CSUS IRB: Face -to-Face (F2F) Researcher Guide

Researchers proposing to conduct face-to-face (F2F) or “in-person” research must describe detailed protocols around COVID-19 safety in their IRB application. Depending on the research methods, protocols may or may not include the items listed below.\* The IRB may help you make decisions on these items *during the review* as well.

*\*Please note, the IRB may not be able to approve all F2F research proposals dependent on at-risk populations, proposed interventions/interactions that increase exposure, or ability to comply with safety precautions.*

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| **Safety Protocol** | **When Appropriate** | **Application Placement / Other Considerations** |
| **Participant COVID health assessment**   * Word Document (See appendix)   OR   * Request a copy of Qualtrics version from [leah.vargas@csus.edu](mailto:leah.vargas@csus.edu) | When meeting participants F2F (either on or off campus) for interventions, interviews, focus groups, etc., it is important for the researcher to know whether a visit can continue as scheduled or should be rescheduled due to illness.   * Required: Retain health assessments for a minimum of one month after completion of data collection. * Response to “Yes” on questions 1-3 result in rescheduling the appointment. * Appropriateness of question 4 to be determined by IRB and Researcher(s). | * Place the descriptive information in Research Design question of *Section 2, Question 6* * Place the assessment tool in *Section 3, Question 5* or *Section 5, Question 2* under Research Tools attachment. * This assessment may not be feasible when the research site is at another entity where COVID protocols are already in place. For example, another school, a place of employment, a center or foundation. See Letter of Support below for a better option. |
| **Letter of support** | When research takes place at another institution or entity that has its own safety protocols in place, a letter of support is a better option than the health assessment tool. This letter of support must come from an official (Principal, Director, Chair/Dean, etc.) indicating their awareness of research occurring on the site and that all researchers and research assistants will follow all COVID precautions of the site. (Note: It is assumed that since participants are affiliated with the site, they are already required to follow the site’s safety protocols.)   * Researcher should include a description or a copy of the site’s COVID safety/precautions policy. | * *Section 3, Question 2* or *Section 4, Question 1.a.* under recruitment question. * Content of letter must indicate their awareness of research occurring on their site and that all researchers and research assistants will follow COVID precautions of the research site. * A letter of support is **not needed when participants are Sac State affiliates (students, staff, faculty)** or when participants are randomly enrolled from the public and not affiliated with the same entity. |
| **Masks** | This protocol can be used for all F2F research occurring indoors, including vaccinated individuals.  If mask-wearing is not required of participants indoors due to the research site’s safety protocols (i.e. another place of employment), the researchers must still wear a mask indoors to follow Sac State protocols as a Sac State researcher.   * Researcher must provide a mask for any participant who forgets to bring their own. | * Place this information in Research Design question of *Section 2, Question 6* * Protocol must include researcher, research assistants, and participants   Researchers may obtain N95 masks for themselves through CSUS Risk Management, using the following link: <https://www.cognitoforms.com/SacramentoStateRiskManagement/COVID19SafetySupplyOrder> |
| **Hand washing/sanitizing** | If touching participants or touching shared objects is involved, hand washing should be included in the safety protocol. If the researcher would like to bring hand sanitizer to accommodate shaking hands or touching electronics or other items, that should be written in the application as well. | * Place this information in Research Design question of *Section 2, Question 6* * Protocol must include researcher, research assistants, and participants |
| **Social distancing** | This protocol can be used for all face-to-face research, methodology permitting. | * Place this information in Research Design question of *Section 2, Question 6* * Protocol must include researcher, research assistants, and participants |

 **COVID Health Assessment for Face-to-face Research**

To promote health and safety at Sacramento State and reduce COVID-19 transmission, we ask participants to complete this screening form prior to research interaction. While screening alone cannot ensure a COVID free environment, this process aligns with the guidance from the CDC and the Sacramento County Department of Public Health.

Please submit responses to the Researcher for clearance to participate.

**Participant’s First and Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Do you have any of the following....fever, cough, shortness of breath, sore throat, nausea, diarrhea, loss of smell or taste?

* NO
* YES (*IF YES, PLEASE STAY HOME & RESCHEDULE*)

1. Have you come into close contact (within 6 ft) with someone who has a laboratory confirmed positive COVID 19 test within the past 14 days?

* NO
* YES (*IF YES, PLEASE STAY HOME & RESCHEDULE*)

1. Have you recently tested positive for COVID 19?

* NO
* YES (*IF YES, PLEASE STAY HOME & RESCHEDULE*)

1. (Use of this question to be determined by IRB and Researcher) Have you been vaccinated for the COVID 19 virus?

* NO
* YES (Fully vaccinated, partially vaccinated, booster)

**Mandatory Safety Protocols:**

* Face covering required indoors for ALL, including fully vaccinated people.
* Wash hands often with soap and water, or sanitize hands.
* Stay 6 feet apart, when possible
* **I certify that I understand the COVID-19 Safety Protocols above and agree to follow these protocols.**
* **I understand that there remains a risk of exposure to COVID-19 and regardless of any precautions taken, an inherent risk of exposure to COVID-19 will exist.**

**Dissent:** If you do not agree to the safety protocols and would like to withdraw your participation, please contact (Name, #, email).