



RESEARCH STUDY - STATEMENT OF AGREEMENT

Control of COVID-19 outbreaks in long term care  
(Control - COVID - Favipiravir)

We have reviewed the protocol for this cluster-randomized, controlled trial of favipiravir versus placebo chemoprophylaxis for control of outbreaks of COVID-19 in long term care homes for older adults.

We understand that if we agree that it is reasonable for our home to participate in this study, we will permit the study to share information about the study with residents, their substitute decision makers (SDMs), and staff working in the facility. If an outbreak occurs that is potentially eligible for the study, we will notify the study, and in collaboration with the study, make a decision about whether the outbreak is eligible and whether residents/SDMs and staff should be approached about participation. If a decision is made to enter the unit in the study, we agree that we will do our best to ensure that the study can be completed, with the understanding that, during a pandemic, circumstances may arise that may interfere with our ability to support study completion.

We understand that study personnel will at all times follow the guidance of LTC staff and the local public health department, and that the conduct of the study will in no circumstance interfere with outbreak management. We also understand that whether or not residents and/or staff agree to participate is entirely their own decision, and that those who agree to participate may withdraw their consent to participate at any time, and that whether or not residents agree to participate in the study will have no impact on their care at the home. Whether or not staff are participating will remain confidential between staff and study personnel. LTCH personnel will make no attempt to determine whether or not staff are participating. Staff choice about participation will have no impact on their relationship with facility management.

Given these provisos, we believe that it is reasonable for residents and staff of our long term care home to consider participating in this study. We agree to work with study personnel to support study contact with staff, residents and their substitute decision makers, and to support the conduct of the study

\_\_\_\_\_  
Name of LTCH

\_\_\_\_\_  
Parent/Management Company

\_\_\_\_\_  
Print Name of Signatory

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Role/Position at LTCH

\_\_\_\_\_  
Date (dd/mmm/yyyy)

**RETURN to: Dr. Allison McGeer, 600 University Ave., Room 121, Toronto, ON N0G 1M0  
OR fax 416-586-8894 OR scan and email Allison.McGeer@sinaihealth.ca**