**COVID-19 Consent Appendix**

*\*This would be used for instances where in-person meetings are taking place or when research instruments are dropped off/picked up. To be added as an appendix to the consent form. PLEASE DELETE ALL TEXT BOXES FROM THE FINAL VERSION*

**Research Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Investigator and contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Research Supervisor (if applicable) and contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Co- Investigators (if applicable) and contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sponsor (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This document contains important information about in-person research during the COVID-19 public health crisis. COVID-19 (also called SARS-CoV2) is an illness caused by the coronavirus. Coronaviruses are most commonly spread from an infected person through: a) respiratory droplets when you cough or sneeze; b) close personal contact, such as touching or shaking hands; or c) touching something with the virus on it, then touching your eyes, nose or mouth before washing your hands.

The University of Manitoba is committed to taking measures to protect the health and safety of their campuses and the wider community. Your safety is important to us. The university has suspended most research that cannot be conducted remotely or virtually. This project requires in-person visits. Therefore, it is important to understand that your participation in this study may increase your exposure to COVID-19.

Our project has been approved to proceed by the Research Ethics Board, our Faculty, the COVID Recovery Response Team, the COVID Recovery Steering Committee, and the University Provost. In order to gain approval, we created policies to ensure the safety of the research team and participants. These plans were reviewed and approved by the parties above. These precautions include:

* Please provide information on the precautions your research team are taking.
	+ Where the study will take place- if not mentioned in the original consent form or if this has changed in order to accommodate COVID-19 precautions
	+ A detailed description of what will happen the day of the visit- if not mentioned in the original consent form. Please also describe any changes made to the protocol because of COVID-19.
	+ The length of the visit
	+ How research team members will get to the research location
	+ The screening process
	+ The set-up of the location to ensure physical distancing
	+ Use of PPE and hand sanitizer (remember to include the UM’s requirement for 3-ply reusable or disposable masks)
	+ The decontaminating process
* Below is a sample that will need to be tailored to your specific project.
* *All study research teams are wearing 3-ply reusable or disposable masks. You are also required to wear a mask.*
* *We also require all of our employees to screen themselves for symptoms daily before they come into work, and we’ll screen you for symptoms the day of your visit.*
* *We will provide you with a screening questionnaire. Please complete this on the morning of your visit. If you answer yes to any of the questions, please call us to reschedule your visit. You should not attend any visits if you are not feeling well or exhibiting any symptoms of COVID-19, if you have been a close contact with someone with COVID-19 (or awaiting tests results), or have been told by a health official to self-isolate.*
* *We are following meticulous infection control practices, including disinfection, wearing gloves, and hand washing.*
* *We are limiting the number of visitors accompanying people for their study visits, and have rearranged and/or removed furniture in our waiting areas to enforce strict physical distancing practices.*
* *We ask that you attend the study alone. Accommodations can be made if necessary. Please let us know ahead of time if you require someone to attend with you.*
* *We’re also being careful about who we ask to come for in-person study visits, and when possible are using telephone or video conferencing to reduce the number of study participants coming to our research areas at the same time.*

COVID-19 is a serious health threat and the situation is evolving rapidly. If you feel that you are from a group that is more vulnerable to COVID-19 effects (e.g., senior (over the age of 60 years), immuno-compromised), please discuss your participation with the research team before providing your consent. You are under no obligation to participate and can change your mind about participating in the research at any time and without consequence.

The University of Manitoba is closing watching the situation in Manitoba and may restrict in-person research at any time. We will continue to keep you informed as to changes that may occur to this study.

There is a possibility that during your participation in the study you could come into contact with someone with COVID-19. We are required to collect your personal contact information that we must retain in order to follow up with you and/or conduct contact tracing if you may have been exposed to COVID-19 in coming to the research site. **We cannot guarantee anonymity as the personal contact information identifies you as a participant and we may be required to disclose this information in the event of a possible exposure.** Your contact information will be kept separately from data collected through the research study to allow for de-identification of the research data. You maintain your right to withdraw from the study at any time, including your research data. If you do withdraw from the study, we will still need to continue to maintain your contact information and will only give it to the University’s Environmental Health and Safety (EHS) Office and/or Manitoba Health [add any other applicable offices for off campus studies] if required for contact tracing. Please note, Manitoba Health or the University’s EHS office will not have access to your research data.

If you have questions regarding this study, measures we are taking to keep all parties safe, or have any concerns, please do not hesitate to ask. You can contact any of the above named researchers or the Bannatyne Campus Research Ethics Board office at shelly.rempel-rossum@umanitoba.ca

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Your signature on this form indicates that you have understood to your satisfaction the information regarding participation and the COVID-19 risk and agree to participate. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

Participant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information (phone # or email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_