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| This is a picture of the Mount Saint Vincent University logo  | **Research Ethics Board** |

**REB.FORM.018 | Supplementary Research Form COVID**

**Please note that clearance for resumption of, or new application for, research with human participants will be in accordance with the REB.SOP.502 Resumption of F2F Research document and in compliance with the designated restriction levels in place.**

 **For more information:** [REB.SOP.502 Resumption of F2F Research.pdf (msvu.ca)](https://www2.msvu.ca/sites/ResearchDocumentCentre/Research%20Ethics%20%20Human/REB.SOP.502%20Resumption%20of%20F2F%20Research.pdf)

This form is designed to help researchers specify the risks and benefits of their proposed research specifically within the context of the COVID-19 pandemic. Your responses to the questions below will also help the Lab Access Committee and the University Research Ethics Board to better understand the design and intentions of the project.

# **Section A – Researcher Information**

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| 1. Related REB File #(s)
 | Click or tap here to enter text. |
| 1. Title of Research Study
 | Click or tap here to enter text. |
| 1. Principal Investigator or Nominated Principal Investigator - see the MSVU [**REB Glossary of Terms**](https://www2.msvu.ca/sites/ResearchDocumentCentre/Research%20Ethics%20%20Human/REB.INFO.001%20REB%20Glossary%20of%20Terms.pdf) **(REB.INFO.001)**
 | Click or tap here to enter text. |
| 1. Department/Faculty
 | Click or tap here to enter text. |
| 1. Email Address (MSVU email only)
 | Click or tap here to enter text. |
| 1. Telephone Number
 | Click or tap here to enter text. |
| 1. Emergency Contact Number
 | Click or tap here to enter text. |

# **Section B – Access Request Details**

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| Date of Request | Click or tap to enter a date. |
| Where will the research be conducted? | [ ]  MSVU campus [ ]  At another University/Hospital –  Specify: Click or tap here to enter text.[ ]  Within Halifax Regional Municipality (HRM) –  Specify: Click or tap here to enter text.[ ]  Outside of HRM –  Specify: Click or tap here to enter text.  |
| Is the research site in an Indigenous community, a remote or isolated location, or a setting with high COVID-19 risk (e.g., long-term healthcare facility, shelter, homeless settlement)?[ ] Yes [ ] NoIf yes, provide details: Click or tap here to enter text. |
| Proposed Start Date/End Date(allow a minimum 10 working days from submission deadline)  | Click or tap to enter a date. |
| Who will be present in the space during each interaction? | [ ]  One participant and one researcher only [ ]  One participant with multiple researchers [ ]  Multiple participants with one or more researchers [ ]  Bystanders may be present in addition to participant(s) and researcher(s) |
| Specify the number of **research participants** who will require campus access; identify the spaces they will access and the people with whom they will interact; and provide a tentative schedule.**NOTE:** Researchers should follow the specific room occupancy rate for participants and research personnel in each space/timeas per MSVU and NS Public Health recommendations. | Click or tap here to enter text. |
| Do you anticipate that the target participant population may have health attributes that make those individuals vulnerable to becoming seriously ill if exposed to COVID-19 (e.g., elderly, underlying medical condition, immunocompromised)? [ ] Yes [ ] NoProvide details: Click or tap here to enter text. |

# **Section C - Category of Request**

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| Select only **one** option:[ ]  I am proposing to start new in-person research. [ ]  I am re-resubmitting an application/modification for in-person research that was conditionally approved during the campus wide curtailment of research, so that I can begin my research. [ ]  I am submitting an amendment to an approved research project to start or restart an in-person aspect of a study.  |

# **Section D – Research Summary Plan**

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| What type of research interaction is involved?(refer to REB.SOP.502 for current restriction status) | [ ]  None or minimal contact, physical distancing of 2m or more is easily achieved (normally authorized during **Status Stage 2**)[ ]  Low-intensity physical contact only; physical distancing of at least 2m can be attained most of the time (normally authorized during **Status Stage 3**) [ ]  High-intensity contact involving physical manipulation; sustained physical contact of more than 15 min at less than 2 m distance (normally authorized during **Status Stage 3**) [ ]  Aerosol generation or contact with respiratory droplets is anticipated in an indoor setting; collection of human samples such as blood, saliva, etc. (typically authorized during **Status Stage 4**) |
| Briefly outline the nature of the research to be conducted, including the number of participants who will be on campus at any one time and over the duration of the project. | Click or tap here to enter text. |
| How does the COVID-19 pandemic change the baseline of your research? For example, would your research results be different if collected during a non-pandemic era? If so, how will you account for this difference in your research design? | Click or tap here to enter text. |
| What additional risks will be incurred by participants because of the COVID-19 context? If there are additional COVID-related risks, please justify the need to conduct this research. **NOTE**: The present pandemic environment may place additional burdens on some participant populations, and there is a potential for increased psychological, social, and physical risks because of this. | Click or tap here to enter text. |
| Check **all** that apply and **include** an explanation for each. Conducting this research during a pandemic will: | [ ]  Benefit research participants. E.g., improve the quality of a therapeutic program or give participants access to benefits such as care, material goods, and supportsClick or tap here to enter text.[ ]  Benefit society or an identifiable community. E.g., influence change in policyClick or tap here to enter text.[ ]  Benefit the academic/research community. E.g., fill a gap in available dataClick or tap here to enter text.[ ]  Benefit the researcher. E.g., allow the researcher to graduate on-time or fulfill the requirements of a program Click or tap here to enter text. |
| Are modifications required to previously approved research protocols or informed consent forms?If yes, please provide a brief description as well as the anticipated date for submission to the applicable certification board or funding body. | [ ]  Yes[ ]  NoClick or tap here to enter text. |
| Each lab/research space must maintain a lab access log, with details on each individual occurrence of ingress and egress to the space (e.g., PI exited [*Space*] at [*time*] to go to [*office*]; or RA entered [*Space*] at [*time*] to [*perform lab experiment*]. Please check “**yes**” to indicate your agreement to maintain a lab access log for all research-related spaces. \*This log can be maintained by anyone in the lab however it is the responsibility of the PI to have priority access and control, and to make this log available upon request. | [ ]  **Yes**[ ]  No |

