Guidance for Minimizing COVID-19 Risks for Face-to-Face Research Activities

Purpose:
This document is intended to provide guidance to UW-Madison research study teams for how to safely conduct face to face research operations in non-clinical settings. Advance approval is required prior to resumption of face-to-face research activities https://research.wisc.edu/wp-content/uploads/sites/2/2020/05/OVCRGE-Research-Phase-1-Guide.pdf

Recommendations in this guidance are derived from existing campus guidance and health resource materials to provide information for conducting these research operations. See Resources list at the end of this document. For any of these operations conducted in campus areas where there are facility-specific (e.g. laboratory, clinical, healthcare) or site-specific COVID-19 safety measures in place, the specific facility measures should be adhered to in addition to the measures described in this guidance.

Scope:
This training will cover the following safety steps for conducting face-to-face research activities

• Preparation and Planning
• Safely Performing Face-to-Face Research Activities

Within these steps we will discuss the use of protective measures which can be implemented by study teams. These protective measures are defined as follows:

• Physical Distancing:
  Maintaining 6 feet or more distancing from other individuals.

• Proper Hand Hygiene:
  Cleansing hands with soap and water for at least 20 seconds or cleansing hands by rubbing vigorously with hand sanitizer containing at least 60% alcohol

• Personal Protective Equipment (PPE):
  Items worn to provide a barrier between the wearer and the environment & other individuals such as: mask, face shield, respirator, eye protection, smock, lab coat

• Respiratory Hygiene:
  Covering coughs and sneezes using hands, tissues, clothing or other means.

• Surface and Equipment Disinfection:
  Cleansing surfaces and equipment using disinfectant solutions and established practices of wiping and solution contact time with surfaces (EPA Recommended Disinfectants)
• Disposal:
  Discarding used items into appropriate receptacles in the workspace depending on
type of item and likelihood of contamination

Preparation and Planning

The best protection from person-to-person transmission of COVID-19 is to minimize in-
person interactions. Before resuming face-to-face activities, consider whether study
procedures can be altered to reduce the number or duration of in-person interactions
required.

When preparing the workspace where face-to-face research activities are to be
conducted, study teams must consider the risks of the space and the best method to
mitigate those risks. Advance planning and practice for study activities is important prior
to restarting work to maximize the effectiveness of these safety measures.

Step 1: Physical Distancing

Physical Distancing whenever possible is the most effective means to avoid the spread of
COVID-19 when in person interactions are unavoidable. When planning your research
activities, you can devise ways to maximize physical distancing between individuals in
the study workspace.

1. Observe and follow any site-specific rules regarding physical distancing practices
2. Use tables and chairs to create seating/work areas 6 feet or more apart
3. Create a one-way flow of traffic for participants
   a. Use signs, arrows, lines to direct participants (Note that UW campus discourages
      indelible markings on floors)
   b. Create a pathway using furniture or physical barriers (cones, ribbon, rope)
   c. Create workstations using markings, signs, chairs, etc.
   d. Provide supplies (paper, pens, forms) for study team participants in convenient
      locations in the traffic flow
4. Reducing movement in the study workspace will help maintain distancing for study
team members
   a. Establish individual work areas and tasks in advance
   b. Set up workspace and supplies in convenient areas for use.
5. Communicate
   a. Discuss in advance with team members how the distancing measures will work.
   b. Practice traffic flow and workstation processes with study team members
   c. Practice will help identify areas where additional measures may be needed
6. At any point where physical distancing is not possible, additional protective measures,
such as additional PPE, will be needed

Example: A Study team member must check the pulse of a participant’s wrist during an
interview. Team member can maintain distancing as long as feasible during the
interview. In order to take the pulse, it may be recommended that the study team and participant wear additional face coverings and use hand sanitizer before and after the pulse is taken and before touching other items.

Step 2: Hand Hygiene
Handwashing or cleansing hands with sanitizer will need to be performed frequently by study team members and study participants.

