Public Health
Institutional Review Board
Policy & Procedures Manual

Oregon Public Health Division
Multnomah County Health Department

For more information:
https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/InstitutionalReviewBoard/Pages/index.aspx

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Table of Contents

PRINCIPLES

Research conducted by the Public Health Division (PHD) and the Multnomah County Health Department (MCHD) is guided by codes of ethical principles developed by the scientific community over the last 60 years. One of the earliest, the Nuremberg Code, resulted from a large-scale outbreak of World War II criminal medical experiments on non-German nationals. This code laid out basic principles regarding voluntary consent, the avoidance of unnecessary physical and mental suffering and injury, degree of risk, necessary protections, and vetted qualifications of the investigator. The Nuremberg Code served as the prototype of many later codes and intended to ensure that research involving human subjects would be carried out in an ethical manner. Of particular importance to social science research is the Belmont Report[1] published in April 1979, which lays down the following ethical principles for the protection of human subjects in research:

1) Respect for persons: Individuals should be treated as autonomous agents capable of self-determination and individuals with diminished autonomy are entitled to protection;
2) Beneficence: The complementary obligations not to harm individuals and to maximize possible benefits and minimize possible harms;
3) Justice: The selection of research subjects needs to be scrutinized in order to determine whether some classes are being systematically selected simply because of their easy availability, their compromised position, or their manipulability, rather than for reasons directly related to the problem being studied. Furthermore, when the development of therapeutic devices and procedures are involved, the demand that these not provide advantages only to those who can afford them and that such research should not unduly involve persons from groups unlikely to be among the beneficiaries of subsequent applications of the research.

The ethical principles from the Nuremberg Code and the Belmont Report were codified in 1981 and amended in 1991 in Title 45, Part 46, of the Code of Federal Regulations with the title of The Common Rule (45 CFR 46)[2]. In 2015, a notice of proposed rulemaking was released regarding additional revisions to 45 CFR 46 and subsequently the revised policy, now known as The Final Rule[3], went into effect January 21, 2019. These regulations require peer review for all federally funded research involving human subjects. In addition, they spell out the composition of the review committee, the kind of research that qualifies for an expedited or full board review, research that is exempt from review, activities that are not considered research and therefore require no review, and the requirements of the informed consent process. Compliance with these regulations includes following pertinent federal and state laws and regulations, including tribal law, that provide additional protections for human subjects.

PURPOSE

1 See Reference Section for the complete Report
2 See Reference Section for 45 CFR 46, The Common Rule
3 See Reference Section for 45 CFR 46 post 1/21/2019, The Final Rule

The Public Health Division/Multnomah County Health Department Institutional Review Board (PH IRB) is an administrative body composed of both scientists and non-scientists, internal PHD/MCHD staff and external non-affiliates, vulnerable population representatives and alternates. It is established to review research studies and ensure that the rights and wellbeing of human subject participants are adequately protected and the confidentiality of their data is appropriately maintained. Research is defined as a systematic investigation, including research development, testing, and evaluation designed to develop or contribute to generalizable knowledge. All research projects conducted by PHD/MCHD staff involving human subjects or their data and all research projects conducted by external personnel requesting PHD/MCHD data on human subjects must be brought to the attention of the PH IRB, so a level of review may be determined. The PH IRB shall comply with the applicable requirements of 45 CFR 46 and determine whether the criteria set out in its Policy have been satisfied.

AUTHORITY

The Public Health Division and Multnomah County Health Department are committed to the concept of ethical research and consequently both agencies have a Federalwide Assurance[4] (FWA) in place with the Office of Human Research Protections (OHRP): PHD FWA #00000520 and MCHD FWA #00004186. These assurances apply whenever the institutions become engaged in human subject's research conducted or supported by any U.S. federal department or agency that has adopted the U.S. Federal Policy for the Protection of Human Subjects. Oregon's Public Health Division and Multnomah County Health Department both elect however, to also apply the Policy and its subparts to all human subjects' research regardless of the source of support. These FWA's designate the OHRP registered PH IRB (IRB Registration #00001099) as their Institutional Review Board which is structured and functioning in accordance with 45 CFR 46. Intergovernmental Agreement #126110 was put in place between the PHD and the MCHD for the purpose of delineating the responsibilities of the PH IRB in reviewing research activities for the MCHD.

