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|  | In-Person Behavioural Research: Safe Research Plan for International and Immunocompromised Participants |

**Please Note**

1. The purpose of the Safe Research Plan is to demonstrate to the Behavioural Research Ethics Board that the necessary precautions and protocols are in place to protect research participants as well as the research team from unintentional transmission of COVID or other communicable diseases during research. Se
2. The Safe Research Plan is not intended to replace any safety protocols required by UBC or its faculties, departments, etc. for non-research academic activities.
3. If a section is not applicable, indicate n/a.
4. Include the version date in the footers before uploading to Box 9.7 of your Ethics Application.

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| 1. **Introduction**
 |
| PI name (and student name, if applicable) |  |
| Dept/Faculty |  |
| Start Date | [When in-person contact with participants will start or resume] |
| Ethics ID# |  |

1. **Vaccination Status**

Are all members of the research team fully vaccinated? This refers to those who will have face-to-face interaction with other researchers and/or participants. Please note that if you select “Prefer not to answer” the BREB will review your Safe Research Plan as if the researchers are not vaccinated and may require greater restrictions to protect participants.

[ ]  Yes [ ]  No [ ]  Prefer not to answer

1. **Population Risk Profile**

Describe the risk profile of the research participant group/s in relation to COVID and other respiratory diseases.

*Other research risks unrelated to COVID and infectious diseases and their mitigation strategies should be described in Box 6.2 of the ethics application and do not need to be repeated here*.

1. Is age a significant risk factor? [ ]  Yes [ ]  No
2. Are there any underlying medical conditions in the population that may increase the risk of COVID-19 or other respiratory diseases? [ ]  Yes [ ]  No

If Yes, please explain. enter text.

1. Are there any other factors that might elevate the risk of exposure to COVID-19 or other diseases during research activity, e.g., medical setting, high case load or outbreak area, etc.?
 [ ]  Yes [ ]  No If Yes, please explain. enter text.
2. **Research Location/s - Settings**

If your research will be conducted in multiple sites or geographic locations, you may be required to submit a separate form for **each distinct location**.

1. Location: (provide a brief description of the location): enter text.
2. Health jurisdiction: (include the region/province/state/country that sets the public health guidelines for your research location): enter text.
3. Described the sites where research will take place (i.e. How many community groups will be involved in the research?): enter text.
4. Describe the ventilation and physical distancing options available during interactions with participants (select all that apply):

[ ]  Rooms are well-ventilated (windows and doors can be opened to allow fresh air to circulate; the air exchange rate is greater than 4 ACH though mechanical ventilation).

[ ]  Ventilation is unknown or poor

[ ]  Minimal distance of 2 metres can be maintained between all researchers and participants

[ ]  Minimal distance of 2 metres between all researchers and participants CANNOT be maintained or is unknown

[ ]  Meetings will occur outdoors only

[ ]  Other enter text.

1. **Safety Precautions in Research Settings**

Indicate and describe the safety precautions that will be in place:

1. Will the research team be required to self-isolate before beginning research?

☐ Yes ☐ No.

1. How will rapid antigen testing be used by the research team to test themselves for asymptomatic or symptomatic status? Describe who will test and the strategy for testing. enter text.
2. Site Safety Protocols

What safety protocols will be in place during research events? (select all that apply):

[ ]  N95 or KN 95 masks will be worn by researchers

[ ]  N95 or KN 95 mask will be worn by participant/s

[ ]  N95 or KN 95 mask will be provided to participant

[ ]  Number of participants gathering at one time limited to enter #

[ ]  Duration of event/s limited to enter maximum time

[ ]  Other safety measures (provide explanation): enter text.

1. **Unanticipated events**

Have contingency plans been developed to address if a study team member or participant becomes sick or develops COVID-19 symptoms? [ ]  Yes [ ]  No.

If No, please explain why no contingency is needed: enter text.

1. **Communications and Reporting**

[ ]  I confirm that research participants will be asked to complete a COVID-19 Health Check before each interaction.

[ ]  I confirm that I will be responsible for maintaining the safety protocols; that changes to the Safe Research Plan will be submitted to the REB for approval and will be shared with the research team.

Principal Investigator Signature: enter signature

Date: enter date