



University Research

UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS

## Ramping up Community-Based Research Activity Principles & Framework Guide

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**By the Community Research Taskforce:**

<b>Tom Flaig</b>	<b>Bruno Sobral</b>
<b>Jon Samet</b>	<b>Lillian Berman</b>
<b>Alison Lakin</b>	<b>Cathy Bradley</b>
<b>Erin O'Brien</b>	<b>Michelle Kuba</b>
<b>Faith Perry</b>	<b>Cathy Bodine</b>
<b>Lori Hopper</b>	<b>Jamie Westcott</b>
<b>John Heldens</b>	<b>Montelle Tamez</b>
<b>Allison Kempe</b>	<b>Lisa Miller</b>
<b>Don Nease</b>	<b>Michelle Rochetti</b>
<b>Jennifer Leiferman</b>	

## **CU Anschutz Medical Campus Principles and Framework Guide to Ramping up Community-Based Research Activity**

**GOAL:** To continue face-to-face research and other research related activities in community-based research settings in a safe manner, utilizing a systematic approach for ALL participants, staff, and community research partners in the context of the ongoing COVID-19 pandemic. This broad goal will be met by ensuring that best practices are applied to ongoing community-based research conducted off-campus. This guidance is intended to protect the health and safety of research participants, staff, and community research partners.

The document applies to any research that is conducted by faculty and staff at CU Anschutz that is not covered by:

- Laboratory Reconstitution Plan
  - Clinical Research Reconstitution Plan
  - CU Anschutz Principles and Framework for Clinical Research Ramp Up
- Or
- Human subject research involving research activities conducted outside of the United States of America for which CU Anschutz Faculty and Staff are responsible

While the course of the COVID-19 pandemic is uncertain, it is expected to persist for months if not years. Hence, one over-riding consideration is the status of the pandemic in the places where the research is to be carried out. Principal Investigators should closely follow indicators of the pandemic at their research locations and have contingency plans to be able to adapt research activities as the environment risk changes.

Human subjects research carried out in various community settings is a major component of the portfolio of the schools at the Anschutz campus. A critical distinction for this research, compared with clinical research, is the venues where it is carried out—locations that are not part of or affiliated with university campuses. This document provides guidance directed at minimizing risk for research at these locations, addressing risks of transmission from research team members to research participants and from participants to research team members. The guidelines call attention to the need to consider all applicable policies and points of sensitivity, as well as to engage with research partners around restarting research because of the additional risk of transmission of the SARS-CoV-2 virus from person-to-person contacts arising from research activities.

The responsibility to ensure that studies are ethical and follow the Belmont principles that form the framework for the Common Rule are important in normal circumstances, but become even more so in this uncertain and rapidly changing environment. The cornerstones to human subject research are beneficence, justice, and respect for persons. Beneficence involves protecting the well-being of research participants by maximizing the benefits of research and minimizing any risks. COVID-19 poses unique risks to research participants, research staff and community research partners, and has resulted in a shift in the risk to benefit ratio.

These uncertain times are likely to extend into the future. Given the broad range of community-based research, each Principal Investigator has a significant responsibility to consider these principles when making a decision as to the appropriate environment under which their study should be re-activated and continued. Furthermore, it is incumbent on the university to protect research participant interests by ensuring that research is conducted ethically and safely. Whenever possible, in-person data collection should be replaced by remote data collection, e.g., by telephone or web-based applications. However, for some community-based research, face-to-face visits are essential for research protocols.