To ensure proper hand hygiene is followed you must have at least one option available:

- A handwashing sink with soap, disposable towels, waste container
  - Ensure a clear path to and from the sink is available to maintain physical distancing
- Alcohol based hand sanitizer (at least 60% alcohol content)
  - Best practice to place sanitizer in multiple locations to encourage use and minimize movement in the study area.

Hand hygiene should be performed frequently throughout a study team session. When in doubt, wash/cleanse your hands. Best practices include:

- Before study activities begin and after all activities end
- Between different study participants
- Before handing an item to or making contact a participant
- Before touching face, mask, face shield, respirator or eye protection
- After handling an item from a participant
- After contact with high touch surfaces, such as an equipment keypad, doorknob, phone, chair, tabletop
- After removing any PPE (mask, eye protection, face shield, respirator, smock, gloves)
- Before and after coughing, sneezing, blowing nose, handling personal items

Hand hygiene can be minimized by avoiding direct contact or direct exchange of items with participants or fellow study team members

- Set out office supplies in advance where they will be needed (pens, paper forms, clipboards)
- Place items on a table to be viewed instead of handing to/from another person
- Attach paper forms to a clipboard if multiple people must use the form. The clipboard can be handled and cleaned easily
- Place chairs, tables, equipment in areas of use to reduce the need to move them in the study workspace.

Proper Respiratory Hygiene

- Cover coughs, sneezes, nose-blowing using tissue, clothing, hands
- Wash/cleanse hands immediately afterwards
- Encourage participants to do the same
  - Provide tissues, hand sanitizer and disposal in convenient locations
Step 3: Personal Protective Equipment (PPE)

Face coverings are required for study team members and participants when conducting face-to-face research activities (OVCRGE Phase 1 Guide). Depending on the research activities, study teams may use additional PPE.

**PPE descriptions:**
1. Face covering (cloth mask, surgical mask)
2. Eye protection (safety glasses, face shield, safety goggles)
3. Respiratory protection (N95 or other respirator)
4. Gloves (vinyl, nitrile, latex gloves)
5. Clothing protection (cloth or paper/disposable smock, lab coat, gown)

When physical distancing cannot be maintained, additional PPE can be worn by study team members to increase protection against droplet contamination or due to individual personal health concerns.

1. Eye protection is useful when research activities will be at close distance, increasing risks of droplets
2. Gloves may be useful if study team members must make physical contact with a participant’s skin or facial area
3. Clothing protection may be useful when research activities will be at close distance for prolonged periods and/or with multiple participants over prolonged periods
4. N95 or other respiratory protection are not recommended for use as face coverings
   a. Respirators must be fit-tested to properly function as respiratory protection and are ineffective if worn without proper fit-testing to the individual user
   b. Respiratory protection is appropriate only if the face-to-face interaction is with an individual with known or suspected COVID-19, or when specimens from an individual with known or suspected COVID-19 must be manipulated outside of a containment device (e.g., biosafety cabinet).
   c. N95 respirators are in short supply and should not be utilized as face coverings
5. Face shields do not replace the use of a mask as a face covering. Face shields provide a broader facial barrier and may be more comfortable to wear than goggles or safety glasses as eye-protection, but do not provide the same close nose-mouth barrier as a mask.

**Use of PPE**

Putting on (donning) and removing (doffing) PPE must be done with the purpose of keeping contaminants away from your face and keeping hands as clean as possible. [https://www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf](https://www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf)

UW-Madison [https://research.wisc.edu/public-health-protocols-for-reopening/](https://research.wisc.edu/public-health-protocols-for-reopening/)

When wearing PPE it is important to be conscious of what you touch, know when you should cleanse your hands and know when your PPE needs to be changed.
Planning and practicing the steps in advance can be helpful, particularly when doffing PPE, where the risk of contaminating yourself is higher.

