

#### Safe Human Participant / Field SRC Plan Form

Before completing this form, please consult <u>Principles and Guidance for the Limited Resumption of Human Participant and/or Field SRC Activity</u> and determine if your proposed human participant and/or field SRC activity is permissible during the current phase of SRC resumption.

#### For all in-person SRC activities (either on or off-campus):

 Ensure and document that all individuals participating in in-person SRC activities either on or off-campus are fully vaccinated or have received an approved exemption from the university in accordance with Ryerson University's current COVID-19 vaccination protocols.

#### For on-campus human participant SRC activities:

- 1. Complete Sections 1, 2, and 4 of this form and submit it to your Department Chair or School Director for their approval and then Dean-level approval.
- Please complete the <u>Request for Access Limited On-Campus SRC Activity Google form</u>, which facilitates tracking and approvals.
- 3. If your human participant SRC activity can be accomplished while maintaining 2-metre physical distancing, submit your Chair/Director/Dean-approved application through the Online Ethics Portal.
- 4. If your SRC activity involves human participants where 2-metre physical distancing cannot be maintained, your Chair/Director/Dean-approved application will be reviewed by EHS. Following a successful review by EHS, submit your Chair/Director/Dean/EHS-approved application appended to your ethics protocol through the Online Ethics Portal.
- 5. Submit your REB-approved form to OVPRI for final approval.

#### For field- or travel-related human participant SRC activities:

- 1. Please complete Sections 1-4 of this form and submit to your Department Chair or School Director.
- 2. If your human participant SRC activity is taking place in a location where normal access is restricted due to COVID-19 (such as Indigenous, rural, or remote communities), please attach to this form an email or letter of permission from an appropriately authorized individual indicating the willingness and authorization of the community to host these SRC activities.
- 3. Complete the Request for Limited Off-Campus / Field SRC Activity Google Form, which facilitates tracking and approvals.
- 4. If your field- or travel-related human participant SRC activity can be accomplished while maintaining 2-metre physical distancing, submit your Chair/Director/Dean-approved application through the <a href="Online Ethics Portal">Online Ethics Portal</a>.
- 5. If your field- or travel-related SRC activity involves human participants where 2-metre physical distancing cannot be maintained, your Chair/Director/Dean-approved application will be reviewed by EHS. Following a successful review by EHS, submit your Chair/Director/Dean/EHS-approved application appended to your ethics protocol through the Online Ethics Portal.
- 6. Submit your REB-approved form to OVPRI for final approval.

## For field- or travel-related SRC activities that do not involve human participants:

- 1. Please complete Sections 3-4 of this form and submit to your Department Chair or School Director, followed by approval at the Dean level.
- Complete this <u>Request for Limited Off-Campus / Field SRC Activity Google Form</u>, which facilitates tracking and approvals.
- 3. Your Dean or their designate will inform you if your request has been approved.

## **Section 1: Rationale for Resuming SRC Activities**

#### **Faculty Member\* Information**

\*Non-faculty members (students, PDFs, RAs) must submit their request through their faculty supervisor.

Name:	
Date Submitted:	
Department/School:	
Faculty:	
Cell Phone (for emergency contact):	
Email:	
Rationale for SRC Activi Provide a rationale for requesting be completed virtually or through	approval for your SRC activity, addressing why the SRC activity cannot

#### List All Members of the Ryerson Team Participating in the SRC Activity

Name	Project #	Student/One Card #	Email	Type*
*Student level and year; PL	DF: staff: etc			ı

<sup>\*</sup>Student level and year; PDF; staff; etc.

Team F	Participation	Acknowledgement			
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I hereby acknowledge by checking this box that the individuals listed above have confirmed their willingness to participate in the proposed SRC activities and that they have provided Proof of COVID-19 Vaccination in accordance with Ryerson University's current COVID-19 vaccination protocols.

# **Section 2: Ryerson Safe Human Participant SRC Activity Plan Form**

#### Study/Project Details

Project Title		Existing Approved REB Protocol # (if applicable)	Total # of Participants	Estimated # of participants per week
SRC Space/Site				
Where will in-person human panumbers. If off-campus, provide				
Building:				
Room #:				
<b>Brief Description</b>				
Briefly describe the area or roo	m in which the h	numan participant SRC	activity is to be p	erformed.

#### **Third-Party Site Safety Measures**

If your project involves research at a third-party site, such as a community organization, Indigenous community, private sector partner or affiliated hospital, please describe (or provide the website link to) additional safety measures to Ryerson's guidance, or any issues or restrictions at the third-party site(s) that may affect the proposed work.
Authorization for Restricted Location
If your human participant SRC activity is taking place in a location where access is restricted due to COVID-19 (such as Indigenous or remote communities), please attach an email or letter indicating the willingness and authorization of the community to host these SRC activities.
I have attached a document indicating community authorization to host SRC activities.
Personnel
How many Ryerson personnel will be in the space where the study is to be performed compared to what was typical pre-COVID-19?

Use of Shared Facilities		
Will your study make use of any shared facilities? If so, pleat by the groups sharing the facilities and note these in your s		
Project Dates		
Project Title	Start Date	End Date
Scheduling		
Provide a description and/or representative schedule or cal space. Make note of any coordination required for shared s		h identified SRC
A sample weekly calendar with potential slots has been proparticular circumstances. If you have supporting documents request (schedules), please attach them to this form for you	s you would like to inclu	
I have attached supporting scheduling documents.		