It is important to note that the PH IRB is ultimately overseen by the Oregon Public Health Director. While not generally involved, if the PH IRB receives a questionable or controversial protocol or, if research misconduct is at issue, and a final decision maker is needed, then the Director will be called upon. Since the PH IRB is not charged with making final decisions and is not advising a "public body", the Oregon Public Meetings Law does not apply. (See "The Oregon Department of Justice, Attorney General's 2014 Public Records and Meetings Manual", Section II.B.1.) Consequently, all meeting and study protocol documentation is maintained on a secure internal server and will not be made public.

Activities deemed to be human subjects' research that engage PHD/MCHD employees, data, or sponsorship cannot be conducted without prior approval from the PH IRB. In the case of federally funded multi-site domestic studies, federal single-IRB (sIRB) policies will be adhered to, however the PHD and MCHD both elect to have the PH IRB conduct an additional internal review. In such cases, it is acknowledged that the PH IRB review no longer has any regulatory status in terms of compliance with The Final Rule.

[4] See Reference Section for link to OHRP FWA Database

PH IRB review is required for all research with human subjects if any one or more of the following applies:

- The research is sponsored by the PHD or MCHD;
- The research is conducted by or under the direction of an employee or agent of PHD or MCHD in connection with his/her agency responsibilities, or using any property or facility of PHD or MCHD;
- The research involves the use of PHD or MCHD's data;
- The research involves the use of PHD or MCHD's non-public information to identify or contact human research subjects or prospective subjects;
- Funding for the research will be handled through PHD or MCHD, but the research will be done at another location.

In accordance with §46.109 the PH IRB has the responsibility to review, approve, disapprove, or require changes for all the above listed research activities including exempt research activities under §46.104 for which a limited IRB review is a condition of exemption. Research projects approved by the PH IRB, or by an external sIRB as will be required for all cooperative research effective January 20, 2020, may be subject to further review and approval by officials of each institution involved, however, §46.112 prohibits such institutional officials from approving a research project that has not first been approved by an IRB. Per §46.113, the PH IRB also has the authority to suspend or terminate the approval at a later time in order to protect the subjects' rights.

Often, some of the above may apply but navigating the grey areas of regulated research and public health practice makes it difficult to determine whether a PH IRB review is required. For this reason, the Public Health Division has created a team of scientific experts known as the Science and Epidemiology Council (SEC) which encompasses a Project Review Team (PRT). Likewise, the Multnomah County Health Department has created its own internal PRT. If any of the above apply but the project leads are unsure as to what their work would qualify as, they should consult with a PRT Representative for assistance in distinguishing the two. This representative will make one of the following determinations:

- The work is human subjects research, direct the research team to the PH IRB,
- The work is not human subjects research, rather it is public health practice, direct the team to begin their work without further review,
- The work is public health practice; however, it is suggested that the project lead brings his/her work before the Science and Epidemiology Council for review, input, and guidance, or
- Undecided. Directs the team to bring their work before the Project Review Team for a formal vote on its designation as either research or practice. If research, the team will then be directed to the PH IRB where they will receive instructions for a formal IRB review.

The above criteria do not always encompass studies that the PH IRB is asked to review and as the sole IRB within the Oregon Health Authority, it must limit the scope of its activities to

improve efficiency and prioritize the allocation of its limited resources. The PH IRB has no ability to charge a fee for its services, and thus researchers who contact our Board for review may be directed to commercial IRBs for assistance. The Board includes Public Health Division staff, Multnomah County Health Department staff, Oregon State Hospital staff, and select external volunteers with expertise in epidemiologic research, public health interventions, and social and behavioral science (see membership section below). The Board does not have expertise in clinical research or medical interventions. On occasion, researchers may request that the PH IRB review clinical trials or other medical interventions, however, these are outside the scope of our expertise and thus need to be reviewed by an IRB with knowledge of the issues related to these types of studies. For any research requiring PH IRB review in which other Oregon Health Authority Divisions or Offices are too somehow involved, a deliberate effort will be made to keep these Divisions or Offices informed regarding the review.

RELATIONSHIPS

The responsibility of ensuring accountability and compliance for research is a shared relationship. The Principal Investigator and his/her team, the Board and its support staff, and both Oregon Public Health Division and Multnomah County Health Department institutional officials hold the responsibility for ensuring respect, trust and support in the review process. All parties are entrusted with the responsibility of protecting the rights and welfare of human research participants and the privacy of their data by ensuring compliance with the federal regulations during the PH IRB review and throughout the duration of the research. The PHD and MCHD are committed to creating an institutional culture that honors and demonstrates this trust and respect.