**Donning PPE**
1. Wash/cleanse hands
2. Disinfect a surface and set the clean PPE out for ease of donning
   a. If your PPE is reusable, you may clean it prior to donning (e.g. safety glasses, goggles, face shield)
3. Wash/cleanse hands
4. PPE must be donned in this order
   a. Body (Gown, smock or lab coat if required for your study)
   b. Face (cloth mask, surgical mask), Required
   c. Eyes (safety glasses, goggles or face shield if required/desired)
   d. Hands (gloves if required for your study)

**Doffing PPE**
1. Slowly remove PPE in orderly steps to avoid contaminating clothing or skin
2. Remove gown/smock/lab coat
   a. Unfasten with gloved hands, pulling the gown/smock/lab coat away from the body, turning it inside-out until hands are out of the sleeves.
   b. Roll the gown/smock/lab coat inside-out into a bundle and dispose or place in laundry container
   c. Gloves may also be removed in this process
3. Remove gloves without touching gloves to skin
   a. [https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf](https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf)
   b. With a gloved hand, grasp the palm of the other gloved hand, slowly pull off the glove and hold in the gloved hand
   c. With the non-gloved hand, slide 1-2 fingers beneath the glove cuff to loosen and turn the glove inside-out
   d. Grasp the inside of the glove and pull it slowly off the second hand
   e. As the second glove is pulled off, it will envelope the first glove
   f. Carefully dispose of the gloves (do not throw the gloves)
   g. Do not re-use disposable gloves.
4. Wash/Cleanse hands
5. Remove face shield and/or eye protection
   a. Remove using the strap or sides, which will be less contaminated than the front surface
   b. Take care to not touch your face during removal
   c. Place the item in an area to be cleaned for re-use, or discard
6. Wash/cleanse hands
7. Remove face covering mask or respirator
a. Remove using the head or ear straps; avoid touching the front area
b. Carefully pull the strap to move the mask/respirator away from the face
c. If face covering is visibly contaminated with bodily fluids, dispose into a biohazard bag/container.
d. If reusing face covering, place into a paper or plastic bag/container for storage until it can be cleaned. Follow CDC Facemask Guidance

8. Wash/cleanse hands
9. Optional: Wash face and arms with soap and water if you feel you may have contaminated those skin areas while removing PPE. Do not use alcohol-based hand sanitizer on the face, particularly around the eyes or mouth

Wearing PPE
1. Keep hands away from your face and face PPE
2. Limit touching your PPE (adjusting glasses, face mask, smock) and cleanse hands if you do
3. Wash/cleanse hands frequently between tasks and touching surfaces
4. If wearing gloves, change gloves frequently between tasks and touching surfaces
   a. Cleanse hands every time you change gloves
   b. Cleansing gloves breaks down the material and will reduce your protection
5. Remove PPE if it becomes soiled with blood or bodily fluids then wash hands before donning new PPE


Step 4: Evaluate Surfaces and Equipment to be Disinfected
Identify high-touch surfaces and frequently used equipment items which will require disinfection. Have disinfection solutions, disposable wipes, gloves and a disposal container available.

CDC Cleaning & Disinfecting Guidance for Communities
EPA Approved Disinfectants for SARS-CoV-2

1. High Touch surfaces
   a. Door handles, chair back, workstation tabletop
   b. Phone, keyboard, mouse
   c. Equipment touchpads, handles, knobs
   d. Pens, clipboards
   e. Any items shared by more than one person in the workspace
2. Hard, non-porous surfaces can be effectively disinfected as needed.
3. Soft, porous materials (e.g. wood, fabric) are difficult to disinfect. If this will be a high-touch surface, then it will need to be disinfected in some manner.
   a. avoid using items in the study area of this type, or
b. prepare the item so it can be disinfected (e.g. plastic covering over a cloth chair to be wiped clean), or
c. prepare the item so it can be kept from contamination (e.g. paper covering over cloth chair that can be disposed between users).

4. Equipment to be used may be sensitive to repeated disinfection
   a. Plastic covers may be placed over high touch areas. Plastic covers can be repeatedly disinfected and protect the equipment.