The following principles and priorities have been advanced by a committee of key university stakeholders to assist research teams to adapt their individual research project to this new research environment:

**Objective: Steps needed for Research Reactivation:**

Following the Principles and Best Practices, the process for obtaining community based research to occur involves the following steps:

**ACTION:** Develop an individualized reactivation plan in collaboration with your community partners.

- This process should be easy to follow while allowing fair and adequate representation of the below principles.
- ***All faculty and research staff that will be conducting research activities at a remote site must take the Community research COVID training before implementation of any re-activation plan can occur.***

**ACTION:** Approve the protocol specific re-activation plan by all relevant key stakeholders.

- If there is an Advisory Board for the project or series of projects then that board should review and approve the drafted plan.
- Obtain any site specific approvals to re-activate the project preferably before submitting to CU Anschutz review process.
- Follow any School or Departmental review and approval requirements.
- Obtain CU central research administration review and approval.
- ***All appropriate approvals must be in place before implementation of any re-activation plan can occur.***

**ACTION:** Implement this process.

**ACTION:** Track active protocols to allow rapid adaptation to a changing environment through effective communication if there are future considerations due to the pandemic or other unexpected events.

**Principle #1:** Follow all current and applicable Local, State and Federal/National Public Health Authority directives and executive orders related to social distancing, use of masks and other measures. Community studies should be implemented only if these executive orders do not prohibit the necessary contact.

**PRIORITY:** To provide guidance for appropriate precautions to protect all parties (participants, research staff, research site staff, and contractors) that is *at least at the same level* recommended

by the Centers for Disease Control and Prevention (CDC) and the Colorado Department of Public Health and Environment (CDPHE) or other applicable public health authority.

**PRIORITY:** To manage the environment where any face-to-face visit occurs to the extent possible, including ensuring that appropriate cleaning is in place and that the needed level of social distancing is feasible. Additionally, both research team members and research participants should be screened for any symptoms consistent with COVID-19.

**PRIORITY:** To help ensure the safety of vulnerable participants during the pandemic. University investigators conduct research that may involve a range of recognized vulnerable populations at risk for more severe COVID-19. Under the current ethical and regulatory framework these populations include pregnant women, neonates, children, prisoners and decisionally-challenged individuals. Participants may additionally be considered vulnerable due to their health status, level of access to clinical care, or socioeconomic situation, among other things. For the SARS-CoV-2 virus, other factors have been identified as increasing vulnerability: increasing age, chronic heart and lung disease, diabetes, obesity, and race and ethnicity. Additionally, other members of the research team including research site staff, contractors, or other research personnel may be considered vulnerable and should be considered in the reactivation plan. Finally, the risk of exposure to participants, research staff, and/or contractors may be affected by the distance to be travelled to a data collection site and the mode of transport used to reach the study location. The Principal Investigator must take these additional risks into consideration before requesting that participants engage again in their study.

**Principle #2:** Maintain a strong working relationship with community partners and collaborate closely with them in developing procedures needed to minimize risk for participants, staff and others involved in the research. Needed information should be gathered about the site, such as its physical location, COVID-19 safety guidelines or other requirements in place, and attitudes and beliefs relevant to following required or enhanced COVID-19 safety procedures.

**PRIORITY:** To engage community partners in risk minimization and strategies. Research conducted in the community often depends on the trust, support and active engagement of community partners. Any adaptations to the research plan that may impact the goals or activities reliant on the community partner site must involve review and collaborative decision-making by the community members, organizational representatives, and collaborators as well as researchers in the re-implementation planning process. If in-place, the Community Advisory Board or a similar entity may have a key role in selecting strategies to enable the research to continue.

**PRIORITY:** To support supervisors of research at every level in understanding the sources of risk to employees, and to train employees to control the risks. CU Anschutz faculty, research staff, and volunteers at all community locations share responsibility for protecting the health of others and themselves. This responsibility extends to the community external to CU Anschutz.

**PRIORITY:** To align research personnel and community partner safety measures. Research personnel should follow the community partner research site's guidelines and precautions, provided that doing so offers a level of risk control at least equivalent to CU Anschutz policies. The site's guidelines must meet local, state, and federal public health requirements.

- If a site does not have published guidelines or precautions, research personnel should follow CU Anschutz policies.
- Research personnel should delay research activities until a later date if circumstances at a site may prevent personnel from following either the site's guidelines or CU Anschutz policies.