Administration

The PHD Health Officer & State Epidemiologist in consultation with the Multnomah County Health Officer will appoint members of the PH IRB. Selection of members is representative of public and preventive health programs in state and local government as well as higher education, private community health programs and the public. The PH IRB Coordinator reports to the PHD Health Officer & State Epidemiologist and manages the institutional review and approval process for all proposed research activities.

Other Human Subject Review Committees

The PH IRB functions independently of other review committees. With newly established single-IRB (sIRB) federal mandates on multi-site reviews, at times a deferral of review will be required, and the PH IRB will comply. At no time however, will any project matching the criteria listed above under "Authority," not go through an internal administrative review by the PH IRB. In such cases, this means regardless of funding and sIRB policies (explained below) the PH IRB must be notified of the study and an internal administrative review must still take place.

The PH IRB and NIH-funded Multi-site Studies

Effective January 25, 2018 the NIH single-IRB (sIRB) policy will apply to all NIH-funded multi-site studies (studies in which the same protocol is being used at more than one site), whether supported through grants, cooperative agreements, contracts, or the NIH Intramural Research Program. In the NIH application for research funding, the applicant is expected to submit a plan describing the use of a sIRB that would be selected to serve as the IRB of record for all study sites, carrying out the IRB review requirements at 45 CFR 46. If a study meets the

criteria for what must come to the PH IRB for internal review, the research team must communicate this sIRB plan with the PH IRB Coordinator immediately so appropriate steps can be taken to comply with the sIRB policy.

An Authorization Agreement will delineate the responsibilities of all parties, but the PH IRB will always be responsible for ensuring relevant context issues are appropriately addressed at our local site, throughout the duration of the study. For this and several other reasons, the PH IRB Coordinator will still conduct an internal administrative review of the project documentation. As a participating site, the PH IRB will inform the sIRB about relevant local context issues and will refer questions, concerns, revision requests, and suggestions to the designated sIRB administrator, but no changes will be made to local site documents without previous approval by the sIRB. As a participating site, the PH IRB will still be responsible for meeting other regulatory obligations such as reviewing conflicts of interest, ensuring that site investigators obtain informed consent from prospective research participants, ensuring site investigators meet local training requirements, overseeing the implementation of the approved protocol, and ensuring local site investigators report changes, protocol deviations, local unanticipated problems, serious adverse events, and study progress to the sIRB. It is the responsibility of the local research team to notify the PH IRB of any local protocol deviations, unanticipated problems, serious adverse events, changes, and the general progress of the study on a regular basis.

The PH IRB and Revised Common Rule Single IRB Mandate

Effective January 20, 2020 per the Federal Policy for the Protection of Human Subjects, at §46.114 single IRB (sIRB) review will be required for all reviews of domestic research involving more than one institution. This policy will apply to federal cooperative research, meaning the same research is occurring at more than one institution. Just as with NIH-funded studies, the PH IRB Coordinator will still conduct an internal administrative review of the project documentation, acknowledging however, that such reviews will no longer have any regulatory status in terms of compliance with The Final Rule. Consistent with the NIH sIRB policy, the reviewing IRB will again be identified by the federal department or agency supporting or conducting the research and as a participating site the PH IRB will again take on the above noted responsibilities.

Principal Investigator

A Principal Investigator (P.I.) is the person designated as the individual responsible for the administrative and programmatic aspects of the proposed project. Although there are no specific degree requirements, the P.I. must be appropriately vetted for technical competence and substantive capabilities (scientific, administrative, and otherwise) to carry out a project. This person should be sufficiently qualified by education, training, and experience to assume responsibility for the proper conduct of the research and must assure that they have sufficient time and resources to properly conduct or supervise the research for which they are responsible.

Institutional IRB Officials

The Institutional IRB Officials, also designated as the Signatory Officials on the filed FWA's, are the PHD Health Officer & State Epidemiologist and the MCHD Director. These Officials are authorized to act for the institutions and assume overall responsibility for compliance with the federal regulations for the protection of human subjects. They are also responsible for appointing

a Human Protections Administrator for their institution, who will serve as its PH IRB contact person.

