Guidance
Coronavirus (COVID-19) Considerations for Researchers

Notes and Reminders
Version dated January 18, 2021 supersedes the version dated August 13, 2020.

Pediatric TRU has served as the point of contact for Children's clinical research study reactivation/activation over the past several months. With many clinical study activities now resumed, there is less of a need for this function. Effective 1/1/2021, please work directly with your division/department and associated clinical areas to prioritize and plan for any new or to resume any previously held study activities (including those that were deemed as Phase C). Pediatric TRU will continue to be a resource for any Children's clinical research questions you may have.

The following are reminders for all clinical research studies:

- Practice physical distancing and minimize face to face contact whenever possible
- Use clinic-approved PPE consistent with guidance in your clinical area; continue conservation of PPE
- If needed, continue to contact TRU with questions or to secure PPE replacements
- Consider whether any changes need to be made to your protocol to address the COVID environment and, if necessary, submit an amendment for IRB approval. No changes can be implemented prior to IRB approval
- In person monitor visits only for business critical/urgent/emergent needs, please discuss with your clinical area prior to scheduling. Virtual monitoring visits remain the preferred method for visits/SSVs/SIVs for 2021
- Virtual visits only in pharmacy unless otherwise approved by Tom Nelson
- If you have been vaccinated, you still need to self-screen for symptoms, practice social distancing, continue to wear a mask/eye protection and only come to work when healthy

Be prepared to adapt and change course should the need arise, Children's Wisconsin continues to closely monitor COVID-19 developments. Institutional leaders are leading our response to this situation. This page will serve as your most up-to-date source of information as it relates to operations and patient care at Children's Wisconsin.

Children's Wisconsin IRB/HRPP Operations
Children's IRB/HRPP remains operational and staff have the capacity to work remotely as needed.

Contacting the IRB
- The situation with COVID-19 is evolving rapidly. We will continue to communicate crucial information as it becomes available and/or decisions affecting research operations and IRB

review.

- We ask that researchers primarily use our main email inbox CHWIRB@chw.org for questions, concerns, and other communication. We are also available by phone at (414) 337-7133. These will be monitored throughout the day, prioritized, and routed to appropriate staff.

- If you need to contact a specific HRPP Staff Member, please contact them by email and include a call-back number. The HRPP Staff Member will either respond by email or returning your call.

IRB Meetings
IRB Meetings continue as scheduled and will be conducted as remote meetings for the time being.

Research being Conducted Outside of Children's Wisconsin Facilities
When research activities take place in a facility that in not part of Children's Wisconsin (e.g., school, community center, etc.), a Reportable Event Form must be submitted which includes a written statement from an appropriate administrator of that facility.

The statement must indicate the research can resume under COVID-19 restrictions and must also address whether there are any requirements for PPE or changes to the conduct to protect subjects and research/facility staff. If the requirements are not consistent with how the protocol is currently approved, then an amendment with COVID-19 addendum needs to be submitted for IRB review and approval as well as the reportable event submission.

Continued Impact on Research at Children's Wisconsin
This pandemic will continue to impact research at Children's. Study teams should develop a specific plan for all active studies with consideration to the below criteria:

- **Assess whether disruption of the research protocol might affect the safety of participants and consider actions to prevent harm.** Assess availability of clinical staff and hospital resources required per study protocol.

- Consider study team availability, including the ability to recruit participants or conduct study procedures.

- Following the direction of your clinical partners, study teams should implement additional screening questions for possible COVID-19 illness prior to study visit. Children's IRB does not

require review or approval of these additional screening procedures.

- Evaluate the need to continue research during the evolving circumstances, including national, regional, **and local** conditions or restrictions.
- Communicate with study sponsors about study-specific needs and guidance.
- Consider alternate study locations or methods of data collection (e.g., phone or electronic interactions with subjects instead of in-person visits, when possible).
- Create a plan for continued assessment and reporting of adverse events if the participants are unable to return to the study site.
- Teams should identify emergency personnel essential to carrying out each research protocol and ensure that each team member knows what to do and what to prioritize, should operations be suspended.
- A communication plan should be developed, if this is not already prepared. Teams should collect up-to-date contact information for all study personnel. Remind personnel about the notification chain.
- Contingency plans should be made to address the possibility of a long term situation and consider prospectively amending protocols to allow for variable or altered visit windows, remote visits if possible, etc. This **may** include arrangements for remote meetings, external sponsors, CROs, research collaborators, external research monitors, etc.

Modifications and Deviations to Research Due to COVID-19

The priority of the Children's Wisconsin Human Research Protection Program and Institutional Review Board (Children's HRPP/IRB) is, and continues to be, the safety of our research subjects, faculty and staff. Even during times of global pandemic, researchers must follow the federal regulations that govern human subject research.

During this pandemic, there will be disruptions in the conduct of human subject research. This may involve things such as modifying how subjects are approached for consent, dealing with missed or out of window study visits/procedures, deviations related to a lack of resources, etc.

Guidance
Coronavirus (COVID-19) Considerations for Researchers

Any of these modifications, deviations, or adverse events should continue to be handled as usual per our current guidance, whether or not the event occurred as a result of the COVID-19 pandemic. The analysis for reporting remains the same for events, including those resulting from the COVID-19 pandemic.

Investigators should thoughtfully consider the criteria listed above to assess how to proceed with their research.

- Planned modifications to research, even minor ones, may **not** be implemented until the proposed changes have been reviewed and approved by the IRB.

- As always, if a modification/deviation to the IRB-approved protocol is necessary to, "eliminate an apparent immediate hazard to subjects" (see 21 CFR 56.108(a)(4) and 45 CFR 46.108(a)(3)(iii)) and there is not time to get IRB approval, **this can be implemented without prior IRB approval.**

    - When this is done, the IRB can be notified of this at the time of Continuing Review **UNLESS** this modification/deviation involves risk to subject or others, in which case it should be reported per the normal prompt reporting requirement.