The Principal Investigator and research team must maintain on-going vigilance of the coronavirus situation in their geographic location. Develop contingency plans including shelter in place plans in case there are hotspots. and self-quarantine is indicated

### **Risk Considerations:**

Research is conducted in various settings that are inherently different with regard to the extent to which the research team can affect or minimize the risk of spreading the COVID-19 infection. As investigators develop plans for re-starting research these general best practices shall be considered when developing the plan.

### **Best Practices for Developing a plan:**

Here, best practices are described in general. The REDCap form requires that the protocol specific re-activation plan addresses each of these elements:

- **Research Protocol:** Review the research protocol for the following:
  - Identification of any elements of the data collection protocol that could be executed without person-to-person contact;
  - Enumeration of points of contact between the study team and the study participant(s) or other individuals, e.g., household members or community members who are not participants;
  - Consider how risk for transmission will be minimized at each of these interactions.
- **Public Health Guidelines and Orders:**
  - Identify all relevant jurisdictions for the research site(s);
  - Review them to assure that all elements are followed;
  - Compare the risk protection measures to those for the Anschutz campus.
  - Develop research plan that complies with guidelines and orders.
- **Stakeholders:**
  - Map all stakeholders involved in the research;
  - Identify any policies that the community site may have in place relevant to the research and COVID-19 related operational requirements;
  - Identify any particular issues related to stakeholder groups, e.g., language and cultural beliefs;
  - Develop a communications plan for the stakeholders for initial discussion, follow-up, and management of any COVID-19 infections identified as related to the research;
  - Meet with stakeholders before re-initiating the research and subsequently as indicated.
- **Research Team**
  - Follow the safety plan developed for CU Anschutz employees detailed in Appendix 1 or document in the reactivation plan any anticipated deviations from the plan and provide

a justification for doing so. Note: Personal cloth masks worn by research personnel in non-clinical community-based settings represents accepted deviation (**Appendix 1**).

- Assure and document that all team members have received the required training and any special training warranted for the study.
- Develop general scripts and responses to frequently-asked questions
- **Participants:**
  - Follow the COVID-19 safety plan developed for Research Participants detailed in **Appendix 2** or document in the reactivation plan any anticipated deviations and provide a justification;
  - Develop materials to explain the conduct of the research to participants and the special needs for protection during the COVID-19 pandemic;
  - Tailor the materials to the setting and consider such approaches as videos or other non-face-to-face ways to assure that communications are effective. Pilot testing may be needed;
  - As appropriate provide information related to vulnerability;
  - Provide masks when necessary;
  - Provide contact information in the event that the participant or someone close participants becomes ill.
- **Assessment of Health Status**
  - In advance of interactions between research staff and study participants or others (e.g., stakeholder/partner meetings, affirmation is needed that each of those involved is asymptomatic. For that purpose, the screening questions used for clearance at the Anschutz Medical Campus represent one approach.
- **Cleaning**
  - It is important to understand who is responsible for cleaning the physical research site space. If it is the responsibility of the research site then the research team should be aware. If the research team is responsible then a plan must be developed to ensure it is done routinely and documented. The team should always be prepared to clean their area pre and post use whenever possible.
  - Guidance for cleaning of clinical research spaces and equipment can be found at: <https://www.cuanschutz.edu/coronavirus/research-guidance>  
<https://www.cdc.gov/handwashing/when-how-handwashing.html>
- **Transportation**
  - University travel remains suspended. Only essential or necessary domestic business travel is eligible for an exception. See your supervisor or unit head with exception requests, which are subject to review by school/college deans or the vice chancellor for administrative areas. Air travel exception requests are managed through the University's Concur Travel & Expense System (Concur). Please follow these processes. Additional travel guidance is available on the Centers for Disease Control and Prevention (CDC) Travel in the US webpage.
  - Follow all local, regional, and state guidance regarding travel or transportation use. Local quarantines may be in place.