Federal Regulatory Agencies

The Office of Research Integrity (ORI): Reports on possible research misconduct are filed annually with this U.S. Department of Health & Human Services (DHHS) office. It accepts jurisdiction over matters relating to possible fabrication, falsification, or plagiarism in research funded by the Public Health Service (PHS).

The Office for Human Research Protections (OHRP)/National Institutes of Health (NIH)/U.S. Food and Drug Administration (FDA): Breaches in scientific integrity, any actions related to adverse events, or any terminations of research by the PH IRB may be reported as they occur to the appropriate agency. Advice and counsel are sought from the OHRP, NIH, and/or the FDA whenever guidance or clarification is needed. IRB registration and institutional FWAs are renewed through the OHRP.

PH IRB MEMBERSHIP

The Public Health Division/Multnomah County Health Department Institutional Review Board (PH IRB) is an administrative body composed of both scientists and non-scientists, internal PHD/MCHD staff and external non-affiliates, vulnerable population representatives, alternates, and members of the community representing public and preventive health agencies. A majority of PH IRB members must attend meetings, including the Chair or Vice Chair, to achieve a quorum capable of conducting official PH IRB business. A minimum of five members will serve on the Board at any given time. As previously noted, the PHD Health Officer & State Epidemiologist in consultation with the Multnomah County Health Officer will appoint members of the Board. The duration of service is not time limited, the PH IRB Coordinator will check in with each member annually to determine their continued interest in serving on the Board. Every year at the time of check-in, members will be asked to report any potential conflicts of interest via the submission of an updated "Public Official COI Disclosure Form". Members serve at the pleasure of the Institutional Officials and may be relieved of their responsibilities for failure to perform PH IRB duties in an appropriate manner.

PH IRB members are selected in accordance with the guidelines established by OHRP and criteria listed under §46.107. Members are chosen with varying backgrounds to promote complete and adequate review of research activities commonly conducted by the institution. This includes membership diversity in relation to race, gender, cultural backgrounds, and sensitivity to such issues as community attitudes. There will be at least one member whose primary concern is scientific, at least one member whose primary concern is non-scientific, and one person whom is not affiliated with either the PHD or the MCHD. The PH IRB will also consist of representatives for prisoners and multicultural communities.

In addition to possessing the professional competence necessary to review scientific and human subjects' research activities, the PH IRB shall also be able to ascertain the acceptability of proposed research in terms of institutional commitments and regulations, applicable laws, and standards of professional conduct and practice. The PH IRB will therefore include persons knowledgeable in these areas. No PH IRB member may participate as a primary or secondary reviewer in the initial or continuing review of any project in which the member has a conflict of

interest. While these members may be present at meetings to provide information requested by the PH IRB, the member with the conflict must abstain from voting. Alternate members may substitute for specific primary members during PH IRB meetings, with the requirement that they have similar expertise. Individuals with competence in special areas may be invited to assist in the review of issues that require expertise beyond or in addition to that available on the PH IRB. These individuals provide consultation only and do not vote.

MANAGEMENT OF THE IRB

The PH IRB is a part of the Science and Evaluation Unit of the Office of the State Public Health Director and is situated in Suite 930 of the Portland State Office Building located at 800 NE Oregon Street, Portland, Oregon. The PH IRB is scheduled to meet on a monthly basis, the second Friday of every month from 8:30 - 11:00 a.m. when the review of a more-than-minimal risk research study is needed. Proposals of research projects that meet a more-than-minimal risk status must be submitted by the monthly application deadline to be considered for Full Board review the following month.[5] The PH IRB Coordinator shall provide coordination and support services for all PH IRB activities. It is their duty to support the Chair and other Board members, all internal PHD/MCHD researchers, and external investigators who submit research proposals to the PH IRB. All research material will be provided via secure e-mail to the Board approximately two weeks prior to the scheduled meeting.

The PH IRB Coordinator will maintain records and files of all applications including their initial and continuing review activities, supplemental study documentation, reports on adverse events, unanticipated problems, or protocol deviations, amendment requests and related e-mail correspondence. Record of all meeting proceedings, votes, and decisions will also be kept via formal detailed minutes along with the Board roster, meeting schedule, and internal forms and policies. Lastly, all formal correspondence from the Chair, routed through the PH IRB Coordinator, to the Principal Investigator will be maintained in the study files. Although federal policy requires only a three-year retention period for records relating to research, the PH IRB will follow state administrative rule guidelines and retain all project records no longer than 10 years after a study is closed or deemed exempt and all IRB minutes for 25 years post approval prior to destroying.

