

This document outlines principles and guidelines for restarting clinical research across the University of Pittsburgh. The goal is to provide a broad and consistent structure for departments, institutes, and centers within the School of Medicine to engage in reopening human subjects research.

## PRINCIPLES

1. The safety of our patients and participants in human subjects research and clinical trials, the members of the University community, and the larger Allegheny County population is of paramount importance.
2. Planning should be grounded in science and guidance from the CDC, Allegheny County Health Department, and UPMC Wolff Center regarding both best laboratory practices with infectious agents and specific information of the characteristics of SARS-CoV-2 and its observed manifestations within the Pittsburgh community.
3. Clinical research is an essential function of the University of Pittsburgh and the results of research are of great value to society.
4. The careers and livelihoods of many faculty, staff, students, and others at the University depend on the ability to continue ongoing, and initiate new, research activities.

### Observations and Data:

1. Because of limitations in the availability of testing for COVID-19, *widespread testing of members of the University of Pittsburgh community is not possible* in the restarting of research activities. Instead, testing resources should be directed toward individuals with symptoms or other factors that lead to a substantially higher-than-average suspicion of SARS-CoV-2 infection.
2. Transmission of SARS-CoV-2 occurs primarily through dispersion of droplets containing the virus. This observation indicates that effective transmission prevention can be based on (a) physical distance between individuals of 6 or more feet; (b) frequent and thorough handwashing and surface cleaning and other good hygiene practices; and (c) the use of surgical masks or the equivalent to decrease the amount of potentially infectious materials being spread from infected individuals.

## GUIDELINES

The guidelines below outline how Pitt personnel engaged in human subjects research (1) operate within Pitt research buildings and (2) interact with human subject participants within Pitt research buildings or the community setting. Any human subject research conducted within UPMC space, whether by Pitt personnel or UPMC personnel, is subject to the clinical practice guidelines of UPMC. Accordingly, the impact of case load and severity of COVID-19 patients within UPMC hospitals should not influence decisions regarding the conduct of human subjects research in Pitt research buildings. The rapidly changing environment for best practices in clinical care necessitates the guidelines below function as temporary recommendations subject to regular re-evaluation by the School of Medicine.

### **Pitt Research Personnel Engaged in Human Subjects Research**

*Requirements prior to entering the research environment.*

1. All work that can be performed remotely should continue to be performed remotely.

2. Vulnerable individuals, including those 65 or older and those with underlying medical conditions (as described by the CDC) that are not well-controlled, are encouraged to continue remote work.
3. Undergraduate, graduate, and postdoctoral students can return to the research environment within guidelines specified by the University of Pittsburgh and in consultation with their PI, institute director, division chief, or chair.
4. Safe travel requirements are dependent on whether the University is in guarded, elevated, or high-risk postures. University guidance on Safe Mobility must be followed ([https://www.policy.pitt.edu/sites/default/files/covid/Safe%20Mobility.071320\\_0.pdf](https://www.policy.pitt.edu/sites/default/files/covid/Safe%20Mobility.071320_0.pdf))
5. Research personnel who have tested positive for COVID-19, have been in contact with someone known to have COVID-19 (except those in healthcare settings with appropriate PPE), have been told by a public health official or employer that they may have been exposed to COVID-19 in the past two weeks, or have been in contact with anyone showing COVID-19 symptoms, must not come to work and must contact their supervisor immediately for further instructions.
6. Research personnel who are experiencing symptoms of new shortness of breath, cough, or sore throat within the past few days or have fever, sweating, chills, any loss of taste or smell, muscle aches, nausea, or diarrhea must not come to work and must contact their supervisor immediately for further instructions.
7. For personnel returning to research laboratories, a University of Pittsburgh COVID-19 safety-training video must be viewed before gaining building entry. ([https://www.policy.pitt.edu/sites/default/files/covid/Train\\_Stds\\_and\\_Guide.pdf](https://www.policy.pitt.edu/sites/default/files/covid/Train_Stds_and_Guide.pdf))