- Research participants that rely on public transportation may be at more risk for contracting COVID-19. Researchers should inquire about research participants' mode of transportation and consider providing guidance for helping participants choose safe transportation to and from the study location.
- See **Appendix 3** for additional information.
- **Location**

The figure below places various potential research environments into a matrix defined by the risk inherent to the environment and the extent to which that risk can be mitigated by actions of the research team. For example, outdoor environments, which provide opportunity to assure distancing and a constant flow of clean air are at the bottom in this figure. In this schema, nursing homes are at the top. An additional dimension of risk reflects the vulnerability of the participants. The plan should provide a perspective on risk related to each of these determinants: inherent risk of the location including geographical location, extent of control, and vulnerability of participants.

### **Geographical Location:**

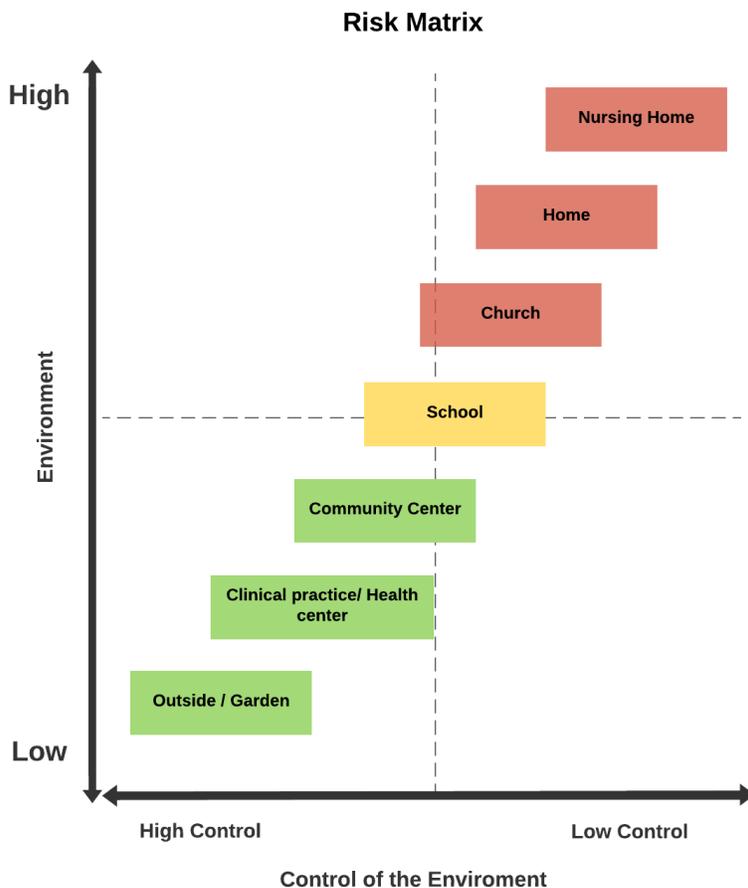
**Within Colorado:** The expectation is that the university policies and procedures are followed unless the ramp up plan includes a justification as to why changes are needed. Any issues need to be reported to CU Anschutz occupational health program.

**National:** Community spread varies across the country and can change rapidly. The Principal Investigator and research team need to remain vigilant. The team should have a regular communication plan with contingency steps if the situation changes.

PI and research team need to be aware of all state and local public health ordinances and understand how these requirements impact their research protocol.

Also the research team needs to know which public health authority has responsibility for contact tracing for the specific research site. Any issues will also need to be reported to the CU Anschutz occupational health program.

**International:** Human subject research involving research activities conducted outside of the United States of America for which CU Anschutz Faculty and Staff are responsible is currently on hold and will follow a separate ramp-up process.