Selecting Chairperson/Vice Chair

All members who have served at least one year on the PH IRB or have a minimum of one year of previous experience working with an IRB or the human subjects' research protection regulations are eligible to be Chairperson. The PHD Health Officer & State Epidemiologist and the MCHD Health Officer shall jointly appoint the Chairperson and Vice Chair. These individuals should be highly competent and fully capable of managing the PH IRB and matters brought before it with fairness and impartiality. With the mutual agreement of the Institutional Officials, the duration of service of the Chairperson and Vice Chair is not time limited. As with the PH IRB members, the IRB Coordinator will check in with them annually to determine their continued interest in fulfilling these roles.

The responsibilities of the Chairperson and Vice Chair include:

[5] See Reference Section for link to list of scheduled meeting dates and application deadlines

- Play a leadership role in establishing and implementing PH IRB policy;
- Represent the PH IRB in discussions with other organizations and federal authorities;
- Direct the proceedings and discussion of the monthly Board meetings;
- Vote on all protocols reviewed at full committee meetings;
- Understand ethical issues, state law, institutional policy, and federal regulations that are applicable to studies reviewed by the PH IRB;
- Review and sign (or authorize for signature via a Signature Authority Agreement on file) PH IRB response and determination letters to investigators; and
- In collaboration with the PH IRB Coordinator, promptly review and make decisions regarding submitted research proposals and the investigators' response to Board conditions.

The Chairperson and Vice Chair serve at the pleasure of the Institutional Officials and may be relieved of their responsibilities for failure to perform the duties in an appropriate manner.

Training

The PH IRB Coordinator will ensure all new Board members receive orientation, providing this Institutional Review Board Policy and Procedures Manual to each new member along with the Board roster and Full Board schedule. The Board, including the PH IRB Chair and Vice Chair, will receive OHRP's promised forthcoming guidance on the revised regulations at 45 CFR 46, once it becomes available. The Public Health Division has purchased an account with the Collaborative Institutional Training Initiative (CITI) and will provide training through it for all those listed below. CITI account setup and login instructions can be managed through contact with PH IRB Coordinator.

Institutional IRB Officials:

It is required that these two individuals complete the CITI course, "Introduction to Being an Institutional Official". Additionally, it is strongly recommended that the Institutional Official's complete Module 1 of the OHRP, "Human Subject Assurance Training", located here: https://www.hhs.gov/ohrp/education-and-outreach/human-research-protection-program-fundamentals/index.html/assurance-training.

Human Protections Administrators and Board Members

The Human Protections Administrators, including the PH IRB Coordinator, and the Board members, including the Chair and Vice Chair, must complete the CITI course, "IRB Members". Additionally, it is strongly recommended that these individuals also complete all three modules of the OHRP, "Human Subject Assurance Training," link listed above.

The PH IRB Chair, Vice Chair, and Coordinator will be encouraged to attend national conferences on the protections of human subjects in research. The Chair and Coordinator will also be encouraged to join the organization, Public Responsibility in Medicine and Research, PRIM&R, for educational materials, guidance documents, and access to a national online IRB forum. The PH IRB Coordinator will maintain a library of reference material, including videotapes, conference materials and books for use by PH IRB members, researchers and their staff.

Compensation

PH IRB members serve as volunteers and are not compensated for their service to the PH IRB.

