**HREC NON-MEDICAL GUIDELINES**

**FOR CONDUCTING RESEARCH SAFELY DURING THE COVID-19 PANDEMIC**

**Revised February 2022**

Scientists predict that without an effective vaccine or treatment for COVID-19, the disease could be with us for years. This has implications for all researchers, as they will not be able to continue with “business as usual” in data collection using human subjects. This document is intended to offer guidance on how you might modify your study protocol during the current COVID-19 circumstances in order to limit transmission of the coronavirus and reduce risk for both the researcher and the research participants.

Researchers are advised to **follow national regulations, guidelines and protocols** in the collection of data during this time, taking into consideration particular regulations related to lockdown levels at the time of data collection.

The HREC Non-Medical is not saying that researchers cannot do face to face activities or that the HREC Non-Medical will deny you ethics clearance if you want to do this, but merely that you should consider other ways of collecting your data in the circumstances and carefully weigh up the risks to researcher and participants during the pandemic.

Consider whether your proposed **methodology can be adapted** in light of national restrictions around COVID-19. Studies that involve a door to door survey in a community, focus groups, or ethnography in a restaurant, for example, may not be possible during the COVID-19 pandemic depending on particular pandemic waves and lockdown levels. Studies that involve handing out a hard copy questionnaire or doing face to face interviews, for example, could be adapted towards online modes of data collection. Please consult your supervisor in this regard if you are a student.

Some studies may not lend themselves to electronic/online data collection and some populations may not be reachable via such means. If your methodology cannot be adapted, then you may need to reconsider your research methodology. Please consult your supervisor in this regard if you are a student. If you decide to proceed with face to face data collection, then your ethics application (and by extension your research proposal) **must** outline the steps you will take to prevent transmission, adhere to social distancing rules, and promote safety of the researcher and participants.

Any **paper-based research** carries the risk of contagion, since the novel coronavirus can reside on paper for an estimate of 2-3 days (some estimates indicate up to 5 days). Please avoid the exchange of paper between participants and researchers, unless there is a strongly justified need to use paper in the research and very carefully outlined plans are put in place to ensure sanitization. Also consider the risk of contagion when the use and exchange of **pens, digital devices, smartphones, tablets** are required for consent and/or research purposes.

Wherever possible, use **electronic means** to facilitate the consent process and data collection. For example, make use of email, online mechanisms such as Google Forms, SurveyMonkey, WhatsApp, Skype, or Zoom to collect data wherever possible.

Considerations on how best to preserve participants’ anonymity and confidentiality must be retained when alternative electronic platforms are used. For example, participants can be sent the Participant Information Sheet (PIS) via electronic means and **consent can be recorded verbally and/or electronically**.

When switching to electronic/online means for your research projects, please consider issues such as **connectivity, online accessibility, and data costs**. This issue is relevant to both researchers and participants. For example, a study that involves interviews with Wits students should make use of **zero-rated platforms** to avoid incurring data costs. When considering a switch from face to face to online interviews, the researcher must consider whether the participants have access to Wi-Fi or data and if not, how access can be managed and potential costs will be covered.

Please do not hesitate to speak to your research supervisor, contact your School Committee Chair, or get in touch with the HREC Non-Medical for any queries related to your studies.

For more information on the COVID-19 situation in South Africa, please visit <http://sacoronavirus.co.za>, or call the official toll free call centre on 0800 029 999, or send HI to 0600 123 456 on WhatsApp.

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(HREC Non-Medical Chair and Co-Chairs)

**Department of Health draft guidelines for research during COVID-19 (extracts of relevance for social science research):**

It is important that researchers adhere to incident-specific prevention and control national regulations, guidelines, and protocols in the collection of data during this time, to limit transmission of the pathogen and reduce risk for both the researcher and the research participants. Face-to face meetings (e.g. door to door survey in a community, focus groups, or handing out a hard copy questionnaire or doing face to face interviews) should be limited, and where possible could be replaced by internet based research processes, but where electronic/online consent process and data collection are not feasible and some populations may not be reachable via these means, and the research methodology cannot be adapted then the researcher should carefully weigh up the risks to the researcher and participants, and ensure all fieldwork adheres to prevention and control measures such as

* Requiring masks to be worn properly i.e. covering both nose and mouth,
* Hand hygiene: frequent washing of hands with soap and water or use of 70% alcohol-based sanitizer
* Frequent environmental cleaning
* Cough etiquette: coughing or sneezing into a tissue or elbow
* Social distancing (1.5m between people) is maintained and number of participants per day or at any one time can be limited
* Ensuring proper ventilation, and sufficient space in indoor venues. Wherever possible, consideration to meet outdoors rather than indoors should be made, but allow for privacy, as required.
* Symptom monitoring, screening and testing

It is important that the study protocol being submitted to the HREC has identified all possible risks that both the researchers and participants might face, and has detailed precautionary measures and strategies in place to mitigate the risks. The researcher must ensure that the risks to the participants and researchers are justified by the potential benefits to the participants, society and/or science. The HREC should be provided will all the information to allow proper assessment of the risk: benefit ratio of the study. The researcher should identify possible hazards, evaluate the potential to mitigate the hazard, and indicate how the hazard will be eliminated or mitigated and who will be responsible. Additionally, the researcher may develop a research specific document covering all the COVID-related aspects.

