

| Standard Operating Procedures | | |
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| SOP #401.3 Revision 3 | TITLE: Reporting and Review of Events Involving Risk to Participants or Others | Effective Date: 3/1/2019 |
| Approved By: OIRB Director | Signature  | Date 3/1/2019 |
| Approved By: IRB Chair | Signature  | Date 3/1/2019 |

PURPOSE

To describe the policies and procedures for prompt researcher reporting of unanticipated problems or adverse events and the procedures for IRB review of events involving risk to participants or others.

REVISIONS FROM PREVIOUS VERSION

Update regulatory references and administrative corrections

POLICY

Regulatory guidance provided in 45 CFR 46.108(a)(4) and 21 CFR 56.108(b) requires the IRB to have in place written procedures for ensuring prompt reporting to the IRB, appropriate University officials, and applicable regulatory agencies of any unanticipated problems involving risk to human participants or others. It is the researcher’s responsibility to make a timely written report of all unanticipated problems and significant adverse events associated with the conduct of an approved project. The IRB reviews the report and makes determinations about whether the problem/event raises new concerns about 1) risk to participants or others; 2) the risk/benefit ratio; 3) the approved informed consent document; and the 4) need for re-consent. The IRB may also review the event for noncompliance according to the Research Noncompliance SOP. The policy details the IRB requirements for reporting, including adverse events and unanticipated problems involving risks to research participants and others. There are two types of reports, internal and external.

Definitions

Risk is the probability of harm (physical, social, emotional, or economic) combined with the anticipated severity of the harm. A low probability of a severe harm is low risk; a high probability of a minor harm also is low risk.

Unanticipated problem is a significant complication or other unfavorable occurrence that was not anticipated or reasonably foreseeable at the time of initial protocol review based on the information available and that arises in or following the conduct of a project. Unanticipated problems may or may not be associated with the occurrence of a harm. Unanticipated problems may occur with the participant or others. OHRP considers unanticipated problems, in general, to include any incident, experience, or outcome that meets all of the following criteria:

1. unexpected (in terms of nature, severity, or frequency) given (a) the research procedures that are described in the protocol-related documents, such as the IRB-approved research protocol and informed consent document; and (b) the characteristics of the participant population being studied;

2. related or *possibly* related to participation in the research (in this SOP, possibly related means there is a reasonable possibility that the incident, experience, or outcome may have been caused by the procedures involved in the research); and
3. suggests that the research places participants or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized.

Adverse events are harms that occur to research participants or project team members. They range from minor to severe and may be anticipated or unanticipated.

Events, as used in this SOP, refer to both unanticipated problems and adverse events.

An *internal event* is one that occurs with research participants enrolled in a project approved by the UNM IRB and directed by a researcher employed by the University or one whose project is under the purview of the UNM IRB.

An *external event* is one that occurs with research participants enrolled in multi-center research projects that do not fall under the purview of the UNM IRB.

Examples of reportable events:

- Injury, disability, incapacity, hospitalization, life-threatening experience, death, side-effects, aggressive or unusual behavior, or other problem that was potentially related to the research procedures, regardless of the severity of the event;
- Harm or damage (or risk of harm or damage) to the safety, rights, or welfare of research participants, research staff, or others;
- Any accidental or unintentional change to the IRB-approved protocol that involved risks or has the potential to recur;
- Any publication in the literature, safety monitoring report, interim result, or other finding that indicates an unexpected change to the risks or potential benefits of the research;
- Any complaint of a participant that indicates an unanticipated risk or which cannot be resolved by the research staff;
- Breach of privacy, confidentiality, or data security;
- Loss or destruction of research data not in accordance with IRB approved procedures;
- Possible abuse disclosed in an interview and/or survey;
- Urgent situations that may occur as the result of unanticipated problems during the research project.

RESPONSIBILITIES

Execution of SOP: Researchers, IRB, OIRB, Institutional Official.

PROCEDURE

Researcher Reporting Requirements for Events

1. Members of the research team must immediately report the occurrence of an event to the Principal Investigator (PI).
2. The PI must submit a written report of the event to the OIRB using an Event Form within seven (7) calendar days of first learning of the event. Additional reporting requirements to federal agencies,

sponsors, risk management, legal counsel, police authorities or other entities also may be required as determined and directed by the IRB Chair, OIRB Director and/or Institutional Official (IO).

3. The IRB may request more stringent requirements for reporting events for individual research projects if it is deemed necessary.

Submission, Screening, and Review of Events

1. The PI makes the preliminary determination if the event meets the criteria for an IRB reportable event, completes the IRB Event Form, and submits the form to the OIRB in the time period outlined above.
2. If the PI recognizes the event involves risk to participants or others and the information is not already in the consent/assent document, they submit an amendment with a revised consent/assent form with changes tracked. If the revised consent/assent form impacts the protocol or other research documents, the PI also submits revised documents with changes tracked.
3. OIRB staff screen the report to determine whether it is complete and whether it meets the definition of a reportable event. If it is not reportable, OIRB staff administratively acknowledge receipt of the report and note that no further action is necessary. If it is reportable, they forward the report and related materials to the IRB Chair or designee who serves as the primary reviewer.
4. The IRB Chair or designee will review the Event Report and seek to determine:
 - 1) If the event constitutes an ongoing risk of harm to currently enrolled or future participants or others.
 - 2) How any identified risk of harm may be minimized.
 - 3) Whether any components of the project or the project itself should be suspended or terminated and reasons for such action. Suspension or termination actions must comply with SOP 403 Suspension or Termination of Approved Research.
 - 4) Whether corrective actions or protective measures are required.
5. If it is determined the event requires full committee review, it will be reviewed at a convened IRB meeting using initial full review procedures.
6. If the project is federally funded (e.g. by the Department of Health and Human Services), additional IRB reporting requirements may be in effect (see the Mandated Reporting to External Agencies SOP).

Review Outcome(s)

1. For all events submitted to the OIRB, the IRB determines whether the event meets the definition of unanticipated problem involving risks to participants or others. If the unanticipated problem involves risk to participants or others, the IRB follows the established reporting policy (see Mandated Reporting to External Agencies SOP). The IRB actions may include, but are not limited to:
 - Acknowledgement/acceptance without further recommendation;
 - A request for further clarification from the researcher;
 - Changes in the consent/assent form(s);
 - A requirement to inform participants already enrolled or to re-consent (e.g. when the information may relate to the participant's willingness to continue to take part in the research);
 - A change in frequency of continuing review;
 - Further inquiry into other protocols utilizing the particular procedure in question;
 - Suspension or termination of the project; or
 - Request for quality improvement review or other actions deemed appropriate by the IRB.

2. If the IRB acknowledges/accepts the event without recommendation, OIRB staff generate and send a letter to the PI indicating the review outcome.
3. If the committee requests clarification(s) or additional information or revisions, OIRB staff notify the PI in writing of the need for additional information and/or changes.
4. The PI responds to IRB requests for information or revisions in writing and sends the response to the OIRB. OIRB staff forward responses to the IRB Chair or designee for further review, who may forward the responses to the entire IRB for additional review, request additional information, or acknowledge/accept the response without recommendation.
5. If the PI has concerns regarding the IRB decision/recommendations for changes in the project, they may submit concerns to the IRB in writing including a justification for changing the IRB decision. The IRB reviews the request and makes a final determination. OIRB staff send correspondence to the PI on the IRB's final determination.

REFERENCES

21 CFR 56.108(b)

45 CFR 46.108(a)(4)