***Research Contingency Group: COVID-19 Secure Face-to-Face Research Checksheet***

[***Update on business travel restrictions and fees - About the University***](https://www.york.ac.uk/about/transport-maps-parking/business-travel/update-restrictions-fees/)

**Introduction**

Following discussions at Research Contingency Group a particular need was identified to allow face-to-face research. It should be noted that this will only be permitted where it is impossible to conduct the research online or remotely (for example, the research requires face-to-face interaction with, or observation of, other people). In a similar approach to restarting other research activities an overlay COVID-19 Secure risk assessment, and associated guidance, will need to be developed. This form is to help prompt and record the risk assessment and guidance.

**Principles**

Our priority, as always, is the health and wellbeing of our staff and students: we will permit face-to-face research only when the University is assured that those activities can be delivered in a COVID-19 secure way and all reasonable and practicable measures have been put in place to minimise risk. In an analogous process to that carried out to ensure COVID-19 security for return to work on campus, this checksheet is an overlay process that sits over, above and around all existing health and safety practices and agreements between the University and any other participants/partner organisations, all of which still apply.

* Those carrying out face to face research activity must read the [University COVID 19 Management Procedure](https://docs.google.com/document/d/1FbPEvCMYM6lkU_6Soi98F96hctai3EnWQG7PSN8eNA8) and [University COVID-19 Risk Assessment](https://docs.google.com/document/d/1AYMLLw8jhC6LVfoYEaDuKjEkkPSeK6u25E2iapw5vu4) for baseline understanding
* The checksheet (see below) should be completed by the individual carrying out the face to face research activity if they are a member of staff or PGR
* This process applies only to PGR and members of staff: currently PGT and undergraduate students cannot conduct face-to-face research.
* Staff and Students defined on medical grounds as extremely vulnerable to COVID-19 are to ensure they follow University Occupational Health shielding procedures and current government guidance
* The checksheet is completed and held within the Department/Directorate/Programme
* If further advice and guidance is required this can be signposted by the Health and Safety Services (HSS) [HSS-group@york.ac.uk](mailto:HSS-group@york.ac.uk)
* This should be completed alongside the [Business Critical Travel Process](https://docs.google.com/document/d/1NJrHRvi4jtqZ4tP-yppySzgiCYuvA2tWjfH3lGNlvfI/edit?ts=5f0ef9fc) if funded travel is required
* This is interim guidance and will be superseded.

**Checklist Completion Process**

This document should be copied and renamed by the person completing the form which also gives the opportunity for additional information to be included if appropriate (ideally linked as a Google doc). Once completed it should be shared with the Head of Department/Directorate or designated alternative for sign off.

**Face to Face Research Activity COVID 19 Secure Checklist for Completion**

|  |  |
| --- | --- |
| Face to Face Research Activity Details | |
| Student/Staff Name (or group)\* |  |
| Department/Programme/Activity |  |
| Department Contact |  |

\* If completing on behalf of a group please ensure that this information is shared with all those within the group once confirmed

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| --- | --- | --- | --- | --- | --- |
| COVID-19 Secure Responsibilities | | | | | |
| COVID-19 Security Measures | | Responsibility | Complete  (Y/N) | N/A | Date |
| I confirm that all UoY staff and students planning to carry out face to face research activity under this guidance have read and understood this document and the [University Management Procedure](https://docs.google.com/document/d/1FbPEvCMYM6lkU_6Soi98F96hctai3EnWQG7PSN8eNA8/edit) and [Risk Assessment](https://docs.google.com/document/d/1AYMLLw8jhC6LVfoYEaDuKjEkkPSeK6u25E2iapw5vu4/edit). | | Applicant |  |  |  |
| I confirm that this research activity cannot be carried out online or remotely and that, if required, ethics approval for this revised activity has been obtained. | | Applicant |  |  |  |
| I confirm that the extent of any face-to-face contact and the measures taken by the research team to reduce the risk of transmission of COVID-19 will be explained to participants in advance in order to inform decisions about participating. | | Applicant |  |  |  |
| I confirm that the research team have carried out a risk assessment for this face-to-face activity (insert link here) and have developed guidance (insert link here) to ensure COVID-19 risks have been minimised as far as is reasonably practicable.  *Should you require further guidance on this please initially contact your DSA and/or COVID-19 Secure lead or your faculty health and safety officer* | | Applicant |  |  |  |
| If the face-to- face research activity is to take place outside of England, UoY management procedure, guidance and risk assessment must be followed as a minimum with any additional local rules followed as appropriate. | | Applicant |  |  |  |
| If travel is required the [Business Critical Travel Process](https://docs.google.com/document/d/1NJrHRvi4jtqZ4tP-yppySzgiCYuvA2tWjfH3lGNlvfI/edit?ts=5f0ef9fc), as well as the travel log and the Travel Risk Assessment, must be completed which can be found on the [University Business Travel Cover](https://www.york.ac.uk/admin/hsas/safetynet/Insurance/travel_insurance.htm) webpage | | Applicant |  |  |  |
| It is anticipated that the University/Department will provide all appropriate PPE and this should be confirmed prior to starting the activity. | | Applicant/ Department |  |  |  |
| *Free text box for further comment if required* | | | | | |
| If further programme/trip/research/location specific questions/comments are required please add rows as required. | |  |  |  |  |

**Sign off: To be Completed Electronically**

|  |  |  |  |
| --- | --- | --- | --- |
| E-signature of applicant | Date | E-signature of HoD or nominated alternative | Date |
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