In principle, the following should apply:

‣ Delay fieldwork where COVID-19 safety rules cannot be upheld.

‣ Consider the age and co-morbidities of researchers, as well as of research participants, for in-person data collection and fieldwork

All proposals to carry out fieldwork must adopt the National Disaster Management Act Regulations and other applicable national guidelines and protocols, and adhere to the restrictions imposed by the risk-adjusted approach (Alert Levels) from government. It is the responsibility of each researcher to be aware of the information from health authorities about COVID-19, and their institutional guidelines of what is permissible.

The following extracts may be useful:

**COVID-19 RESEARCH RISK ASSESSMENT AND MANAGEMENT APPROACH (Version 2)**

Prof Minrie Greeff  
Emeritus Professor: Africa Unit for Transdisciplinary Health Research (AUTHeR) North-West University

17 July 2020

***It is the responsibility of each researcher to be aware of:***

* + The present alert level and the accompanying governmental regulations and directives e.g. from the Department of Health, Department of Employment and Labour, etc.
  + The information from health authorities about COVID-19.
  + The institutional guidelines of what is permissible or not.

***It is the responsibility of each researcher to ensure that they:***

* + Only conduct permissible research based on the lockdown alert level.
  + Have the necessary approval, before data collection, from a REC for amendments to an existing proposal that had to be changed due to COVID-19 related implications.
  + Have the necessary approval to *resume research* if research had to be halted.
  + The usual ethical approval for all newly planned research.

**Risks involved in conducting research during the COVID-19 pandemic**

To be able to assess and manage the risks inherent in undertaking research during the COVID-19 global pandemic, it is necessary to be aware of all the possible risks to the participant, the researcher and the University. The researcher must ensure that the risks to the participants and researchers are *justified* by the potential benefits to the participants, society and/or science.

***Definition of a risk:***

"*The probability of harm occurring as a result of participation in research*”

* + Risk is about the *chance* of harm, rather than the harm itself.
  + Risks need to be assessed for their *probability* and *magnitude.*

**Risk to the participant**

* + - * Infected by a researcher or fellow research participant that might be asymptomatic/symptomatic during a visit to the University.
      * Infected by a researcher that might be asymptomatic/symptomatic during a visit by the researcher to his/her home or community centre.
  + Infected by handling objects contaminated by the virus.
  + More severely affected by COVID-19 if over the age of 60 and having a comorbidity or an illness causing an immunocompromised health status.
  + Carrying the virus from the research site into the home or community.
  + Being fined or arrested for not adhering to appropriate lockdown alert level restrictions e.g. not wearing masks, travelling without appropriate permits etc.

**Risk to the researcher**

* + - Researcher/postgraduate student becoming infected due to contact with an asymptomatic/symptomatic person (fellow researcher or participant).
    - Researcher/postgraduate student becoming infected by handling objects contaminated by the virus.
    - Researcher/postgraduate student becoming infected by entering a high-risk COVID-19 area.
    - Infecting co-researchers due to the aforementioned actions.
    - Infecting own family members due to the aforementioned actions.
    - More severely affected by COVID-19 if over the age of 60 and having a comorbidity or an illness causing an immunocompromised health status.
    - Being fined or arrested for not adhering to appropriate lockdown alert level restrictions e.g. not wearing masks, travelling without appropriate permits etc.

**Reputational damage to researchers and/or the university**

* + - * Participants infected by the researcher during the conduct of research blaming the university.
      * The researcher carrying the virus into a private home or the community and the university being blamed for it.
      * Researchers and postgraduate students becoming infected during research and blaming the university.
      * Researchers not adhering to disaster and lockdown regulations e.g. visiting participants at their houses when social interaction is prohibited.

**How to include the risk assessment and management into the research**

Once the risk assessment for a specific study has been conducted the researcher should:

* + Describe the risks and precautionary measures in detail in the proposal and ethics application
  + If preferred, additionally develop a research specific SOP covering all the COVID-related aspects as discussed in this document.
  + Clearly describe the risk mitigation strategies in the research ethics application form, as well as in the informed consent document.

**COVID-19 researcher toolkit**

If you are undertaking research activities in close proximity to participants or to other people such as members of the public, each researcher should ensure that they have a “COVID-19 researcher toolkit” when interacting with others. This should include:

• Own mask (might even need several if spending the whole day and having to touch your mask or remove it in between data collection with participants).

• A visor for the researcher and the participant might be essential when observation of facial expressions during research is essential.

• Masks for participants (even for others in the participants’ homes if research is community based).

• Thermometer.

• Alcohol based hand sanitiser.

• Sanitiser for surfaces, e.g. chairs, table.

• A4 size plastic bag to put informed consent documents or paper questionnaires in (this will be left in the plastic bag for a minimum of three days).

• Availability of basic materials on COVID-19 (proper use of masks, proper hand washing, grounds for social distancing, reason for cough etiquette) to distribute to participants.

• Box of tissues.

• Bag for disposal of used masks and tissues.