*Requirements within the research environment*

8. Personnel entering a research facility are subject to any University of Pittsburgh or UPMC screening procedures that are currently in place for specific entrances before being allowed to proceed to their research area.
9. Either a self-supplied cloth/barrier mask or a requested earloop face mask must be worn from the time of entry into the building until the time of exit from the building, except while eating with greater than 6 ft distancing, or in an enclosed single-person office space. Use of masks is encouraged during the entire commute for personnel taking public transportation.
10. Personnel must use swipe card access (where available) to gain building access. Some University offices may still require staff to complete the University of Pittsburgh Daily COVID-19 Health Check app on all days that they come to campus. Please note: faculty, staff and students who are in quarantine or isolation will be required to complete the app. (*Updated*)
11. Within the research building environment, a minimum of 6 ft. physical distancing must be maintained at all times including bathrooms, and breakrooms (apart from transient unavoidable situations—for example, personnel moving up and down stairwells). Elevators should be limited to 2-4 persons at a time, unless otherwise indicated, wearing face coverings. Flow of foot traffic on a floor should be maintained in one direction where possible. Safeguarding hand washing practices and hand sanitizer use must be observed.
12. Within dry lab research space and laboratories, a minimum of 6 ft. physical distancing must be maintained at all times. In special work areas where 6 ft. distancing is not possible, personnel must wear a minimum of standard surgical ASTM level 1 mask [not N95] and eye protection; gowns and gloves may be required for specific research procedures.
13. In dry lab research space and laboratories where it is necessary to decrease personnel density to maintain physical distancing, the development of shift work scheduling is strongly encouraged (e.g., three 6-hour shifts or two 8-hour shifts). PIs can determine their own shift schedules. Shift desynchronization with other research groups on the same floor will potentially minimize interaction in hallways and communal areas. Personnel, in consultation with their PI, must agree to specific shift assignments, including weekend activity, and work within contracted weekly hour limits (including any remote work).
14. At the end of any shift period or workday outgoing personnel must wipe all actively used surfaces and equipment with appropriate cleaning or disinfectant materials.
15. In-person meetings in the research environment are strongly discouraged and should be conducted using internet-based platforms as the first option. If there is no alternative to an in-person meeting, a minimum of 6 ft. physical distancing must be maintained and limited to numbers dependent on the university risk posture level.

16. Upon notification of a confirmed positive COVID-19 individual, areas where the person has visited in the 48 hrs. before emergence of symptoms or before notification of a positive test (whichever is the more recent) must be prepared to close for 24 hours and appropriate cleaning and disinfectant procedures undertaken. Any close contacts based on current University of Pittsburgh criteria must undergo a 14-day quarantine period before returning to the research environment.
17. In the event of a future surge in cases, the SOM will, if directed, return to an 'essential personnel' and remote work environment.
18. Each PI and/or consolidated research unit (e.g., open lab areas) will be required to complete a provided template plan/checklist for research restart that is shared with all personnel and approved by the institute director, division chief, or chair prior to restarting research. Individual PIs are accountable for the compliance of their personnel in their own research space, in shared laboratory space, and in the research building in general. Institute directors, division chiefs, chairs, and deans are accountable for compliance of all the PIs and laboratories within their appropriate research unit.
19. For the safety of all personnel in the research environment, any individuals, laboratories, or research teams found to be persistently non-compliant in the directives listed above may have badge and facility access revoked at the discretion of the institute director, division chief, or chair.

