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|  | Safe Research Plan |

Safe Research Plan for in-Person Behavioural Research

**Please Note**

1. The purpose of the Safe Research Plan is to demonstrate to the Behavioural Research Ethics Board that the necessary precautions and protocols are in place to protect research participants as well as the research team from unintentional transmission of respiratory diseases. For background on the [Safe Research Guidelines](file:///%5C%5Cvgrants.ors.ubc.ca%5Csites%5Core.ubc.ca%5Cfiles%5Cdocuments%5CSafe%20Research%20Guidelines.docx) that were developed during the Covid-19 pandemic, go to the [Participant Safety Webpage](https://researchethics.ubc.ca/behavioural-research-ethics/behavioural-research-participant-safety).
2. The Safe Research Plan is not intended to replace any safety protocols required by UBC or its faculties, departments, etc., for non-research academic activities.
3. Include the version date in the footers before uploading to Box 9.7 of your Ethics Application.

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| 1. **Introduction**
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| PI name (and student name, if applicable) |  |
| Dept/Faculty |  |
| Start Date | [When in-person contact with participants will start] |
| Ethics ID# |  |

1. **Travel and Accommodation**
2. Will the research team need to travel to any research sites? [ ]  Yes [ ]  No.
3. Are any travel or health advisories in effect in the location you are travelling to? [ ]  Yes [ ]  No.
4. Will the research team be required to self-isolate before beginning research? [ ]  Yes [ ]  No.
	1. If Yes, provide details (location, testing protocols, etc.): enter text.
5. **Research Location/s**
6. Will your research will be conducted in multiple sites or geographic locations? [ ]  Yes [ ]  No.
7. Location: (provide a brief description of the location/s): enter text.
8. Health jurisdiction: (include the region/province/state/country that sets the public health guidelines for your research location/s): enter text.
9. Briefly describe your safe research protocols, including use of indoor ventilation, outdoor spaces, use of N95 masks by researchers and participants, etc. enter text.
10. **Population Risk Profile**
11. Is age a significant risk factor? [ ]  Yes [ ]  No
12. Are there any underlying medical conditions in the population that may increase the risk of contracting respiratory diseases, including COVID-19? [ ]  Yes [ ]  No
	1. If Yes, please explain. enter text.
13. Are there any other factors that might elevate the risk of exposure to respiratory diseases during research activity, e.g., medical setting, high case load or outbreak area, etc.?
[ ]  Yes [ ]  No
	1. If Yes, please explain. enter text.
14. Will the research team be testing for asymptomatic or symptomatic status?
[ ]  Yes [ ]  No
	1. If Yes, describe what tests will be applied, who will test, and the procedures and timing for testing. enter text.
15. **Off-campus, Community Based Research**
16. Does this research involve working within a community? [ ]  Yes [ ]  No.

If your research is being conducted in Indigenous communities, please confirm that your safety plan has been reviewed and approved by appropriate community officials.
[ ]  Yes [ ]  No. (If no, please discuss with the appropriate officials before submitting your ethics application or safe research plan.)

1. **Unanticipated events**
2. Have contingency plans been developed to address if a study team member or participant becomes sick or develops symptoms of a respiratory disease? [ ]  Yes [ ]  No.
	1. If No, please explain why no contingency is needed: enter text.
	2. If Yes, please describe your contingency plan: enter text.
3. **Communications and Reporting**

[ ]  I confirm that Safety issues will be reported via a Request for Acknowledgement to the BREB.

[ ]  I confirm that I will be responsible for maintaining the safety protocols and that changes to the Safe Research Plan will be submitted to the REB for approval and will be shared with the research team.

Principal Investigator Signature: enter signature

Date: enter date