**Consent Addendum for COVID-19 Risks and Procedures for In-Person Research at the University of Windsor** [NOTICE TO RESEARCHERS— *Please note this is a supplemental consent form which contains information specifically related to COVID-19 for use with in-person, face to face data collection on/off campus that includes breach of physical distancing as defined by the Research Safety Committee (CHECK). Researchers must still provide the original informed consent cleared by the REB together with this supplemental form. For researchers who choose to screen for vaccination status, please see the additional screening question at the bottom of this form.* PLEASE DELETE THIS PARAGRAPH PRIOR TO SENDING THE CONSENT TO THE PARTICIPANT]

**Title of Research Project:**

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You have already been invited to participate in this research study conducted at the University of Windsor and have given your consent to participate. This additional consent form is intended to bring your attention to important information related to the COVID-19 pandemic and risks associated with in-person participation in research. This form also informs you about the strategies that researchers will implement in this project to modify their procedures in light of the pandemic.

Due to the current global COVID-19 pandemic, Canadian public health authorities have strongly recommended that everyone (especially high-risk individuals or those in contact with high-risk individuals) take additional precautions. The University of Windsor is attempting to limit the risk of exposure to COVID-19 by using reasonable efforts to follow the health and safety guidelines recommended by the federal, provincial and local health authorities (<https://www.wechu.org/>). Nevertheless, there remains a risk that by coming onto the University of Windsor campus or any of the University of Windsor study sites, you may contract the virus that causes COVID-19.

You are reminded that your participation in this research is voluntary, and you can withdraw from the research per the terms as set out in the main consent agreement for this research. Please feel free to ask questions and express any concerns as you read through the information in this form by contacting the individuals noted in the main consent form. **If you are feeling unwell or experiencing any potential COVID-19 symptoms, please do not come to campus and notify a member of the study team that you cannot attend.** Contact information can be found on the consent form that has been shared with you. In order to help reduce the risk of spreading COVID-19, the University of Windsor is following Public Health Ontario directions in addition to taking the following safety precautions:

**What you will be asked to do:**

* Wear PPE while at the study site: Wear the mask, face shield, goggles or any other personal protective equipment (PPE) provided by the researchers during the entire time you are at the study site. The face covering provided to you should fully cover your mouth and nose.
* Provide information on your vaccination status, if asked. The research team may ask you for your vaccination status if this is part of their approved screening protocol. If they do ask, they will want to know if you have had both vaccinations and the date of your last shot.

**What the researchers will do:**

* Follow the guidance provided by the University of Windsor for conducting research on campus. All research team members will follow the University of Windsor COVID-19 Research and Innovation Guidance (<https://www.uwindsor.ca/vp-research/353/covid-19-research-and-innovation-guidance>).
* Wear PPE at all times during the data collection. All researchers and participants will be required to wear a 3-ply medical grade mask as well as a face shield or goggles if physical distancing cannot be maintained. These personal protective equipment (PPE) will be provided to you by the research team.
* Sanitize all surfaces. The research team will ensure that all surfaces and/or shared equipment will be sanitized between participants’ appointments. The researchers will use disposable equipment as much as possible.
* Maintain physical distancing unless approved for close contact. All researchers and participants must maintain a physical distance between them of 2 metres or more, unless some study procedures require closer distance or contact (for example, taking saliva or blood samples), applying or fitting equipment, or other preparation for participation that requires close contact or touching. If 2 metres of distance is not possible, the study procedures will include additional safety measures that were approved by the University of Windsor’s Research Safety Committee and cleared by the Research Ethics Board.

In addition to the above, the University of Windsor will be collecting personal contact information. The purpose of this information is to be retained and used only to follow up with you in cases where you may have been exposed to COVID-19 at the study site. Your contact information may be shared with public health authorities for the purpose of contact tracing. Contact information will be stored securely and separately from research data. Your information for contact tracing will be destroyed as soon as permitted by public health authorities (usually after 14 days).

[The Government of Canada provides information on COVID-19 risks and prevention](https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html?&utm_campaign=gc-hc-sc-coronavirus2021-ao-2021-0005-10680758527&utm_medium=search&utm_source=google_grant-ads-108388744754&utm_content=text-en-434601690167&utm_term=%2Bcovid) and on [taking care of your mental health during the COVID-19 pandemic](https://www.canada.ca/en/public-health/services/mental-health-services/mental-health-get-help.html).

You are asked to acknowledge and accept the information outlined above regarding the risks of COVID-19 exposure and the related safety measures that have been put in place.

By signing this document, you confirm that you have read the information above and have had an opportunity to ask questions.

☐ I acknowledge (check box if all of the following are true)

* I am not experiencing any potential Covid-19 symptoms (e.g., fever, cough, trouble breathing);
* In the last 14 days, I have not travelled outside Canada or had close contact with anyone who has any of the symptoms listed above or a confirmed or presumed case of COVID-19.

**If requested:**

☐ I acknowledge:

* I have received both vaccinations for COVID19
* My second vaccine was on (DATE):

I understand the COVID-19 information including risks and mitigation strategies and their limitations provided for the study. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Name of Participant

Signature of Participant Date