelines).
6. Practice effective social distancing - maintain at least 6 feet between you and the nearest CBBC staff member or fellow Core user.
7. Utilize Core instrumentation WHILE WEARING GLOVES.
8. Upon completion of work, decontaminate instrumentation, computer keyboards, mice, and work surfaces with provided wipes and 70% EtOH.
9. Dispose of used material in biohazardous waste containers (wipes, paper towels, gloves) located near Core entrances/exits.
10. Wash hands thoroughly after removing and discarding gloves.
11. For sample drop-off (fixed animal/human or slides to be scanned) leave in the appropriate container outside L4011 with completed sample request forms. This will help prevent unnecessary entrance of Core space. Ensure your samples are packaged correctly and their exterior surfaces have been decontaminated.

CTU Return to Work Plan

RETURN TO WORK PLAN – PHASE 1

CLINICAL TRIALS UNIT

ACCESS

All CTU staff have been deemed mission critical and will be required to report to work when the facility reopens. Staffing will be flexible during the first phase of the plan. Staff not required for on-site procedures/visits will be encouraged to work from home. Staffing patterns will be reviewed daily based upon visit schedules and adjusted accordingly.

During the first phase of the plan, all other employees including administrative personnel are expected to continue to work from home so as to alleviate the need for extensive staff screening and to limit the number of people within the clinical buildings.

SCREENING PROCEDURES

Screening procedures will include the completion of a questionnaire and temperature check. A copy of the questionnaire is attached to this document.

Five areas will be identified for COVID-19 screenings based upon population:

1. **Atrium C Building:** This area will be the area identified for staff. The Inpatient nursing staff will be stationed in this area and will provide screenings between the hours of 6:15 AM and 10:30 AM. After 10:30 AM, Security will take over the screening process at an area to be determined.
2. **Clinic Lobby:** This area will be used to provide screening for participants. The Clinic staff will provide screenings for this area at times based upon scheduled clinic visit between the hours of 6:30 AM and 12:00 PM, Monday through Friday.
3. **Imaging Lobby:** This area will provide screening for CTU staff. The Clinic staff will coordinate this area between the hours of 6:00 AM and 8:30AM.
4. **Fitness Center:** This area will be coordinated by the Intervention staff on an as needed basis for those participants utilizing the fitness center as part of an ongoing study. ***(The Fitness Center will remain closed to employees during Phase 1 of the Return to Work Plan.)***
5. **Community Sites:** Screening participants in community settings will be detailed in subsequent phases.

The employees who successfully complete screening will be given a colored, paper wrist band for that day. The color of the band will be change daily to ensure all employees are being screened each day. All participants who successfully complete screening will be given a colored sticker to be worn while inside PBRC.

PPE REQUIREMENTS

All CTU staff will be provided cloth masks to be worn within the facility. The staff will be required to take personal responsibility for cleaning the masks each day. Celeste Waguespack and her staff will provide direction on how to effectively clean these masks. According to CDC guidelines, masks do not need to be changed between patients.

For those staff members who have direct contact with participants, protective lab coats will be required along with a mask. Gloves will be provided and worn when direct participant contact is required such as measuring a blood pressure or a waist/hip measurement. When staff members come in contact with bodily fluids such as blood, urine, saliva, muscle and fat tissue, the employee is required to wear protective glasses, face shield, mask, protective lab coat, and gloves. These gowns can be used multiple days unless soiled. Along with the disposable lab coats, Valerie Toups will also be ordering additional surgical masks (if available) and face shields.

PARTICIPANT SAFETY

All participants will be encouraged to bring masks from home (if available) to be worn during their visit. If the participant does not have one (or it's deemed that their mask is insufficient), PBRC will provide a disposable surgical mask and ask he/she to wear it for the duration of the visit.

Clinic participants will be escorted directly to exam rooms so as to alleviate the need for them to sit in the waiting rooms.

In the event they are needed, waiting rooms will be reconfigured removing chairs to ensure appropriate distance between visitors. Some chairs will be moved to the main lobby at appropriate distances for those participants who arrive early for visits and cannot be seen immediately.

All participants will receive an email 2 days prior to the scheduled visit. This email will ask the participants the same questions as the screening form, and will ask them to notify the clinic if they have any symptoms or are not appropriate to come to the facility.

The provision of coffee and snacks will be discontinued during the first phase of the Return to Work Plan.

Visitors will be discouraged during this time. In the case of study partners or a parent with a minor participant, only 1 visitor will be allowed to attend with the study participant.

The childcare facility will remain closed during this phase.

SANITATION

All CTU areas to include reception areas, nursing stations and waiting rooms will be sanitized in the morning and again at the end of each day using CDC recommended sanitizing solutions.

All inpatient rooms, procedure rooms and exam rooms will be sanitized after each participant to include furnishings and equipment. All equipment such as scales, blood pressure cuffs, laptop computers, EKG equipment, exercise equipment, and other such items will be also be sanitized after each participant visit.