Description of Schedule

#### **Weekly Schedule**

	Monday	Tuesday	Wednesday	Thursday	Friday
8am - 12pm					
12pm - 4pm					
4pm - 8pm					

upport Service Requirements  ief description of support services requested or required (e.g., shipping/receiving, chemical/hazardo iste disposal, liquid N <sub>2</sub> access, equipment calibration/maintenance, increased HVAC, etc.):	ohazard level	of research lab	oratory (NA/BS	SL-1/BSL-2/BS	L-3/Other).		
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#### **Human Participant SRC Activity Risk Assessment and Mitigation Plan**

#### **Vaccination Status**

All study participants should be fully vaccinated or have received an approved exemption from the university in accordance with <a href="Ryerson University">Ryerson University's current COVID-19 vaccination protocols</a>.

How do you plan to screen participants for their Vaccination Status/Proof of Vaccination? Are there any circumstances in which asking participants to be vaccinated may jeopardize your research? If so, please provide a rationale as to why screening participants for their vaccination status would not be feasible. Further, please identify what mitigation strategies would be put in to place to ensure the safety of all individuals involved in the research activities.

#### **Close Interactions**

Will close interactions (<2 metres of physical distancing) be required between the study team members and the human participants or their support personnel? If not, why not? If so, please describe what additional safety precautions will be put into place to ensure the safety of all involved, including the provision and use of appropriate PPE.

Study Population  Who is the study population? What is the age range, and are there any inclusion or exclusion criteria that will ensure the exclusion of individuals at high risk for COVID-19? Alternately, what specific precautions will be taken to mitigate risk? Does the study population comprise members of the Ryerson community, the general public, or both?

#### **Parents and Guardians**

precautions w	ill be taken to mitiga	rticipants are not at fate risk?	nigh risk of contracting	ons will be taken to ensure g COVID-19, or what specific
0				
	nnd Consent and consent take p	place remotely? If no	t, why, and how would	I you accomplish this on-site?

#### **Participant Arrival**

departure?		or numan participar	ıts upon arrival, during v	vaiting periods, and on the	l eir
	al Samples	collected? If so pleas	an deparibe the apparture	recoutions to be put into a	laaa
to ensure	the safety of all involv	red.	se describe the safety pr	recautions to be put into pl	iace

# **Masks for Human Participants** Will human participants be able to wear masks for the duration of the study visit? If not, please describe what safety measures will be put in place to ensure the safety of all involved. **Equipment and Cleaning Protocols** What equipment will be used as part of the visit? Describe the cleaning protocols that will be put into place.

Shared Surfaces
What shared surfaces will be touched by participants or researchers as part of the visit? Describe the cleaning protocols that will be put into place.
Institutional Collaboration
Institutional Collaboration  Does this research involve collaborations with any other institutions? Do they have COVID-19-related protocols that need attention/implementation? Please describe them.
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#### Safe Shutdown

	or self-isolation and	a sate snutdown d	f the study/project?	to follow
Additional R	elevant Informati	on		

#### Section 3: Ryerson Safe Field SRC Activity Plan Form

This document applies only to SRC activities in field or third-party locations within Canada (as allowable by travel restrictions). These guidelines do not apply to SRC activities that are restricted, including activities within or near to vulnerable, isolated, or remote communities without the express formal consent of an appropriate authority within the community. Further guidance pertaining to field SRC activities in restricted locations and internationally will be developed as local conditions and international travel restrictions dictate.

Project Title:	
Proposed Start Date:	
End Date:	
SRC Activity Location	
Provide an address and descri	be the off-campus location(s) where SRC activity will occur.
Address:	
Description	

Travel Plans  Describe your plans for all team members to safely travel to the field site.
Plan to Comply with Public Health Directives
Describe your plan to comply with public health directives, including physical distancing, hygiene protocols, and any quarantine or self-isolation requirements upon arrival (and return) as required by public health in the area where you are working and during all aspects of the field SRC activities.
If your field SRC activities involve human participants, only detail those activities outside of human participant SRC activities, which have been detailed in the Safe Human Participant SRC Activity portion of this form.

# Additional Safety Measures and Restrictions If your project involves SRC activities at a third-party

your project involves SRC activities at a third-party site, such as a community organization, Indigenous mmunity, private sector partner, or affiliated hospital, please describe (or provide the website link to) ditional safety measures to Ryerson's guidance, or any issues or restrictions at the third-party site(s) at may affect the proposed work.
ecessary Accommodations
accommodation required? If yes, please describe what the planned accommodations are, and any DVID-19-related precautions being taken.

Non-Participant Interaction
Does your project require you to interact with other people (who are not study participants)? Why? How many at a time? How will physical distancing be managed?
Certificates/Approvals
Certificates/Approvals required if relevant (Animal Care, Biohazard, etc.). Note that these must be completed prior to the commencement of field work as per normal operations.

### **Section 4: Confirmation and Approvals**

Facult	y Member	
a	accurate, and I also a	n to my Chair/Dean, I verify that the content of this form is complete and gree to abide by this plan, and all Ryerson University and public health SRC activities be approved.
Depart	tment/School C	omments (if any)
Chair/D	irector Approval	
	Name:	
	Signature:	
	Date:	
Dean/	Associate Dean	Comments (if any)
Dean/A	ssociate Dean App	proval
	None	
	Name:	
	Signature:	
	Date:	

EHS Comments for Human Participant SRC Without Physical Distancing (if any)		
EHS Ap	proval	
	Name:	
	Signature:	
	Date:	
REB C	omments for Hu	ıman Participant SRC (if any)
REB Ap	proval	
	Name:	
	Signature:	
	Date:	

OVPRI Comments for Human Participant SRC (if any)		
OVPRI A	Approval	
	Name:	
	Signature:	
	Date:	