HRPP Emergency Continuity Planning and Guidance

CPHS has a Business Continuity Plan to preserve operations during any event, big or small, that puts the functionality of the IRB in jeopardy. For information about how to contact CPHS in an emergency, and for institution-level and HRPP-level guidance and requirements during an emergency see our website. https://www.dartmouth.edu/cphs/

Likewise, researchers need to consider emergency risk mitigation plans to modify research during an emergency/disaster situation impacting the investigator's ability ***to ensure the ongoing safety of participants***. Challenges to study conduct may arise from events such as extreme weather, natural disasters, equipment/technology malfunctions, man-made disasters and infectious disease outbreaks.

These events may lead to challenges in conducting protocol-specified procedures, including but not limited to: administering drugs and devices, adhering to protocol-mandated visits and procedures, communicating with participants, and managing study records and /or specimens. This guidance contains various considerations for protocol-specific emergency/disaster risk mitigation planning.

General Exclusions: If any of the following are true, development of a *protocol-specific* risk mitigation plan for research may not be needed:

• Research can be conducted as written while adhering to additional institution-level and HRPP-level guidance and requirements regarding the emergency/disaster event;

• Research is externally sponsored, and the sponsor has developed a protocol-specific risk mitigation plan for the research; OR

• Research has been voluntarily placed on hold for recruitment and all research procedures (except for necessary follow-up) are to be done consistently with additional institution-level and HRPP-level guidance and requirements regarding the emergency/disaster event.

Exclusions may vary depending on the type of emergency event. For example, if the research can be conducted and managed virtually, a plan may not be needed in cases where the research does not involve in-person interaction with participants unless the emergency causes widespread infrastructure failure.

General Considerations for Creating a Protocol-Specific Emergency Risk Mitigation Plan

The following are considerations for investigators when determining the various elements of their research that must be modified to ensure the ongoing safety of research participants during an emergency/disaster situation.

The considerations do not represent a complete list and are intended to serve as a foundation to guide investigators, study staff, sponsors and the IRB in efforts to address the new risks to research participants and others posed by possible emergencies/ disasters.

Consider whether continuing the research participation during an on-going emergency/disaster situation would impact the risk minimization and benefits profile of the research. If the balance is no longer favorable, plan to pause the research.

Modifications to Recruitment and Enrollment Processes

Consider any that are appropriate for the research:

• Temporarily hold study recruitment procedures.

• Temporarily hold enrollment of new research participants.

• Incorporate additional or revised screening procedures for research participants or study personnel that will be completed prior to recruitment and enrollment (e.g., for infectious disease outbreaks).

• Consider alternate locations for enrollment and screening (e.g., at local sites or conduct remotely)

Additional Modifications to Minimize Risk to Participants

Consider any that are appropriate for the research:

• Withdraw some or all current research participants from the research.

• Alternate locations for study visits. For example:

o In the case of technology failures, modify study visits to take place in person rather than virtually.

o In situations where participants cannot take place in person, modify study visit procedures so that visits can be completed via phone, virtually, or at a more convenient location.

• Incorporate additional screening procedures for research participants or study personnel that will be completed prior to in-person visits (e.g., for infectious disease outbreaks).

• Incorporate other additional safety monitoring procedures.

• Alternate locations for monitoring. For example,

o If planned on-site monitoring visits are no longer possible, consider optimizing use of central and remote monitoring programs to maintain oversight of study sites.

o If remote monitoring is not possible due to technology failures, plan for on-site monitoring visits.

• Modify timing and scope of specific study visits to account for essential versus nonessential study procedures.

• Assess technology needs and potential for disruption.

• Develop a contingency plan around the storage of files and specimens when the loss or temporary unavailability may impact participant safety.

Research Record and Study Documentation

The following are additional considerations for investigators when maintaining research records and /or specimens that reflect study modifications made to ensure the continuation of research and ongoing safety of research participants in emergency/disaster situations.