SCHEDULING

In order to control the number of people within the clinic, the CTU will begin operations with a maximum of 3 scheduled participants every 30 minutes (6 per hour). With 12 exam rooms currently available within the clinic, the maximum of six per hour will give adequate time to sanitize rooms between each visit and ensure rooms are available for all participants at the time of arrival. This limitation of participants is also needed due to the variances in time required to complete visits. Schedules will be reviewed weekly, and revisions to the scheduling will be made as needed.

TRAINING

All staff will be trained on proper application, removal, and use of personal protective equipment by viewing a video from the World Health Organization and completing testing to ensure compliance.

CTU COVID-19 Re-Open Priority Plan (4/29/2020)

Date of Implementation: TBD

Re-opening of the Clinical Trials Unit will be done via priority rankings listed below. Within each priority, the order of precedence is reflected by the order in which they are listed. Once one priority is completed and addressed for all applicable participants/studies, the next will be phased in as appropriate and as staffing is available. It is anticipated that there will be some overlap between priority classifications based upon scheduling. This plan has been developed as a framework for re-opening studies, ongoing modifications to this plan will be made based upon staffing availability, procedural requirements and scheduling. Sponsor approval must be secured prior to re-opening or initiating any pharmaceutical or commercially funded study. Each investigator will have the option to defer re-starting a project if they feel the participant population is at risk or other factors may affect the outcome of the study. This will continue until all priorities are completed and normal operations can resume.

Priority 1

1. NIH, Investigator Initiated or Pharma sponsored trials that involve study drug or medical device and participants were dispensed drug/device prior to closure of the Center AND participants are in need of re-dispensing/dosing in order to continue on applicable study drug/device.
2. NIH, Investigator Initiated or Pharma sponsored trials that involve study drug or medical device and participants were dispensed drug/device prior to closure of the Center AND participants have enough drug supply or device but need to have an in-person clinic visit for follow-up per the protocol.

Current studies included in Priority 1 detailed above include: Light-Up (Greenway), T2 (Keller), Pedal On (Hsia), Award Peds (Hsia), A4 (Keller), VITA (Hsia), STEP 8 (Greenway), rrAD (Keller), VDORA (Hsia), T1GER Ole (Hsia), Road OLE (Keller), GRADE (Hsia), Connect (Carmichael), SmartMoms (Redman)

Priority 2

1. NIH, Investigator Initiated or Pharma sponsored trials that involve other intervention(s) than referenced in Priority 1 and participant was active in intervention prior to closure of the Center and is due or overdue for a follow-up visit.
2. NIH, Investigator Initiated or Pharma sponsored trials that involve other intervention(s) than referenced in Priority 1 and participant was past screening but not enrolled prior to closure of the Center and needs to continue in enrollment/baseline process per protocol.

Current studies included in Priority 2 detailed above include: PREMO(Kirwan), EXACT (Brown), STEP (Greenway), ASPREE (Hsia), DPPOS (Gadde), RAATE (Newton), LIPP (Kirwan), REALPA (Irving), DYNAMMO (A and C) (Kirwan)

Priority 3

1. NIH, Investigator Initiated or Pharma sponsored trials that were currently active and screening at the time of closure and have participants that had study visit (not to include

screening) appointments that were cancelled due to the closure and were not included in any previous priorities.

2. NIH, Investigator Initiated or Pharma sponsored trials that were currently active and screening at the time of closure and have participants that were scheduled for a screening visit but were cancelled due to the closure.

Current studies included in Priority 3 detailed above include: Shape Up Adults (Heymsfield), Shape Up Kids (Heymsfield), TIGER Kids (Staiano), TIGER Kids Fitness (Fearnbach), OPS II (Rood), E-VAL (McDougal), Pronto PEDS (Hsia), RESUME (Marlatt), Premo (Kirwan), RAATE (Newton), LIPP (Kirwan), BHS Brain 2 (Carmichael), Baby EE Pilot (Redman)

Priority 4

1. NIH, Investigator-Initiated or Pharma sponsored trials that were active and screening at time of closure and have participants at the recruiting level (i.e. eligible web-screener and phone-screener) and need to have screening appointments scheduled.
2. NIH, Investigator-Initiated or Pharma sponsored trials without current enrollees or previously scheduled visits but were open for recruitment at the time of closure.

Current studies included in Priority 4 detailed above include: Shape Up Kids Fitness (Fearnbach), EXACT (Brown), Team Up (Staiano), POINTS (Martin), WISE (Marlatt), REALPA (Irving), DYNAMMO A & C (Kirwan)

Priority 5

1. NIH, Investigator-Initiated or Pharma sponsored trials that were in start-up at time of closure and are ready to open and screen.

Current studies included in Priority 5 detailed above include: SLEEP-In (Marlatt), EAT 2 (White), STRONG (Fearnbach), ALTER (Gadde), EXPEND (Ravussin), BHS Vascular Brain (Carmichael)
All community-based studies or studies not utilizing the clinical trials unit may be re-opened at the Investigator's discretion.

Any questions regarding the status of study re-opening or the need to re-prioritize studies may be directed to Rob Leonhard or Jennifer Rood.