**Considerations for specific types of research sites:**

**1. Nursing Home:**

**COVID 19 Specific Concerns and Considerations:**

- Residents are a very vulnerable population;
- Important to understand the specific nursing home’s experience during the pandemic;
- Understand the level of involvement of the resident’s family and the impact of the pandemic on them;
- Understand and respect the COVID management protocol in the care facility as it is likely to be more restrictive than general guidance;
- Ensure that the research study has approval to re-activate in the facility before moving forward.
- Minimize face to face contact to the fullest extent possible;
- Consider using regular caregivers for face to face contact rather than research team;
- Establish clear communication with the resident and their family to make sure there is alignment.

CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html>

## 2. Home:

### COVID 19 Specific Concerns and Considerations:

- Each home is different so plan for contingencies;
- Being unable to social distance in a small area when procedures need to be done that involve touching the patient;
- Consider other family members as there may be people in the home at high risk for COVID-19 infection;
- Assess each participants comfort level with having someone coming into their home;
- Conduct a phone screening prior to visit with verbal notification of your own self screening;
- Make sure the participant is comfortable with you coming into their home and agrees to the cleaning protocol that you will follow;
- Schedule the visit for a time when the lowest number of people will be in home;
- Research staff should always have the necessary cleaning supplies with them at all visits;
- Disinfect any equipment prior to bringing it into the home and again after use;
- Maintain a contact log/chain of custody log with the following information: Where you went/when, who you came in contact with, what PPE was worn, what procedures were done, what was removed from the home, where it was taken, etc.

NIOSH provides a great guide for Hazard Identification processes for in the home visits  
<https://www.cdc.gov/niosh/docs/2010-125/pdfs/2010-125.pdf?id=10.26616/NIOSH PUB2010125>

## 3. Church:

### COVID 19 Specific Concerns and Considerations:

- Understand how the church and its community have adapted to the COVID 19 environment and whether non-members are welcome at this time;
- Consider the culture of the church community – whether social distancing and other precautions (e.g., face masks, handwashing) are encouraged and observed;
- Consider the population – in the church setting researchers racial/ethnic minority communities that may be higher risk; elderly among the congregations; socioeconomically disadvantaged congregations;
- Be aware that many services have moved on line.

CDC guidelines on church gatherings: [https://www.cdc.gov/coronavirus/2019-ncov/community/faith-based.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fphp%2Ffaith-based.html](https://www.cdc.gov/coronavirus/2019-ncov/community/faith-based.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fphp%2Ffaith-based.html)

#### 4. School

##### **COVID 19 Specific Concerns and Considerations:**

- Understand how the individual schools and the school districts have adapted to the COVID 19 situation.

CDC guidelines on COVID-19 and schools: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html>

#### 5. Non-Affiliate Clinical Practice /Health Center:

##### **COVID 19 Specific Concerns and Considerations:**

- Although the expectation would be that clinical sites are adhering to both local and CDC recommendations regarding wearing masks by staff, providers, and patients (and more extensive PPE when indicated) and cleaning routines (overall and between patients) at the clinical site, there may be differences in the extent of enforcement of these criteria;
- Although most clinical sites are separating patients who are presenting for well care vs sick care by either time of the day, different days or by area within the practice/clinic, this may not be universal and could pose risks to research workers if they are unaware of how sick patients are being separated from well patients;
- The criteria used to define which patients/family members may be ill may not be uniform, which could put study personnel at risk if screening is inadequate;
- The research team leadership and clinical site leadership should agree on detailed plans and procedures to assure safety of research personnel, clinical staff as well as patients before any visits to the clinical site.

#### 6. Outside /Garden / Park / Playground

##### **COVID 19 Specific Concerns and Considerations:**

- Easier to practice physical distancing when participants are static;
- Set expectations for the group in advance of the outside interaction;
- Provide hand cleaning options.

Follow CDC guidance: <https://www.cdc.gov/coronavirus/2019ncov/community/parksrec/index.html>  
or CDPHE or other state guidance

## Appendix 1

### CU Employees working in the Community:

Employees working as a CU Anschutz employee will wear a face mask at all times.