5. Prepare to have disinfectant materials available where they will be needed in the study workspace in advance of study activities
   a. Choose appropriate disinfectant and follow the label instructions for dilution and use.
   b. Obtain a supply of disposable wipes for disinfection use
   c. Place disinfectant and wipes in areas of use to reduce the need for study team members to move around and possibly break physical distancing.

<table>
<thead>
<tr>
<th>Disinfectant Product</th>
<th>Minimum Contact Time</th>
<th>Notes for Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lysol Disinfecting Wipes</td>
<td>10 minutes</td>
<td>Ensure lid is closed between uses to prevent drying out of cloths</td>
</tr>
<tr>
<td>Clorox Disinfecting Wipes</td>
<td>4 minutes</td>
<td>Ensure lid is closed between uses to prevent drying out of cloths</td>
</tr>
<tr>
<td>Cavi-wipes</td>
<td>3 minutes</td>
<td>Ensure lid is closed in between uses to prevent drying out of cloths</td>
</tr>
<tr>
<td>70% Isopropyl alcohol</td>
<td>5 minutes</td>
<td>Do not apply directly to equipment; moisten cloth or paper towel to wipe equipment Evaporates quickly and may not remain wet for full contact time</td>
</tr>
</tbody>
</table>

6. Disinfecting Surfaces
   a. Wear gloves
   b. If possible, clean the surface with soap and water prior to disinfection
   c. Use the appropriate disinfectant and disposable wipes
   d. Wet the surface with disinfectant, thoroughly spreading the disinfectant across the full surface using the wipe. Do not dry the surface with the wipe
   e. Dispose of the wipe
   f. Allow the surface to remain wet with disinfectant for the appropriate contact time for the disinfectant
   g. After contact time is completed, the surface is disinfected and can be used
      • If surface is wet, a disposable wipe may be used to dry the surface

7. Disinfecting Surfaces when visible contaminants are present
a. Use the appropriate disinfectant and disposable wipes  
b. Cover the contaminated area with a clean or disinfectant-dampened wipe(s)  
c. Saturate the wipe with disinfectant  
d. Using another wipe, carefully pick up the saturated wipe(s) and dispose  
e. If the contaminant material is still present, repeat this procedure until the surface is visibly clean  
f. Saturate the surface again with disinfectant, thoroughly spreading the disinfectant across the full surface using a wipe. Do not dry the surface with the wipe  
g. Allow the surface to remain wet with disinfectant for the appropriate contact time  
h. After contact time is completed, the surface is disinfected and can be used  
  • If surface is wet, a disposable wipe may be used to dry the surface  

Step 5: Disposal  
Place Disposal receptacles in locations where they are likely to be used in the study workspace.  

Disposal of study items must be done properly to minimize risks and to comply with regulations regarding medical wastes. Additionally, the facility where you conduct work may have specific disposal procedures which you are obligated to follow; if you are in a laboratory, clinical or healthcare facility, ask for the facility disposal procedures.  

Outside of a lab, clinic or healthcare facility there are disposal best practices which should be followed:  

Dispose as Regular Trash:  
• Office supplies  
• Unwanted paper, posters, signs, Post-its  
• Used paper towels from handwashing  
• Used tissues  
• Non-medical supplies not contaminated with blood or body fluids  
  o Unused, unwanted cotton swabs, gauze pads,  
  o Trash/wrappers from opened packets of medical supplies  
• NEVER dispose of needles, lancets, razor blades, scalpels into the regular trash even if they are unused and/or unopened  

Dispose into a Medical Sharps Container:  
• Used needles, lancets, scalpels, razor blades  
• Scissors, forceps, tweezers that will not be decontaminated for re-use  
• Glass slides, pipets, pipet tips may go in these containers (not required)  
• Excess/unwanted clean needles, lancets, scalpels, razor blades (even if they are still in the package)  
• Medical Sharps Containers must be disposed as medical waste and not in the trash  
• UW-Madison Sharps Disposal Guidance https://ehs.wisc.edu/sharps-disposal/
Dispose into Biohazard bag/container

