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THINK ABOUT…

Reportable Events During COVID-19

INTRODUCTION:
With the current COVID-19 pandemic, researchers and IRBs are confronted with ethical and operational challenges well-beyond those that most have ever faced. HRP Consulting provides information such as this "Think About" to help organizations, researchers, and IRBs develop appropriate solutions to these challenges. There is no one best practice in circumstances such as this. It is our hope that this information helps you identify and develop the solution that will work best for your organization and research community. A few tips:

- Remember to document your decisions and the thought process behind them, these records will be important as we all move forward
- Remember to check federal, state, and local orders (e.g. shelter-in-place), and any organizational or facility restrictions or requirements, to ensure that your solutions are workable and comply with these rules
- Remember to reassess often – information is evolving so quickly and what made good sense today may change tomorrow (e.g., because of a new or modified federal or state order, because of new guidance, because of emerging evidence, etc.)
- Remember to flag protocol records that may require follow-up action down the road

SUMMARY:
Most institutions have policies and procedures already in place for the types of events that are reportable to the IRB and institution by researchers. Institutions need to consider what, if any, modifications need to be made to those policies, and the associated processes that put those policies into practice, during public health emergencies.

What to consider:

HRP has previously recommended that institutions include content in their policies and procedures to address modifications to procedures that may be made under emergency conditions. As such modifications will be necessarily dependent on the type of emergency (e.g., changes needed during a public health emergency may be very different from those needed for a weather-related emergency) , the institution needs the flexibility to quickly implement relevant changes, with documentation of the reason, and either the effective time period, or identification of an event that will signal that the Institution will revert to previous policies and procedures (e.g., lifting of emergency conditions such as shelter-in-place orders, etc.).

Two important signals particularly relevant to the protection of human subjects in research that institutions should keep in mind when considering such changes are the occurrence of unanticipated problems involving risks to subjects or others, and noncompliance. Should the policies and procedures governing the reporting of these events be modified when the institution is operating under emergency conditions? Institutions and IRB can certainly consider alternative means to receiving these reports, for example, allowing submission of the information via email, rather than via a formal submission process; the IRB staff should be careful to ensure all documentation relevant to a particular study is appropriated filed in the study folder (paper, electronic, etc.). Institutions and IRBs can also modify their timelines for reporting during the pandemic and provide examples of what needs to be promptly reported and what can be delayed.

For example:

- **Unexpected issues or events that are at least reasonably related to the study and that result in harm to a subject or others, or that suggest that subjects or others are at greater risk of harm than was**

previously known or recognized (e.g., a research subject or staff member is exposed to COVID-19 during a research visit or procedure). Because safety is of paramount importance, such issues or events should be reported to the IRB as soon as possible. Typically, such information must be submitted within a set number of days, but this might not be possible given the strain on resources during the pandemic. Consider allowing a preliminary verbal or email report to be followed by the formal submission as soon as possible. The report should include the plan to manage the immediate issues (screening, medical management, etc.) and to prevent further exposures. An amendment (or modification) may also be needed, but the immediate priority should be managing the unanticipated problem.

- **Modifications to approved research that were instituted without IRB approval to prevent a harm or to prevent increased risk of harm to subjects** (i.e., to eliminate apparent immediate hazards to the subjects (e.g., change from in-person visit to videoconference visit)). Normally such changes would be promptly reportable to the IRB. Given the current public health emergency (COVID-19), institutions and IRBs could consider modifying their reporting requirements in a number of ways. For example, investigators could be advised to promptly report any changes in the way study visits are conducted or the schedule of visits when those visits include assessments or procedures that are essential to subject safety; however, changes to visits that aren't essential to safety could be submitted according to another reasonable timeline. If the changes in study visits will also be made for subjects who were not at immediate risk (e.g., subjects whose next visit is more than a month away), an amendment (or modification) should be submitted for those subjects not at immediate risk. IRBs could also consider modifying their definition of minor changes eligible for expedited review to include changes made to research to lower risk of harm.

  Note: For additional guidance regarding changes to research during COVID-19, please see the FDA's Guidance on Conduct of Clinical Trials of Medical Products during COVID-19 Pandemic. While FDA GCP regulations and the Common Rule both include the provision for changes to research to eliminate apparent immediate hazards to subjects, OHRP had not released guidance on the topic at the time this Think About was published.

