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| **Section A: General Information** |

1. Department/Center:
2. Division:
3. Research Group/PI Name:

*“Research Group/PI Name” represents the PI or research group submitting this Portfolio Plan for consideration*

1. Research Group Contact Name *(if applicable)*:
2. PI / Research Group Contact Email:

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| **Section B: Mitigation of Risk (Employee-Focused)** |
| 1. Please complete the “Personnel Details” tab on the Data Form for compliance with the Request for Return to On-Site Work Authorization under the [University’s Sunrise Plan](https://safe-campus.umn.edu/sunrise-plan).   If you have already submitted a Sunrise Plan under the [Medical School/OACA Sunrise Implementation Process](https://clinicalaffairs.umn.edu/resources/med-school-oaca-sunrise-plan) and received approval for your dry or wet lab space that you use for your clinical research, you should attach that plan and submit the information requested in the “Personnel Details” tab for the Clinical Research Sunrise Implementation process. *However, please fill out all the answers completely below, even if this information is repeated in the approved basic science lab plan.*   1. Before coming to work, every employee must attest they have no symptoms of COVID-19, have taken their temperature and it is <100.4˚F. Please describe the process for meeting this requirement. It is important to note, employee temperature readings cannot be recorded or documented. |
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| 1. Social distancing between employees must be maintained at all times. **Please describe any occasions where you will not be able to maintain 6 ft between employees in clinical research or general office spaces and how you are ensuring the safety of employees in these instances (e.g. PPE use).** |
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| 1. Please describe any electronic scheduling/calendaring mechanisms to minimize face-to-face contact among employees in a non-clinical setting. |
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| 1. Please describe your processes to disinfect surfaces in space shared/used by multiple employees in non-clinical spaces. |
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| **Section C: PI’s/Research Team’s Clinical Research Sunrise Strategy** |
| Please provide a brief overview of the strategy you will use to resume face-to-face interactions with participants across your entire portfolio within each Clinical Research Sunrise Step. Detailed information on each protocol is not required in this section.  **Sunrise Step 1:** |
| Sunrise Step 1 may approach 50% of pre-COVID-19 face-to-face interactions with participants. Please describe your overarching plan to meet this metric. Include a discussion of how you will mitigate staff and participant risk and prioritize work within your portfolio based on the immediacy of projects, strategic value, funding, standard of care, etc. Discuss how PPE will be procured by the PI/research team for research visits and other needs. If you are submitting your plan as a research group, please discuss how you will prioritize work across the entire team (i.e. which work will you sunrise first and why). |
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**Sunrise Step 2:**

Sunrise Step 2 may approach 75% of pre-COVID-19 face-to-face interactions with participants. Please describe your overarching plan to meet this metric. Include a discussion of how you will mitigate staff and participant risk and prioritize work within your portfolio based on the immediacy of projects, strategic value, funding, standard of care, etc. Discuss how PPE will be procured by the PI/research team for research visits and other needs. If you are submitting your plan as a research group, please discuss how you will prioritize work across the entire team (i.e. which work will you sunrise first and why).

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**Sunrise Step 3:**

Essentially full operations approaching 100% workforce return. Discuss increased areas of activity. Also, please provide information on expected ongoing or potential future process changes in the wake of dealing with the COVID-19 pandemic, compared to standard operating procedures pre-COVID-19 in the past.  It is important to note that it is possible we will advance to Sunrise Step 3 while COVID-19 is still circulating and/or we will not fully revert to past standard operating procedures due to new best practices.  Therefore, changes relative to pre-COVID-19 are expected in Sunrise Step 3.

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| **Section D: Protocol-Specific Details** |

Please complete the “Protocols in Portfolio” tab in the Data Form to submit details on each protocol within this Portfolio Plan. In addition, if the Portfolio Plan requires in-person monitor visits, please complete the “Monitor Visits” tab in the Data Form.

I confirm that I understand the requirements set forth by the Office of the Vice President for Research and the Medical School. I affirm that the proposed Portfolio Plan can be conducted in a safe manner that protects participants, research, and the community, and minimizes person-to-person interaction per the considerations outlined in [Human Research: Latest IRB Guidance and FAQ (COVID-19)](https://drive.google.com/file/d/1YeITEX78l9exIm7GGdtHyQlfL9xclAhT/view). I understand conditions may change that would cause the research to revert to a reduced level of activity.

**PI/Research Group Leadership Signature Date**

**Medical School Department Head or OACA Center/Institute Director Signature Date**