### **Human Subject Participants Engaged in Non-COVID-19 Research**

1. No human subject participant should enter the research environment if the research can be performed remotely.
2. As much research activity as possible should be accomplished remotely (e.g., consent), even in situations where it is essential for a human subject participant to at some point enter the research environment.
3. Clinical research personnel must confirm a human subject has not had close contact with a person with or under investigation for COVID-19, and if they have, they should self-quarantine for 14 days since last contact while the individual was infectious, before they can enter the Pitt/UPMC clinical research environment.
4. PIs must consider the risk to benefit ratio of their research before engaging in human subjects research in vulnerable individuals, including those 65 years of age or older and those with underlying medical conditions (as described by the CDC) that are not well-controlled. Participants in human subjects research should be informed of current best practices to maintain a safe Pitt/UPMC hospital and clinical research environment.
5. Human subject participants entering a research building must undergo standard screening procedures for that facility, such as temperature testing, and be supplied with an earloop face mask. Masks/face coverings are required in Pitt research facilities.
6. Before and on the day of research participation, the research team must determine if a human subject participant is known COVID-19 positive, exhibiting COVID-19 symptoms, or has had contact with a person known to be COVID-19 positive. If any of these three conditions is applicable, the human subject participant should return home (or stay at home) and contact study coordinator for case management and referral for contact tracing.
7. Within the clinical research environment, human subject participants should maintain a minimum of 6 ft. physical distancing, including elevators (when possible) and bathrooms. Flow of foot traffic on a floor should be maintained in one direction where possible and human subject participants provided access to hand washing and hand sanitizer facilities.
8. If human subject participants are considered at high risk of having COVID-19 based on contact tracing exposure or symptoms, they must adhere to University of Pittsburgh guidelines on quarantine before engaging in human subjects research within the research environment
9. Research in the community setting should occur only if (1) activities cannot be conducted remotely and (2) upon completion of phone screening within 24h of the home visit for COVID-19 risk factors. This screening (by phone or video) should include the same questions regarding travel and symptoms as required with human subject participants in the research environment (recognizing that these screening questions may evolve).
10. Community visits should not occur for any human subject participant who is known COVID-19 positive, has COVID-19 symptoms, or has had contact with a person known to be COVID-19 positive, with the exception of IRB-approved protocols specifically studying individuals with COVID-19. These studies must adhere to the guidelines below.
11. Human subjects research conducted in a community setting is subject to current state and county regulations and precautions for home visit activities should follow the guidelines listed above and below where applicable.

### Research Personnel Interacting with Human Subject Participants

1. Wherever possible, human subjects research should be conducted while observing a minimum of 6 ft. physical distancing and wearing masks.
2. If physical interaction is required to conduct human subjects research, personnel should wear appropriate PPE for close contact with an asymptomatic patient.\*
3. Wherever human subject participants interact with equipment, devices, or other surfaces, research personnel must undertake appropriate cleaning or disinfection based on current University of Pittsburgh guidelines before a new human subject participant can enter the research space.  
<https://www.policy.pitt.edu/sites/default/files/covid/Cleaning%20Disinfection%20Hygiene%20FINAL.pdf>

### Research Personnel Interacting with COVID-19-positive Human Subject Participants Engaged in Research

1. All investigators conducting clinical research (trials, observational, specimen collection) need to register their studies with the CTSI (<https://covid19research.pitt.edu>).
2. In UPMC space or the Pitt research environment, research personnel interacting with COVID-19-positive patients must adhere to airborne-precaution PPE and all current University of Pittsburgh and UPMC protocols.

### Collection of biological specimens from study participants

1. Specimens collected from known or suspected COVID-19 patients must use appropriate PPE for collection. Samples must be handled according to UPMC guidelines and University of Pittsburgh guidelines (<https://www.ehs.pitt.edu/sites/default/files/docs/ResearchBiosafetyGuidelinesCOVID-19.pdf>) and must be processed in a BSL2+ or BSL3 facility, depending on planned assays. For all other human subjects' specimens, universal precautions should be strictly observed. Specimens should be handled only with gloves and placed in a closed container for transport. Laboratories should follow BSL 2 procedures and specimens handled in a biosafety hood unless inactivated.
2. All specimen samples should be treated with due care and the assumption that they may be COVID-19 positive.
3. Any procedure that generates aerosols should follow current UPMC clinical guidelines.

\* The following are the required PPE for research team members who will be coming into close contact (<6ft for >15 minutes) with any research participant who is not suspected of being infected with COVID-19.

- Research participants should be masked regardless of symptoms.
- Research team members should wear standard surgical mask (not N95) for close contact and N95 or PAPR for high-risk aerosol generating procedures.
- Eye protection is needed if the participant patient cannot or will not don surgical mask.
- Sterile gown (when appropriate for procedures only)
- Sterile gloves (when appropriate for procedures only)

\*\* Note: personnel adhering to guidelines above should minimize the risk of being considered a close contact. *The CDC defines close contact for healthcare exposures as follows: being within approximately 6 ft. (2 meters) of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 ft. of the patient in a healthcare waiting area or room); or having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand). Fifteen minutes is being used by the UPMC Wolff Center to define prolonged period of time. Brief interactions are less likely to result in transmission; however, clinical symptoms of the patient and type of interaction (e.g., did the patient cough directly into the face of the health care worker) remain important factors to consider. PPE used by health care workers, and whether aerosol-generating procedures were performed are all factors to consider in determining exposure risk.*