For protocol wide study restrictions or modifications necessitated by the emergency/ disaster situation, documentation related to any of the following elements are included in the research record where applicable and appropriate to the research:

• Changes in study conduct

• Duration of those changes

• Which participants were impacted

• How those participants were impacted

• Other relevant actions that were taken.

FDA-Regulated Research

Consider any that are appropriate for the research:

• For any investigational products that can be self-administered, modify the protocol to allow for alternative secure delivery methods (e.g., investigational product can be shipped to the participant's residence).

o Consider whether additional instructions may need to be provided to participants.

o Consider if drug or device product accountability (including destruction or return) should be modified by providing way for the product to be returned or destroyed remotely if it does not put patients at any increased risk.

• For any investigational products that are normally administered in a healthcare setting, consult FDA review divisions on plans for alternative administration (e.g., home nursing or alternative sites by trained but non-study personnel).

Documentation: Where there are individual instances when efficacy endpoints are not collected, the research record includes documentation related to the reasons for failing to obtain the efficacy assessment (e.g., identifying the specific limitation imposed by the emergency/disaster leading to the inability to perform the protocol-specified assessment).

Specific information in case report forms explains the basis of any missing data, including the relationship to the emergency/disaster for missing protocol-specified information.

Where changes in the protocol include any of the following, the research record includes documentation that changes were made in consultation with the applicable FDA review division where feasible and appropriate:

• Amendments to data and/or specimen management

• Amendments to statistical analysis plans

• Alternative administration of investigational products that are normally administered in a healthcare setting (e.g., home nursing or alternative sites by trained but non-study personnel)

• Protocol modifications for the collection of efficacy endpoints, such as use of virtual assessments, delays in assessments and alternative collection of research-specific specimens

Communicating with Participants

As informed consent is an ongoing process, investigators should consider how changes due to emergency/disaster situations will be communicated to participants who are active or in follow up. A research participant communication plan describing the study-specific

modifications being made to ensure the ongoing safety of research participants during the emergency/disaster situation may need to be developed for implementation with all current (and where applicable, prospective) research participants. This plan should include:

• What information will be communicated to current (and where applicable, prospective) research participants;

• Who will communicate the information;

• When the information will be communicated; and

• How the information will be communicated.

IRB Notification and Approval

One of the following pathways must be followed:

• If immediate modification of the research is necessary to eliminate an apparent immediate hazard to a participant, take action and notify the IRB via an exception request within five business days.

OR

• For all other study modifications made to ensure the ongoing safety of research participants throughout an ongoing emergency/disaster situation, submit a study amendment to the IRB.

Decision Tree: Emergency Risk Mitigation

For each active protocol:

Are Participants active or in Follow-up? --→ No, no study specific plan needed (this applies to data and specimen *only* research).

YES

Does study involve interactions or interventions with participants? --→ No, no study specific plan needed (this applies to research where the only remaining activities are data analysis).

YES

A study specific plan is needed.

Does the study have a sponsor, -→YES, Does the sponsor have a risk mitigation plan? -→Yes, work with sponsor to obtain/implement plan. Submit the plan for IRB review.

NO

Develop a study specific plan.

Is there potential for therapeutic benefit? >No, Develop a plan to place the study recruitment and activities on temporary hold. Contact the IRB to strategize if activities cannot be put on hold or modified for a non-therapeutic reason.

YES

Determine whether the study should be voluntarily placed on hold for recruitment.

Develop a detailed mitigation plan. Submit the detailed plan to the IRB (and DSMB if applicable) as a modification to be reviewed and approved.

OR

If immediate unforeseen action is ever needed to eliminate an apparent immediate hazard to participants, take action, and notify the IRB within 5 business days via an exception request submission. Update detailed mitigation plan and document in study record.

References: University of Pennsylvania Investigator-Guidance-Emergency-Risk-Mitigation-Planning-Guidance_2024.09; AAHRPP Element I.1.H; AAHRPP Tip Sheet – Emergency Preparedness and Response Stony Brook University Emergency Management Procedures.