

## COVID-19 "ANI\_CORONA\_CHECKLIST" – VALID FOR THE TIME BEING

**Updated information on the current coronavirus situation and further instructions:**

<https://www.aalto.fi/en/aalto-university/information-on-coronavirus>



For the time being, it is mandatory to carefully follow all instructions by Aalto University and Aalto NeuroImaging in all ANI facilities. Fill this checklist and act accordingly for each measurement session and leave the checklist to ANI personnel or folder in the facility!

### BEFORE THE DAY OF THE MEASUREMENT

Before researchers or volunteers enter the campus, phone them and ask if they are willing to give explicit consent to answer questions about covid-19 symptoms and risks. If they give their consent, ask them questions to define that the required conditions for measurement exists. Otherwise, cancel the measurement before anyone enters the campus.

- Researchers DO NOT show flu-like symptoms or fever.
  - Volunteer DOES NOT show flu-like symptoms or fever.
  - No one planned to be present HAS NOT BEEN abroad during the last 14 days.
  - No one planned to be present IS NOT within the corona-virus risk groups or in quarantine.
- ☐ I have phoned volunteers and researchers prior to the experiment and their answers indicate that the abovementioned conditions exist. (Notice that there is no legal basis to keep the health information after the measurements are cancelled so do not keep notes of symptoms or health related risks.)

### BEFORE STARTING THE MEASUREMENT

- ☐ EVERYONE present has been granted access from access@aalto.fi.
- ☐ NO ONE present show flu-like symptoms or fever.
- ☐ EVERYONE present has washed their hands with soap prior to starting.
- ☐ EVERYONE present is instructed about covid19-related safety protocols of Aalto University and Aalto NeuroImaging (e.g., physical distance, usage of protective gear etc.).

### AFTER THE MEASUREMENT

- ☐ We have cleaned with disinfectant all the surfaces and research devices (e.g., tables, keyboards, pens, headcoils, patient table handles, door handles, MEG helmet, EEG caps etc.) that our volunteer and/or our team members have touched during this measurement session.

**Thank you for your cooperation and understanding!**

Date/Time: \_\_\_\_\_

Person in charge of the measurement: \_\_\_\_\_

Signature of the person in charge: \_\_\_\_\_