Employees may utilize improvised face masks constructed in accordance with CDC guidance for non-clinical activities. The PI (or their school/department) may provide disposable or reusable facemasks to all personnel if supplies are available.

Any decorations on the materials used to make the face masks will comply with the dress code standards regarding logos and appropriate work content established for other forms of dress and/or uniform standards.

Employees will regularly maintain their face masks as instructed.

Cloth face masks will only be removed when manufactured PPE is required to be worn in its place for specific operational requirements.

If an employee discovers a conflict between this requirement and operational requirements, they will not begin, or will cease that operation and contact their supervisor/PI. The supervisor/PI will consult with Environmental Health and Safety for alternative measures before resuming that operation. ([Industrial.Hygiene@ucdenver.edu](mailto:Industrial.Hygiene@ucdenver.edu)).

### Illness Reporting:

In an effort to limit areas needing sanitization should an employee become ill with COVID-19, all employees shall limit their movement in their work buildings the following ways:

- Take the most direct route from the point of entry to their work location
- Stay within their assigned work location except to perform essential functions identified by the PI
- Utilize the restroom facility closest to their work location whenever feasible
- When retrieving supplies or equipment employees will make every possible effort to minimize trips while safely transporting needed supplies using dollies, carts, etc. The employee will clean transportation aids immediately once they are finished using them.

*Note: Guidance for cleaning of research spaces and equipment can be found at: <https://www.cuanschutz.edu/coronavirus/research-guidance>*

The information below provides the basic steps for the reporting of COVID-19 illness and exposure to the university. For the latest information on COVID-19 and more details about the reporting process please visit the University COVID-19 page at: <https://www.cuanschutz.edu/coronavirus>

*Note: These actions only apply to the CU Anschutz Medical Campus. If the research is performed at an affiliate hospital employees shall follow the established protocols for that organization/location.*

If a member of the research team reports they have fallen ill with COVID-19 the person receiving the call will take the following steps:

- Encourage the research participant to seek medical care as soon as possible
- Report the employee illness to their supervisor/PI
- The supervisor/PI will coordinate with occupational health (cody.coburn@cuanschutz.edu) to notify them of the illness along with the locations in the building frequented by the research participant and any employees who worked with the research participant.
- Occupational health will follow-up with the affected employees and unit per University and local public health guidelines.
- If an employee becomes symptomatic they will take the following steps:
  - Report their symptoms/illness to their supervisor/PI
  - After notifying their supervisor/PI seek medical care
  - Do NOT come to campus under any circumstances
  - Submit a self-report to Human Resources using the online questionnaire ([https://ucdenverdata.formstack.com/forms/covid\\_form\\_copy](https://ucdenverdata.formstack.com/forms/covid_form_copy))
  - If the employee tests positive for COVID-19 they shall report this to their supervisor and complete a second on-line questionnaire form to update their status: ([https://ucdenverdata.formstack.com/forms/covid\\_form\\_copy](https://ucdenverdata.formstack.com/forms/covid_form_copy))

**Do NOT return to campus until cleared to do so**

If an employee develops any of the following symptoms while on campus they will leave campus immediately and notify their supervisor/PI:

- Fever
- Cough
- Shortness of breath
- Sore throat
- Headache
- Muscle pain
- Chills
- Repeated shaking with chills
- New loss of taste or smell

The employee's supervisor will take the following steps upon being notified of the employee's illness:

- If the employee is on campus, direct them to immediately leave the facility.
- Instruct the employee to seek medical care.
- Confirm with the employee location on site beyond their work area they may have frequented within the last 48 hours.
- All research participants with whom the staff member had personal contact will be notified and encouraged to seek medical attention. You can refer research participants to <https://www.uhealth.org/today/covid-19-coronavirus-recent-updates/>. Primary and secondary contact information for all participants will be required.
- Contact occupational health to notify them of the illness and the locations in the building frequented by the employee.
- If the employee reports a positive COVID-19 test result, immediately report this information to Occupational Health.

