

Washington State University

Monitoring and managing compliance with staged return to on-site research, scholarship, and creative activities

Version 09/25/2020

Successful and impactful research continues at Washington State University under the return to research [guidance](#), which incorporates guidelines from public health authorities. Principal Investigators (PIs) or research leaders who returned to onsite work certified that their research followed this guidance by completing APPENDIX II. CHECKLIST AND WRITTEN PLAN (with concurrence from their Department Chair and local campus unit director, as applicable), and displayed a final signed copy within their research space (e.g., posted at the entrance). *This document adds a plan for monitoring and managing compliance for onsite research to further mitigate exposure risks of COVID-19.*

Non-compliance

Non-compliance, whether accidental or intentional, occurs when there is a departure from pertinent guidance or policy and is typically a violation of lab safety. Non-compliance ranges from minor deviations (e.g., failure to post checklist) to significant deviations that may threaten health or safety (e.g., consistent failure to distance). There are many varying or unique circumstances involving non-compliance, but generally appropriate corrective action is required.

Monitoring

All researchers must exhibit responsible behavior and expect that of others, including assuming responsibility for identifying non-compliance.

Monitoring is accomplished by:

- PIs, research leaders, and/or delegates, **must verify weekly compliance on an ongoing basis** of onsite research activities for the approved research space by completing Attachment I (below). This weekly monitoring must also be displayed along with the final signed [checklist](#).
- Safety professionals (e.g., Office of Research personnel, Campus Environmental Health & Safety (EH&S), [Safety Committees](#), college/department safety representatives, additional delegates) will **perform regular inspections of research spaces** to verify fulfillment of expectations. Compliance verification will be random and unannounced to confirm the final signed copy and Attachment I are appropriately completed and displayed. The Office of Research will oversee the verification program, including, working with colleges, campuses, and units to identify those to perform the spot-checking.

Reporting Non-Compliance

Anyone can and should report if they are concerned about a possible safety, legal, or ethical standards violation.

- Individuals observing non-compliance with Human Resource Services (HRS) guidance ([Returning to a WSU Work Location](#)) are to report [concerns](#) regarding COVID-19.

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- Maintaining a safe, healthy, and inclusive campus is the entire WSU community's responsibility. Visit WSU [community standards](#) for campus resources and to report an incident.
- Concerns not addressed by HRS guidance or in the community standards can be reported to the Office of Research by phone 509-335-1289, email or.hotline@wsu.edu, or submission to the [Suggestion Box](#).

Managing Non-Compliance

Most non-compliance can be corrected before becoming a bigger problem with a comment from another individual (e.g., please mask up) and the [CDC](#) provides resources to address non-compliance. For consistently repeated or serious concerns, supervisors will implement corrective actions to prevent reoccurrences of non-compliance, in consultation with WSU safety professionals and administrators. Supervisors shall consult with HRS regarding employee corrective or disciplinary actions.

Once a safety concern has been reported or identified during a spot check, the supervisor is to immediately initiate operational actions to correct the safety problem. For serious concerns (e.g., concerns that violate WA state law, university policy, or other relevant guidance, or concerns that result in undue risk to WSU faculty, staff, students, and/or research partners), the supervisor may request an inquiry be initiated as quickly as possible, which is done by contacting the Vice President for Research. The inquiry team may include individuals from Office of Research, EH&S personnel, safety committee members, and/or the appropriate Associate Dean for Research/Vice Chancellor for Research. Following initial notification, an inquiry phase will be initiated in accordance with WSU policy. The inquiry phase may include continuing only essential research (as defined by college leadership) and/or interviews with the PI, students and/or staff. Findings will be shared with the PI, who will have an opportunity to respond.

PIs responsible for research exhibiting non-compliance will receive a letter, explaining the basis of the non-compliance findings and required corrective actions for researchers they supervise. The Departmental Chair or local campus unit director, the Associate Dean of Research/Vice Chancellor for Research (or equivalent), Dean, and the VPR may also be included on the letter and oversee corrective actions. Corrective actions may include:

- counseling regarding violation and corrective actions requiring a written response;
- mandating training aimed at preventing future incidents;
- amending research plans or guidance checklist;
- enhanced monitoring of procedures or frequency of monitoring, which may incur a service cost;
- returning to only essential onsite activity for a period of time;
- returning to the previous stage for a period of time;
- ceasing all onsite activity for the researcher or the entire research group to work onsite for a period of time; and/or

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- others in response to safety, health, and security.

The University Administration (e.g., VPR) may require a more formal investigation, further review, or additional corrective actions and/or sanctions. [Executive Policy 6](#) grants the Vice President for Research authority to limit on-site activities for up to 14 days. Similar to management processes, decisions related to noncompliance findings may be appealed in writing to the supervisor and inquiry team. Other or additional corrective or disciplinary actions beyond this documentation will continue to follow [BPPM 60.50](#).