Duties of the PH IRB Coordinator

- Create and maintain PH IRB policies, updating and revising as necessary to ensure compliance with revised federal policies and regulations, state law, and internal institutional policies;
- Interpret and apply state laws, federal regulations, institutional policies and guidelines to protect human subjects and to ensure institutional compliance;
- Provide direction to the research team regarding steps that must be taken prior to submission and regulatory and ethical advice in preparation of applications and consent documents;
- Provide assistance to both PHD and MCHD program staff regarding the PH IRB process, including assistance in the development of any required data use agreements being created specifically for research purposes;
- Serve as the Coordinator for the Science and Epidemiology Council and its Project Review Team and serve as the primary resource to project leads as they prepare their project documentation for presentation to the Council;
- Ensure research protocols internal to either the PHD or MCHD list a Supervisory Manager as key personnel, effectively designating them as the responsible party overseeing the conduct of the study;
- Ensure research protocols external to the PHD and MCHD have a designated PHD or MCHD "Sponsor" whom completes a scientific merit review of the proposed study prior to its submission;
- Extensively screen new and renewal applications along with any administrative and procedural modification requests;
- Contact and advise investigators in preparation, revision, and completion of these application processes including revisions that must be made to study documentation and conditions that must be met prior to any recommendation being made to the Board or Chair;
- Recommend actions to the PH IRB Chair or Vice Chair including proposal for research to be reviewed by the Full Board, go through an expedited review, be granted conditional approval or full approval, be disapproved, terminated, closed, or be found exempt from review;
- Prepare meeting agendas and study documentation for distribution and assign applications to committee members for review;
- Be timely in communications regarding protocol reviews with both the Board and research team;
- Keep relevant programs, data owners and managers informed on the progress of research applications in relation to their data requests from the investigators;
- Prepare correspondence that conveys PH IRB deliberations and contingencies for approval of research activities involving human subjects;

- Review protocol deviation reports, ensure the appropriate corrective actions have been initiated to prevent such deviations in the future, and verify that the protections in place for subjects and their data have not been substantially altered;
- Review submitted adverse event and unanticipated problem reports, ensure prompt reporting to OHRP or FDA if legally required, and confirm proper steps have been taken so such events are prevented in the future;
- Create the internal[6] and external data request process maps[7] for research related requests and update as necessary;
- Maintain annual renewal and check-in system, prepare and mail reminders and forms to research teams, and obtain annual financial conflict of interest disclosure forms;
- Prepare final meeting reports and maintain records in accordance with §46.115 for all studies;
- Develop training and materials for research staff, Board members, Institutional IRB Officials, and Human Protection Administrators on the ethical conduct of research involving human subjects and maintain records and logs of training completion dates for both internal and external research staff;
- Provide information to research subjects on their rights;
- Send monthly expedited review reports to the Board; and
- Maintain active and accurate registration of the PH IRB and both FWA's.

Resources

Sufficient resources will be made available for the administrative oversight of the PH IRB as well as to its Board members. This includes, but is not limited to, providing an adequate number of staff with appropriate workspace and equipment, meeting room space, education and training opportunities, and reference material.

CONFLICT OF INTEREST

The PHD has established an internal Financial Conflict of Interest Policy for Federally Sponsored Research Activities[8] in compliance with 42 CFR 50 Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research for Which PHS Funding Is Sought". The purpose of this policy is to promote objectivity in research by establishing standards that preserve the integrity of research, protect the rights and safety of research subjects, and prevent bias in the design, conduct, and reporting of research funded under PHS grants or cooperative agreements. Any PHD or MCHD employee that serves as an Investigator or key personnel and who is planning to participate in PHS-funded research must disclose to the institution any significant financial interest (and those of the investigators' or key personnel's spouse and dependent children) through the submission of a disclosure statement. At the time of a research submission, if federally funded, the PH IRB Coordinator will ensure a current disclosure statement is on file for all key personnel listed on the application. The Coordinator will inquire

[6] See Reference Section for Internal Data Request Process Map
[7] See Reference Section for External Data Request Process Map
[8] See Reference Section for Policy

about possible changes to disclosures on an annual basis at the time of the yearly continuing review or check-in. If at any time during the duration of a study however, conflicts change, it is the employee's duty to promptly submit a new, updated form. Further, CITI FCOI training must be completed by such personnel. The PHD and MCHD Institutional IRB Officials will serve as the Financial Conflict of Interest Officer's (FCIO) and in collaboration with other institutional officials will review any disclosures to determine what actions are necessary to manage the conflict, communicating them to the PH IRB. If actions required result in revisions to the research protocol or disclosure of information to a research subject, investigators must submit revised material to the PH IRB for review and approval.

Alternatively, if an investigator from an external institution submits an application to the PH IRB, evidence must be provided that the external institution is in compliance with 42 CFR 50, Subpart F and that appropriate disclosures have been made. This can be in the form of an institutional FCOI Policy or the disclosures themselves.