# **Section E – Work Safe Provisions**

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| Where will the in-person research occur? | [ ]  MSVU For in-person research that takes place at MSVU- researchers and participants must follow MSVU and/or Public Health guidelines [ ]  Off-Campus – For in-person research that takes place off-campus, researchers and participants must follow Public Health guidelines and/or the guidelines required at the location of the research. |
| Under what circumstances, will masks or other PPE for COVID-19 purposes are planned to be utilized. | Click or tap here to enter text. |
| Describe the cleaning and/or disinfecting protocols in research workspaces – this will be the responsibility of the researcher, not custodial staff | Click or tap here to enter text. |
| Provide information on additional action or supplies that may be required either by you/your team, or of participants.  | Click or tap here to enter text. |
| Describe the training that will be provided to all members of the research team with regards to safe working conditions/COVID-19. | Click or tap here to enter text. |
| Describe how measures will be taken to ensure that all researchers comply with Public Health requirements. | Click or tap here to enter text. |
| Describe how every reasonable step will be taken to prevent persons who exhibit symptoms of COVID-19 from entering the space. | Click or tap here to enter text. |
| Describe how you will monitor the research team, including yourself, for symptoms of COVID-19 and provide procedures that you will follow should someone start experiencing symptoms of COVID-19.Nova Scotia, call 811 for further assessment - <https://when-to-call-about-covid19.novascotia.ca/en> | Click or tap here to enter text. |

# **Section F – Crisis Management Plan**

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| Please **insert below or append** your Crisis Management Plan(s) for your Lab/Research\*this includes plans for immediate cessation of research should a COVID-19 case occur, as well as plans for immediate cessation of research should the University or NS Public Health announce changesClick or tap here to enter text. |

# **Section G – Researcher Confirmation**

**I confirm that:**

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| In determining risk, I have considered the infection rate in the community or region where the research will take place. | [ ]  Yes |  |
| If the research is to be conducted in a different region or country, I have confirmed my ability to enter the region or country and haveprepared for any mandatory quarantine period (away and upon return home) and associated requirements. | [ ]  Yes |  |
| If research is to be conducted away from MSVU campus, I have confirmed that standard COVID-19 protection measures are implemented at the site. | [ ]  Yes |  |
| I am aware of and am prepared to meet all legal and public health requirements of the location in which the research is to take place. | [ ]  Yes |  |
| I will comply with all relevant sector-specific guidance documents. Specify the relevant documents and attach with this application: | [ ]  Yes | [ ]  N/A |
| Participants may be asked to complete the COVID Risk Assessment screening document (REB.FORM.019) | [ ]  Yes |  |
| All participants will be informed of the risks posed by COVID-19 to their health and complete documentation for contact tracing. | [ ]  Yes |  |
| All participants will be advised about necessary precautions to enhance their own and others’ safety during travel, if applicable. | [ ]  Yes |  |
| There is a plan in place to shut down the research in the event of public health directive (e.g., tightening of restrictions related to the control of COVID-19). | [ ]  Yes |  |

# **Section H – Signature and Agreement**

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| My/Our signature(s) below confirms that I/we will ensure that:* All research procedures will be conducted in accordance with the document: ***REB.SOP.502 - MSVU Procedures for Phasing in Face-to-Face Human Participant Research during a Pandemic***
* No research activity will take place prior to the PI receiving notification from the Research Ethics and Lab Access Committee that this request has been granted.
* I/We shall immediately notify **VP Admin/Public Health** in the event of a suspected COVID-19 infection.
* I/We shall maintain an access log, with details on each individual occurrence of ingress and egress to the space.
* I/We understand that we must remain prepared to modify, scale back, or suspend approved research activities should conditions require (e.g. re-introduction of restrictions by the Province, failure to meet required COVID safety protocols, or if provisions to protect public health are not or cannot be met).
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| My/Our signature(s) below, and submission of this application, confirms that I/we will ensure that all procedures conducted as part of the project will be conducted in accordance with the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans (TCPS) found online at <http://www.pre.ethics.gc.ca/eng/index/> as well as all relevant MSVU University Research Ethics Board policies and procedures and agree to comply with the policies and procedures outlined therein. |
| **Insert** Signature of Principal Investigator or Nominated Principal Investigator | Date: Click or tap to enter a date. |

**Submission Process:**

1. Researchers must submit the application electronically to ethics@msvu.ca
2. Please note that recruitment and data collection may not begin until a certificate of Research Ethics Clearance has been issued.
3. Researchers may **only** use letters and/or numbers for file names and must refrain from using any special characters (e.g., #; &; etc.).
4. All documents must be clearly labeled and reflect how they are referenced in the application.
5. Note - **only 2 attachments** are permitted for submission– the application (1) and the combined appendices (2)
6. Application packages shall only be accepted in the form of Word documents (\*.doc or \*.docx) or Portable Document Format (\*.pdf)

Mount Saint Vincent Universitywishes to acknowledge that this current iteration has been informed, in part, by documentation prepared by Brock University and the University of British Columbia.