If an employee believes they were exposed to a COVID-19 positive person at work or at home they should take the following steps:

- Report their exposure to their supervisor/PI.
- Do NOT come to campus under any circumstances.
- Submit a self-report to Human Resources using the online questionnaire:  
([https://ucdenverdata.formstack.com/forms/covid\\_form\\_copy](https://ucdenverdata.formstack.com/forms/covid_form_copy))
- The employee's supervisor/PI will take the following steps upon being notified of the person's exposure:
  - Instruct the employee member NOT to report to campus until cleared to do so by their medical provider or occupational health.
  - Confirm with the employee areas in the building beyond their work area they may have frequented within the last 48 hours
  - Contact occupational health ([cody.coburn@cuanschutz.edu](mailto:cody.coburn@cuanschutz.edu)) to notify them of the illness and the locations in the building frequented by employee

Occupational Health will follow-up with employees who test positive (or believe they have been exposed to a COVID-19 positive person), provide appropriate guidance, and investigate to determine others who may be at risk. Multiple cases in a single location will be investigated to determine systemic issues.

## Appendix 2

### Participant Safety Requirements:

PIs will ensure research participants are screened for COVID-19 symptoms in advance of their scheduled visit and on arrival on campus.

Below is the preferred approach:

Participants and any accompanying caregivers will be asked whether they have experienced COVID-19 symptoms within the last seven days or have been in close contact with sick people (REFERENCE SCREENING QUESTIONNAIRE HERE).

Currently known symptoms of COVID-19 infection include:

- A fever greater than 100.4 oF
- Cough
- Shortness of breath
- Sore throat
- Headache
- Gastrointestinal upset
- Muscle pain
- Chills
- Repeated shaking with chills
- New loss of taste or smell

If the result is negative, a visit will be scheduled. If positive, advise the research participant to seek medical care and reschedule the visit for a later time.

Note: If studying children, be aware that they may present with less severe symptoms

Participant visits will be scheduled to stagger their arrival and avoid subjects congregating in waiting areas. Schedule time allocations need to be adjusted accordingly.

Ensure that participant scheduling includes sufficient time to conduct appropriate cleaning protocol between participants.

Certain activities such as focus groups, group training or counseling (i.e. behavioral interventions) will be done remotely whenever possible. If in person attendance is required larger rooms may be needed to accommodate physical distancing and will be limited to fewer than 10 research participants.

Note: In person gatherings of research participants must be thoroughly described in the research restart plan required above.

Researchers should consider possible implications for the recruitment and involvement of persons who are more vulnerable to COVID-19. Currently the known risk factors are age, comorbid conditions (e.g., diabetes, cardiac conditions, chronic obstructive pulmonary disease, other pulmonary conditions, etc.), obesity, undergoing treatment for cancer, immune compromising conditions, and pregnancy. These individuals may be at greater risk from participating in or staffing a research study and may need to be

either excluded or given additional protection. These exclusions may disproportionately exclude underrepresented populations. Therefore, exclusions should be carefully considered and alternatives for increasing research participant safety investigated.

Some suggested approaches for vulnerable research participants and staff include:

- During the initial phases of resuming research participant interactions, consider enrolling lower risk subjects as procedures for managing research participant interaction are refined, based on emergent best practices.
- If vulnerable populations are included, consider designating special hours when workspace is less crowded or designated areas with the fewest possible encounters.
- Research staff or their families may also be vulnerable in a COVID-19 environment. Safety measures and accommodations such as reassignment of duties or changes to the work environment may be considered.

Research participants that rely on public transportation may be at more risk for contracting COVID-19. Researchers should inquire about research participants' mode of transportation and consider options for helping participants arrange for safe transportation to and from the study location.

All employees and participants should, at a minimum, engage in the physical distancing and safety measures listed below. Individual research units will determine the best ways to educate their employees about these requirements in addition to the return to campus training.

