

uOttawa Consent Information Addendum- COVID-19 Risks

Principal Investigator:

Study Title:

Please note that a Word version of this form can be requested to the Office of the Vice-Dean, Research of your faculty.

Please read the following statements carefully and feel free to ask questions if anything seems unclear.

We are putting in place safety precautions to reduce exposure to COVID-19, but the risk of exposure can still exist. COVID-19 can result in severe illness, medical expenses, and loss of income and in some cases, death.

If you are considered vulnerable to the effects of COVID-19 (e.g., an older adult; underlying medical conditions or a compromised immune system), please discuss your participation with the research team before consenting to participate.

If you are feeling unwell or experiencing any potential COVID-19 symptoms leading up to the research session, please stay home and notify the research team that you cannot attend. Should you experience symptoms in days following the session, please also notify the research team.

Potential COVID-19 symptoms include: new or worsening cough, shortness of breath or difficulty breathing, temperature equal to or over 38C (100.4F), feeling feverish, chills, fatigue or weakness, muscle or body aches, new loss of smell or taste, headache, gastrointestinal symptoms (abdominal pain, diarrhea, vomiting), or feeling very unwell.

To reduce the possibility of COVID-19, we have implemented the following safety procedures

[Instruction to researcher: keep only the measures that apply to your project; remove this instruction text in the final version provided to participants]:

- Regular handwashing
- Using hand sanitizer when handwashing is not possible
- Wearing of face masks/face coverings
- Physical distancing (as recommended by the local health authority)
- Limiting shared material and documents (pens, paper)
- Sanitizing surfaces and shared equipment
- Waiting ___ minutes between each session
- Using face shields or goggles
- Using lab coats
- Using Plexiglas barriers
- Collecting personal contact information for contact-tracing purposes.
- Other

Please advise a researcher if you believe a safety measure is not being taken, or that your safety is at risk.

Considerations for the Participant:

We ask that you:

- Wear a mask or face covering. Masks will be provided by the researcher if you do not have one. If you feel that you are unable to wear a mask, discuss your participation with the research team.
- Complete a [screening assessment](#) before each research session.
- Wash or sanitize your hands upon arrival. Hand sanitizer will be provided or a washing station will be available.
- Maintain physical distancing to the extent possible during the in-person research activities.

We ask that you follow the health-related directives above for your safety and the safety of the researchers.

Information for Contact Tracing

We are collecting personal contact information for contact-tracing purposes, in the event that you may have been exposed to COVID-19 at the research site.

Your name and contact information:

- Will not be stored with the research data
- Will always be securely stored
- Will only be used if requested by Public Health authorities for COVID-19 contact tracing purposes
- Will be held only for the time required by Public Health authorities

Right to Withdraw

You are under no obligation to participate. You can stop participating or withdraw from the study at any time by notifying the researcher using the contact information above.

Thank you for your interest and participation.

Information for Contact Tracing (to be kept separately from research documents)

This information:

- will not be stored with the study data;
- will always be securely stored;
- will be used only if requested by public health to provide this information for COVID-19 contact tracing purposes; and
- will be held only for the time required by public health authorities

Name (please print): _____ (required)

Phone: _____ (required)

Email: _____ (optional)

Name (please print): _____ (required)

Phone: _____ (required)

Email: _____ (optional)

Date: _____