Federal regulations do not allow an IRB member to participate in the initial or continuing review of any project in which the IRB member has a conflicting interest. As stated above under "PH IRB Membership," Board members will not participate in such reviews except to provide information requested by the PH IRB. On an annual basis, Board members will be required to submit an OHA "Public Official COI Disclosure Form".

OPERATION OF THE PH IRB

Meetings

The PH IRB meets on the second Friday of every month in the Portland State Office Building or via Microsoft TEAMS. These meetings are held to discuss previous meeting minutes, protocol deviations, adverse events or unanticipated problem, substantive revisions to previously approved research that are likely to increase risk to subjects or significantly affect the nature of the study, and more-than-minimal risk protocols needing either an initial or continuing review. The PH IRB Coordinator will develop the agenda and prepare material for review. Cancelations will be sent out if necessary, in a timely manner.

Review Process

Responsible Party/Sponsorship

Studies internal to the PHD or MCHD must list a Supervisory Manager as key personnel on their Initial Review Questionnaire[9], effectively designating them as the responsible party overseeing the conduct of the of the study throughout its duration. Studies external to the PHD and MCHD must have a designated PHD or MCHD "Sponsor". This sponsor does not need to be working on the actual investigation; rather, their sponsorship acknowledges their familiarity with the project including their ability to vouch for its scientific and research merit and integrity. The "Sponsor" will be required to fill out the "Scientific Merit Pre-IRB Review Tool" which is located in the "OHA Public Health Division Pre-IRB Review Process for External Projects" document.[10] When an internal PHD or MCHD program specific Advisory Committee or Review Group approves a proposal prior to directing the research group to the PH IRB, the review may adequately serve as the sponsorship. In these cases, the PH IRB Coordinator will request documentation of the

[9] See Reference Section for link to webpage, where the latest version of the IRQ is located
[10] See Reference Section for document

Program's review including the minutes, correspondence to the investigator, and/or the official determination memo. Whichever is the case, sponsorship designation must be intact prior to PH IRB review.

Initial Reviews

To ensure the PH IRB is the appropriate body to provide a review, careful attention will be paid to distinguishing public health practice from public health research. To assist in this effort, the PH IRB has adopted the following guidelines:

- "Defining Public Health Research and Public Health Non-Research" established and revised by CDC in July, 2010[11]; and
- "Public Health Practice vs. Research: A Report for Public Health Practitioners Including Cases and Guidance for Making Distinctions," published by the Council of State and Territorial Epidemiologists on May 24, 2004.[12]

If found to be research, to facilitate the review process, submitted documentation will be extensively screened by the PH IRB Coordinator to determine whether the research can be classified as Exempt[13], meets an Expedited Review[14] category, or shall be referred for Full Board Review. At the same time, qualification of engagement will also be determined, using the Office for Human Research Protections "Guidance on Engagement of Institutions in Human Subjects Research"[15]. During the pre-screening of an application, every attempt will be made by the PH IRB Coordinator to ensure the application's documentation is complete, consistent, and compliant with both state laws and federal rules and regulations. This preliminary review should help investigators focus on problem areas in the research protocol and design and ensure all relevant and required supplemental documentation has too been submitted for review. Studies that do not qualify as exempt, or do not fall under an expedited review category, will be reviewed by the Full Board at a regularly scheduled IRB meeting. If initially reviewed and approved by the Full Board, subsequent to the vote the Board will decide one of two things:

1. The study is given a PH IRB expiration date no more than one year from the date of initial approval. Prior to expiration, the research team must come back for a convened review by the Full Board, using a Continuing Review Questionnaire (CRQ), to provide an update. This will occur for studies that after initial review, the PH IRB believes to be more-than-minimal risk, meaning they do not qualify for expedited review in accordance with §46.110.
2. The study is not given a PH IRB expiration date as no continuing reviews will be necessary. The PH IRB Coordinator will instead contact the research team on an annual basis and request an "Annual Check-in" form be submitted to provide a quick update on the status of the study. This will occur for studies that after initial review, the PH IRB believes to be no more than minimal-risk, meaning at the check-in it would qualify for expedited review in accordance with §46.110.

[11] See Reference Section for Policy
[12] See Reference Section for Report
[13] See Reference Section for Exempt Categories
[14] See Reference Section for Expedited Review Categories
[15] See Reference Section for guidance document

More on this below under "Continuing Reviews" and "Annual Check-ins".