- Disposable items contaminated with blood or body fluid (masks, gloves, bandages, gauze, swabs, paper/plastic table covers)
- Durable items contaminated with blood or body fluids which cannot or will not be disinfected for re-use (e.g. broken goggles contaminated with blood)
- Used wipes from disinfection steps where visible contamination was cleaned from an area

PPE not visibly contaminated with blood or other body fluids may be disposed into regular trash and is not considered biohazardous; however, be aware that a facility may have special rules regarding PPE disposal into their trash containers.

Safely Performing Face to Face Research Activities

On the day(s) where these activities will be conducted with study participants, the following safety steps should be included:

1. Wash/cleanse hands using alcohol-based hand sanitizer
2. Prepare the workspace to set up traffic flow, workstations, work areas, disposal locations and PPE as determined in the preparation steps.
3. Wash/cleanse hands using alcohol-based hand sanitizer
4. Put on PPE needed for the workspace
5. Clean work surfaces and equipment with disinfectant prior to beginning work
   a. Wear gloves when cleaning and disinfecting
   b. For soft surfaces that cannot be disinfected which may be high-touch areas, you may choose to cover with plastic
6. Remove gloves and wash/cleanse hands after disinfection steps
7. Conduct research activities with study participants
8. Wash/cleanse hands frequently
   a. between participants
   b. before and after making physical contact with participants
   c. after handling items given to you from participants
   d. after disinfecting an area
   e. after disposing of research items or PPE
9. When possible
   a. Avoid handling items directly from participants
   b. Avoid handing items to participants
   c. Encourage participants to cleanse hands before/after the session and additional times as desired
10. Conclude research activity
    a. Wash/cleanse hands
    b. Collect any disposable supplies/items and discard
• Office supplies, paper forms, signs, posters, tape, etc. can be disposed in regular trash
• Medical or lab supplies must be disposed in biohazard waste bags
• Needles, lancets and other medical sharps must be disposed in a Sharps Container

c. Collect any reusable supplies and disinfect surfaces prior to putting away
d. Disinfect work surfaces. Equipment and all areas of contact in the study workspace
e. Collect disposal bags/containers if needed from facility for proper disposal.
f. Wash/cleanse hands frequently and avoid touching face or personal items until study space and materials have been disinfected

If you feel that your concerns cannot be resolved or need assistance, please contact UW-Madison Occupational Health at occmed@uhs.wisc.edu or call 608-265-5610. If you have additional questions about this guidance, please contact UW-Madison Environmental and Occupational Health at eoh@uhs.wisc.edu.
References:

Phased Resumption of Research Operations During COVID-19 Pandemic, 06/02/2020


Returning to Campus Safety, Facilities, Planning & Management
https://facilities.fpm.wisc.edu/returning-to-campus-safely/

Campus Guidance on the Use of Cloth Face Coverings
https://research.wisc.edu/public-health-protocols-for-reopening/

UW Health COVID-19 Information Symptoms and Care
https://coronavirus.uwhealth.org/symptoms-and-care/

Public Health Madison and Dane County https://publichealthmdc.com/coronavirus

Centers for Disease Control Cleaning & Disinfecting Guidance

Centers for Disease Control Cleaning & Disinfecting Guidance Decision Tool

UC Irvine Chemical Disinfectants Against SARS-CoV-2, Updated 04/08/2020
https://www.ehs.uci.edu/PublicHealth/covid-19/Chemical%20Disinfectants%20Against%20SARS-CoV-2.pdf

Centers for Disease Control Sequence for Putting On/Taking Off PPE
https://www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf


EPA Disinfection Guidance

- https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
Flow chart for disinfection of public spaces

How to Remove Gloves https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf

UW-Madison Laboratory Sharps Disposal Poster and Guidance

- Guidance https://ehs.wisc.edu/sharps-disposal/