- If a modification to research is anticipated because of a change in process/logistics, and **is not** intended to, "eliminate an apparent immediate hazard to subjects" (see 21 CFR 56.108(a)(4) and 45 CFR 46.108(a)(3)(iii)), this should be submitted as any other amendment **and not implemented prior to IRB review and approval.** These changes can be described in the body of the Protocol Summary/Submission Application in the appropriate sections.

    - The submission should include the any revised documents (as applicable) with tracked changes, as would be included with any amendment.

- If an adverse event or unanticipated problem occurs, whether from COVID-19 or not, the same analysis should be applied and our current guidance followed:

    - If the event/problem is 1) unanticipated, 2) related to the research, and 3) involves risk to subjects or **others**, this should be reported promptly via our reportable event process.

        - If something seemingly benign that would not normally be reported promptly starts to involve risk, due to the frequency of occurrence for example, this would change the analysis and it may require prompt reporting.

- Otherwise, these can be reported at the time of Continuing Review and summarized on the Reportable Event Log.

Voluntary Temporary Suspension or Halting Enrollment of New Subjects

- If a PI or a sponsor decides to voluntarily halt or suspend study enrollment because of COVID-19-related public health recommendations, facility requirements, study team availability, and/or research participants considered for enrollment, this voluntary action can be reported at time of Continuing Review/Status Report.

Reminders

- Keep in mind that voluntary halts to or suspension of study enrollment, if done by a PI, may need to be reported to sponsors or funding agencies.

- If study enrollment is halted or suspended at the direction of an external funding agency or the study's Data and Safety Monitoring Board, **this should be reported promptly to the Children's Wisconsin IRB as a Reportable Event of new information.**

Consent Process and Documentation

Children's IRB/HRPP has received a number of inquiries regarding alternative methods during the COVID-19 pandemic to obtain and document assent/consent/parental permission in situations where there cannot be face-to-face interaction with subjects. We would like to remind study teams of expectations for the assent/consent/parental permission and HIPAA Authorization process.

From our current policy, *Informed Consent for Research Cannot be Obtained Verbally* (meaning without written documentation), *either in Person or by Phone Except in Rare Emergency Situations:* informed consent **must include** a discussion of required elements as detailed above, and in most cases, **is not valid consent until the subject has signed and dated the consent.**

In light of the COVID-19 pandemic, if researchers would like to amend their research study to request approval of a remote process for obtaining assent/consent/parental permission, the following should be kept in mind:

- Transmission of assent/consent/parental permission documents to and from potential subjects/families.

  - Acceptable means of transmitting documents include faxing consent documents to and from, or using traditional services such as USPS mail/priority mail, FedEx, UPS, and

courier.

- Note: Non-encrypted email and text messaging are not acceptable methods of transmitting study consent forms.

- There must still be a verbal consent discussion with the potential subject/family with the opportunity for them to ask questions, and for the research team to assess their understanding.
  - This can be done via phone or other "real time" communication platform (e.g., FaceTime, Skype, Zoom, etc.).
  - The potential subject/family must have a copy of the consent documents in hand for reference during the discussion.

- Unless the IRB has waived documentation (the signature), all signed documents must be received by the researcher prior to initiating any study-related procedures.
  - The provider who conducted the consent discussion should sign the documents when received.
  - Consent discussion should be documented in the subject's medical or research record on the date it occurred.
  - Children's Wisconsin is currently not approved for electronic signatures. This is a joint position with between legal, corporate compliance, and the HRPP. Unless documentation of consent/HIPAA Authorization has been waived, a physical signature is required on the documents.

We understand that logistical issues may arise, but they will need to be worked out by the department. The final plan should be described in detail in the proposed amendment for IRB review and approval. Some things to keep in mind:

- Will there be any research staff on-site during this time to send or receive documents by appropriate methods?
  - Will these individuals have access to mailing supplies?

Guidance
Coronavirus (COVID-19) Considerations for Researchers

If your study already has IRB approval to obtain consent/assent/HIPAA Authorization via phone and mail process, nothing should need to change, provided the logistical issues have already been worked out, addressed, and are not altered by the current restrictions.

Please review page two of our guidance regarding modifications to research to "eliminate an apparent or immediate hazard to subjects," keeping in mind that unless the research study is interventional/life supporting **and provides the potential for direct benefit to the individual subject**, there is no immediate hazard to subjects if they do not participate in research.

We understand the desire to plan ahead and will review amendments for consent/assent/HIPAA Authorization processes in the order they are received. Unless there is an urgent patient need per our usual process, our community is treated equitably. This urgent need should be brought to our attention via our main email CHWIRB@chw.org as soon as possible.

Principal Investigator Sign-off on Submissions to the IRB
We understand these are difficult times and that the PI may not be able to sign-off directly in IRBNet.

However, it is critical the PI stay connected with the research, especially at times when many are working from home and meetings with study teams may not occur as often as before. Therefore, we would like to remind you that PI sign-off on all submissions **is still expected**. There are a variety of ways to get sign-off of a package from the PI (as noted below). Note that item three may be the most convenient at this time.

Sign-off of Submissions

1. Signing the package electronically in IRBNet.

2. Hand-signing a memo that indicates the package has been reviewed and the PI is in agreement. This memo should then be uploaded into the package.

3. Responding to or sending an email to the coordinator indicating review of the package and agreement. A copy of this email should then be uploaded into the package.

Data Collection, Storage, and Study-related Documents
PHI, data storage/security, as well as any study-related data collection processes, should continue as indicated in approved protocols. An amendment should be submitted to the IRB for **any** changes related to data storage or other study procedures.