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| This is a picture of the Mount Saint Vincent University logo | **Research Ethics Board** |

# **COVID−19 RISK ASSESSMENT for RESEARCH**

**\*\*\*Part of Emergency Procedures - Currently Inactive - Effective May 1, 2023 -** Please contact [ethics@msvu.ca](mailto:ethics@msvu.ca) for use or information

* The following risk assessment may be used for COVID-19 screening of participants in face-to-face research studies conducted by members of the Mount Saint Vincent University research community.
* The Risk Assessment is used to facilitate participant, student, staff, and researcher safety.

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| If the answer to **any** of the boxes below is “yes,” researchers **must** reschedule the meeting. Researchers should advise the participant to contract 811 | | | | | | |
| **COVID-19 RISK FACTORS**  If the participant answers yes to any of the following as indicated, the COVID-19 Risk is identified, and researchers must reschedule the meeting. | | | | | | |
| Do you currently have the following symptoms?  New or worsening cough or  An unexplained fever (measured temperature greater than 38.0) or fever-like symptoms: chills or sweats | | | | | | |
| **OR** Two or more of the following **new or worsening** symptoms | | | | | | |
| Gastrointestinal symptoms (nausea, vomiting, diarrhea) | Sore throat | Runny | | Headache | | |
| Other acute respiratory illness consistent with infection | Shortness of breath | No Symptoms | | | | |
| **Non-Symptomatic Risk Factors. If the answer is yes to any of the questions below, the meeting must be rescheduled.** | | | | | | |
| Have you been instructed by NS Public Health to self-isolate? | | | | | Yes | No |
| In the **last 7 days**, have you had exposure to someone who has confirmed COVID−19 or suspected of having COVID−19:  Household contact  Outside of household contact  No Known COVID−19 contacts | | | | | Yes  Yes | No  No |
| **IDENTIFIED COVID−19 RISK (reschedule meeting)** | | | **NO IDENTIFIED COVID−19 RISK** | | | |
| Currently isolating due to COVID−19 infection **OR** exposure to confirmed or suspected  COVID−19 case **OR** symptomatic (unexplained fever, OR new or worsening cough, **OR** two or more symptoms (new or worsening): sore throat, runny nose, headache, shortness or breath, gastrointestinal symptoms (nausea, vomiting, diarrhea) or other acute respiratory illness consistent with infection) **OR** symptoms / exposure cannot be determined due to physical and /or mental status | | | Asymptomatic and no identified non-symptomatic risk factors of COVID−19 | | | |

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| This document has been adapted from the COVID19 Screening Guide for Patients by the Nova Scotia Health: [COVID19 Screening Guide (nshealth.ca)](http://policy.nshealth.ca/Site_Published/covid19/document_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=85434) (retrieved October 6, 2021) and Risk Assessment Form: [Nova Scotia Health COVID19 Risk Assessment form](http://policy.nshealth.ca/Site_Published/covid19/document_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=78368) (retrieved April 28, 2022) |

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