- **Noncompliance (including deviations and violations)**: Modification of policies and procedures for reporting noncompliance may be considered, taking into consideration the nature of the noncompliance.

  For example, prompt reporting procedures could remain applicable to non-compliance that may negatively impact subject health or safety, such as:

  - Enrollment of one or more ineligible subjects
  - Research subjects underwent research procedures without (or before) providing informed consent
  - Research conducted without IRB approval or exemption
  - In-person research activities non-essential to subject safety that were performed during a moratorium on such
  - New enrollment of subjects during a moratorium on such

  The timeline for reporting of noncompliance not related to subject health or safety could be extended, for example noncompliance such as:

  - Missed or delayed data collection or assessments not essential to subject health and safety

- Use of an 'unstamped' consent form that otherwise had the same content as the IRB-approved version
- Changes in the way data are managed to allow for remote access but that do not make the data less secure

External IRBs: Institutions may also want to consider changes to institutional reporting requirements when research is under the oversight of an external IRB. For example, many institutions require reporting of local unanticipated problems, serious or continuing noncompliance, and suspensions or terminations of IRB approval to the institution addition to the investigator's reporting obligations to the IRB of record. Modifications to these requirements, or extending the timelines associated with them, during a time of emergency may be wise.

DOCUMENTATION:
Any modifications to policies and procedures made due to an emergency should be recorded in an addendum to the SOPS, a memorandum, or other similar means. The rationale for the changes should be included (e.g., IRB policies because of the public health threat, the rapid implementation of orders to minimize the risks of exposure, and because of staffing and resource constraints, the IRB's policies and procedures have been altered as follows…). An anticipated timeline or milestone that would allow procedures to return to normal should be included, as well as plans to monitor the situation and further modify procedures, or the timeframe the changes will remain in effect, as needed.

This documentation should be maintained in accordance with applicable record retention requirements.

ENSURING COMPLIANCE:
Researchers conducted FDA-regulated research should be in contact with the study sponsor for guidance regarding considerations for on-going trials, as discussed in the FDA guidance document below. When research is overseen by an external IRB, researchers should also be advised to check to see if the IRB of record has made changes to reporting or other requirements.

SUGGESTIONS ON COMMUNICATION WITH INVESTIGATORS:
Whenever policies and procedures are modified, even temporarily, notice should be disseminated to the research community. The researchers should be advised of the temporary nature of the changes, and that they will be notified when standard policies and procedures will again be in force. This notice should also be readily available for researchers while it is in effect (e.g., on a webpage known to researchers for such information, within the IRB electronic platform, etc.).

Researchers should be encouraged to contact the HRPP/IRB office to discuss reporting requirements if they have questions or are uncertain if, when, and how something should be reported. These communications should be documented in the study record.

RESOURCES

State and local orders during COVID-19 – this will vary by state and locality, most states have websites dedicated to COVID

- FDA Guidance on Conduct of Clinical Trials of Medical Products during COVID-19 Pandemic (March 27 update): https://www.fda.gov/regulatory-information/search-fda-guidance-documents/fda-guidance-conduct-clinical-trials-medical-products-during-covid-19-pandemic

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- AAHRPP Guidance on HRPP Response to COVID-19: https://admin.aahrpp.org/Website%20Documents/Guidance%20for%20Accredited%20Organizations%20on%20COVID-19%20(2020-03-23)%20(for%20distribution).pdf
- PRIM&R COVID-19 and Coronavirus: Updates for the Oversight Community: https://blog.primr.org/covid-19-and-coronavirus-updates-for-the-oversight-community/
- HIPAA, Civil Rights, and COVID-19: https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html?language=es
- COVID-19 Information From the FDA: https://www.fda.gov/emergency-preparedness-and-response/counterterrorism-and-emerging-threats/coronavirus-disease-2019-covid-19
- Coronavirus Disease 2019 (COVID-19): Information for NIH Applicants and Recipients of NIH Funding: https://grants.nih.gov/grants/natural_disasters/corona-virus.htm
- NSF Coronavirus Information: https://www.nsf.gov/news/special_reports/coronavirus/
- CDC Interim Biosafety Guidelines for COVID-19 Specimens: https://www.cdc.gov/coronavirus/2019-ncov/lab/lab-biosafety-guidelines.html