

<b>Title</b>	<b>Standard Operating Procedures Maintenance</b>
<b>SOP Code</b>	108.001
<b>Effective Date</b>	2022-DEC-02

### Site Approvals

<b>Name and Title</b>	<b>Signature</b>	<b>Date (yyyy.mm.dd)</b>
Dr. Lynne Lafave CHAIR, HREB	<i>L Lafave</i>	2022.12.02
Dr. Priscilla Wamucii RESEARCH COMPLIANCE OFFICER	<i>Priscilla Wamucii</i>	2022.12.02

## 1.0 PURPOSE

This standard operating procedure (SOP) describes the processes for establishing and maintaining written SOPs. The purpose of having written SOPs is to promote quality and consistency in the ethics review process; ensure compliance with the principles, guidelines and regulations applicable to the ethics review and oversight of research involving humans; and facilitate training of new personnel.

## 2.0 SCOPE

This SOP pertains to the Human Research Ethics Board (HREB), Mount Royal University.

## 3.0 RESPONSIBILITIES

All Mount Royal University REB members and REB Office Personnel are responsible for ensuring that the requirements of this SOP are met.

## 4.0 DEFINITIONS

See Glossary of Terms.

## **5.0 PROCEDURE**

Written SOPs provide the framework to promote ethical standards in the review, oversight and conduct of research involving human participants. SOPs describe the processes that must be followed and documented to ensure that the rights and welfare of human participants of such research are overseen and protected in a uniform manner.

### **5.1 Development, Review, Revision and Approval of Policies & Procedures**

- 5.1.1 Designated REB Office Personnel will review the SOPs at least bi-annually (once every second year). SOPs will be reviewed sooner if changes to policies, guidelines, or standard practice warrant revisions or the creation of new SOPs;
- 5.1.2 SOPs may be revised for reasons including, but not limited to: changes to policies, regulations or guidelines, new policies, or changes to REB or administrative practices;
- 5.1.3 Designated REB Office Personnel will make the necessary modifications to existing SOPs, or draft a new SOP(s). SOPs are controlled documents and new drafts will be indicated by the addition of “DRAFT version date” and removal of the previous “Final Version Date”;
- 5.1.4 The revised SOP(s) will be circulated to REB Office Personnel and REB Chair or designee, as well as REB members and Organizational personnel (as appropriate) for review. Comments will be incorporated into a new version with an updated version date;
- 5.1.5 Once the SOP content is approved, the draft version date will be removed and the date of the approved version will be entered as the “Final Version Date”. The history of revisions will be recorded in the ‘SOP History’ section of each SOP;
- 5.1.6 Signatures on the SOP will include current HREB Chair and HREB RCO to denote SOP approval. A new final version of the SOP supersedes any previous versions.

### **5.2 Distribution and Communication**

- 5.2.1 New or revised SOPs and associated guidance documents will be communicated and disseminated to all individuals identified in the ‘Responsibilities’ section of each SOP;
- 5.2.2 The SOPs will be available to Researchers and research teams, Organizational personnel, sponsors and funders as required;
- 5.2.3 Designated REB Office Personnel will train members of the REB and other REB Office Personnel on any new or revised policy and or relevant procedure, as applicable;

- 5.2.4 Each new REB member must review the applicable policies and procedures prior to undertaking their responsibilities as an REB member;
- 5.2.5 Each new REB Office Personnel must review the applicable policies and procedures prior to undertaking their responsibilities with the REB office;
- 5.2.6 Evidence of training must be documented;
- 5.2.7 The REB office shall maintain all documentation of SOP training.

**5.3 Forms, Memos and Guidance Documents**

- 5.3.1 Forms such as checklists and worksheets may be developed to facilitate compliance with the SOPs and to ensure that policies are integrated into daily operations. Forms may be either controlled or non-controlled;
- 5.3.2 Memos and guidance documents may be developed to provide guidance for the interpretation and implementation of the SOP;
- 5.3.3 Memos and guidance documents will be made available to the Researchers as applicable;
- 5.3.4 Designated REB Office Personnel and/or REB Chair or designee will evaluate the need for new or revised forms, memos or guidance documents.

**6.0 REFERENCES**

See References.

**7.0 REVISION HISTORY**

SOP Code	Effective Date	Summary of Changes
SOP 108.001	2022.12.02	Original version