Procedures for Post-Pandemic Transition Back to Normal Operations in the Comparative Biology Facility

I. Purpose:

- A. Describe practices and procedures required in the animal facilities to help protect against transmission of infectious agents in the period of time in which center operations are transitioning back to normal following a pandemic.
- B. Features of the animal facility environment which facilitate the protection against transmission of infectious agents:
 - 1. 100% fresh air intake and exhaust
 - 2. Animal rooms have at least 10 full/complete air changes per hour
 - 3. Barrier rooms have stay clean work benches: filtered air and sash barrier between users and animals
 - 4. At a minimum, gloves and masks are worn when working in rooms (animal, procedure, cage wash)
 - 5. Masks and gowns are worn when working in rooms that do not have change stations/ hoods
- C. Prior to instituting this policy, the following must be in place:
 - 1. Complete assessment of adequacy of supplies on hand (e.g. PPE, disinfectants) and time to obtain needed supplies if critical to operations.
 - 2. Facility has been posted with signage and visual cues to assist personnel with compliance once allowed to resume normal operations in the facility.

II. Screening when reporting to Pennington Biomedical campus

- A. Persons approved to be on premises (including research staff, visitors, & contract personnel) are required to stop at security/designated check point to be screened for temperature check and exposure risk (questionnaire)
- B. Animal care personnel will be screened using the same center requirements as others but at the designated CBC facility check point

III. CBC Facility Entry/ Exit Procedures

- A. Must wear a CBC provided face mask in the facility
 - 1. Disposable masks may be reused for the day if multiple facility entries are needed **HOWEVER masks used in the conventional facility must NOT be used in the barrier**
 - a. Mask should be discarded/replaced if soiled or torn
- B. Must wear gloves when working in animal/procedure/surgery rooms and when using shared equipment (e.g. metabolic/ behavior equipment; surgery suite; carts; microscopes)
 - 1. Do not need to wear gloves in corridors
- C. Entry/exit procedure for main facility doors
 - 1. Only one person at a time may enter (do not congregate)
 - 2. Maintain 6 feet social distance from other persons (use “6-foot increment” visual cues on the floor)
 - 3. Apply hand sanitizer at facility entrances
 - 4. Step in floor disinfectant pan/spray wheels of carts with provided disinfectant

5. Follow posted PPE instructions for barrier verses conventional facility
 - D. Refer to signage for proper way to remove masks/gloves without contaminating face/hands when removing
- IV. Working in Animal Housing Rooms, General Procedure/Laboratory Rooms, and Surgery Areas**
- A. Maximum Capacity of 2 people in the room
 1. **Exception:** more than 2 people may work in large procedural rooms if all are wearing masks/gloves and 6-foot social distancing can be maintained
 2. Scheduling calendars are available to assist research staff with scheduling time for use of rooms
 - B. Masks and gloves must be worn while working
 - C. Use Sani-wipes or other disinfectant provided (e.g. Quat spray bottle) to decontaminate items such as mobile phones, electronics, writing utensils, computer equipment and all surfaces utilized/ touched while working
 - D. Remove gloves & wash hands with soap and water before leaving room
- V. Routine animal staff operations/disinfection practices**
- A. Daily decontamination of surfaces commonly touched (e.g. doorknobs, light switches, hood switches, sinks/faucets, water fountains, microwave ovens in break room, office equipment) during standard workdays
 - B. Daily decontamination of equipment surfaces when in use (e.g. chamber or test box doorknobs/frames/doors; instrument towers; computer accessories; scales/balances; key box in AMBC; tabletops) during standard work days
 - C. Weekly decontamination of specialized equipment when in use (e.g. environmental temperature /light control boxes; equipment power buttons, calibration tubes)
 - D. Daily check to ensure hand sanitizer dispensers at facility entrances remain operational and are not empty
 1. Signs will be posted at sanitizers directing individuals on how to proceed if empty or not working properly
 - E. During working hours, corridor doors will remain open to reduce the frequency of touching doorknobs by multiple people
 - F. Carts for moving caging/ equipment are sanitized in rack washer after use
- VI. Break Room Usage**
- A. To maintain Social Distance Requirements, at any given time, no more than:
 1. 4 persons at table-chairs to remain on marked areas
 2. 1 person at shared technician computer (see additional detail below)
 3. 1 person on couch-by bookcase
 4. 1 person in office cubicle
 - B. Disinfect table surfaces/desk/computer both prior to AND after use
 - C. Office phones must be disinfected before AND after each use
 - D. Limit use of copier - disinfect after each use
 - E. Wash hands or use hand sanitizer prior to using microwave oven
- VII. Locker Room Usage**
- A. No more than 4 persons at a time to maintain social distance requirements:
 1. 2 may change clothes in locker area - use opposite ends of the bench
 2. 2 Bathroom stalls – use first and last stalls when in area

- B. After use- wash hands before exiting bathroom
 - 1. Push door with elbow when exiting

VIII. Laundry

- A. Wear mask and gloves while handling laundry (regardless if dirty or clean)
- B. Handle clean laundry prior to dirty as follows:
 - 1. Remove clean laundry from dryer
 - 2. Transfer washed laundry to dryer
 - 3. Fold clean laundry **then** put dirty laundry into washer
 - 4. Wash clothes in hot water every time