**Definition of physical distancing:**

- Work space population calculations will be based on 120 square feet per person for researchers actively working in a lab or work area.
- Maintain at least 6 feet between themselves and other individuals at all times, as feasible
- Do not loiter or congregate in public areas, hallways, work areas, etc.
- Employees should carefully inspect all equipment and work areas for potential safety concerns prior to beginning work
- Clean their work areas, including high touch areas, prior to beginning their work shift and after each participant visit for clinical space or at the end of their work shift
- Clean any area, high touch surfaces, and equipment before and after use

## Appendix 3

### Transportation Considerations:

In planning for transportation options for the community-based research endeavor, teams shall assess the use of transportation and:

#### UNDERSTAND THE RISKS

- Transportation to an activity, at any time, is a high-risk activity.
- Sharing transportation with individuals not living in the same household introduces the additional risk of contracting COVID-19. Risk of contracting COVID-19 increases when:
  - time in close contact with non-household individuals exceeds 10 minutes
  - number of travelers in a single vehicle increases
  - turnover rates of travelers increase
  - number of people from different households in one-vehicle increases
- Transportation providers and users can mitigate these risks by doing the following, including but not limited to:
  - increased cleaning
  - keeping windows open
  - not using recirculating air settings
  - creating barriers and maintaining distance between drivers and riders
  - using separate entrances and exits
- Review CDC Using Transportation Guidance

#### PARTICIPANT TRANSPORTATION

- Do not begin providing transportation to study participants or research team members if you have not provided transportation pre-COVID-19.
- If you provided transportation to a research collection/meeting place pre-COVID-19, understand the risks associated and take steps to mitigate or remove the risks, such as:
- Arrange collection/meeting sites closer to participants, encouraging ease of attending by cycling, walking, or providing own transportation.
- Investigate availability of technology solutions or community partners' availability in order to complete research tasks.
- University sponsored transportation should only be considered as the last option. If transportation is necessary, consider the following:
  - Providing single occupancy/rider vehicle whenever possible.
  - Contracting or working with an individual rideshare program or driver-for-hire that confirms use of best practices regarding ventilation, mask use, employee screening, vehicle cleaning and observes social distancing measures.
  - Providing options to the participant and allow them to choose their mode of transportation.
  - Vetting the transportation options, confirming the carriers are participating in the local requirements for operation during the community spread of COVID 19.
  - Review additional guidance available by CDC for vetting guidelines:

[Rideshare, Taxi, Limo & Other Drivers-for-Hire](#)

[Bus Transit Operators](#)

[Rail Transit Operators](#)

Share transportation “safe use information” with your participants. For example: try to avoid high contact touch points; look for non-porous surfaces like vinyl/leather which is preferred to carpet/fabric, sanitize high touch pts

Provide guidance on steps to take once they return home (wash hands, change clothes, etc.)

Encourage trip documentation for potential need for contact tracing

#### **RESEARCH TEAM TRANSPORTATION**

- Use all information provided above in assessing/planning staff transportation.
- Encourage individual travel whenever possible.
- If ridesharing is necessary, no more than one person in a row of seats per vehicle with a cloth mask.
- Consider length of travel time when contemplating ridesharing.
- If a staff member is driving their personal auto and providing transportation for additional team members, they should comply with the rideshare-drivers for hire best practices detailed in the link above.

#### **Additional Resources:**

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

<https://www.transit.dot.gov/regulations-and-programs/safety/fta-covid-19-resource-tool>

<https://www.rtd-denver.com/coronavirus>

<https://www.transportation.gov/coronavirus>

<https://www.apta.com/public-transit-response-to-coronavirus/>

<https://nacto.org/covid19-rapid-response-tools-for-transit-agencies/>

<https://pandemic.international.org/2019-ncov/ncov-travel-restrictions-flight-operations-and-screening#other%20affected%20countries> (use University Membership 11BCAS000006 for Login)

<https://www.oncallinternational.com/covid-19-map>