To approve human subjects' research, the PH IRB must ensure that the following requirements are satisfied:

- Risks to human subjects are minimized;
- Risks to subjects are reasonable in relation to anticipated benefits to subjects, if any, and the importance of knowledge that may reasonably be expected to result;
- Selection of subjects is equitable, being particularly cognizant of the special problems of research that involve a category of subjects who are vulnerable to coercion or undue influence including individuals with impaired decision-making capacity, or economically or educationally disadvantaged persons;
- Informed consent and/or assent and parental permission will be sought from each prospective subject or the subject's legally authorized representative;
- The informed consent is adequate and appropriately documented or appropriately waived;
- When appropriate, adequate provision is made for monitoring the data collected and the data collection process to ensure the safety of the subjects;
- When appropriate, there are adequate provisions to protect the privacy of subjects and maintain the confidentiality of data; and
- When subjects are defined in 45 CFR 46, subparts B, C, or D as a vulnerable population, requirements of those subparts have been applied and appropriate safeguards have been included in the study to protect the rights and welfare of the subjects.

Continuing Reviews

As the PH IRB elects to not transition previously approved (prior to the 1/21/2019 effective date) research to the revised Final Rule regulations, those studies reviewed and approved in accordance with the Common Rule will continue to submit paperwork to the PH IRB Coordinator for annual continuing reviews by the Chair. Such reviews will continue until the study is ready for closure.

Substantive and meaningful continuing reviews[16] will also be required for any study initially approved post-1/21/2019 that was deemed more-than-minimal risk and will be conducted no less than annually by the Full Board, preceded by receipt of a Continuing Review Questionnaire (CRQ) and other appropriate progress reports from the investigator, including available study-wide findings. Such reviews allow the Board to periodically re-evaluate the benefits, risks, methods, and procedures used in research activities, and determine whether the research has been modified without prior approval. At the time of a continuing review, a decision will be made as to whether the project needs to come back the following year for a subsequent review or if per §46.109(f)(1) the risk involved has since lessened, resulting in the elimination of future continuing reviews. If the latter, it will be the PH IRB Coordinator's obligation to simply "check-in" with the research team on an annual basis regarding the status of their study. More on Annual Check In's below.

[16] See Reference Section for link to webpage, where the latest version of the CRQ is located

Approval Expiration:
It is the investigator's responsibility to ensure that PH IRB approval does not lapse during the course of the research study, however the IRB Coordinator will send out reminders approximately six weeks ahead of the expiration.

When PH IRB approval expires, a formal notice of expiration will be sent, and the continuing review paperwork will then be due within two weeks' time. OHRP does not consider expiration to be a suspension or termination of PH IRB approval, however, approval must be sought as soon as possible in order to continue the research. If the study is active and open to enrollment, all research activities must cease. No new subjects may be enrolled in the study, data cannot be collected from those who have already consented, and analysis of identifiable data, documents, or specimen should be halted. If the study is active but closed to enrollment, data analysis may continue, however, it is asked that any long-term follow up of those enrolled subjects be brought to a stand-still. If the paperwork is not received by the given two-week notice date, reviews will be shortened to every six months.

When paperwork is not received within six weeks of the formal notice of expiration, the PH IRB approval for the study will be officially terminated. If terminated, all research activities must end. Subjects currently participating in the study and/or the PHD and MCHD Programs and Data Owners will be notified that the study has been terminated and all data collection and transfers must cease. Procedures for withdrawal of enrolled subjects must consider the rights and welfare of the subjects. If follow-up of subjects is required by the PH IRB, current participating subjects will be informed.

Annual Check-in's
Annual check-in's will be required for any study initially reviewed and approved post-1/21/2019 that falls under §46.109(f)(1). This means that although there is no requirement to conduct a continuing review for a study that has undergone an expedited or limited IRB review nor a study that has progressed to the point of data analysis or follow-up only, per this policy the team will still be contacted by the PH IRB for an annual check-in. Limited study progress information will be requested. Because no PH IRB approval expiration date will be associated with such studies, the responsibility for the annual check-in will fall on the IRB Coordinator whom will send an Annual Check-in Form for completion and signature by the P.I.

Project Revision/Amendment Requests
For all studies, researchers are not to wait until their given PH IRB approval expiration date or annual check-in to submit proposed changes, whether minor or substantive in nature. A Project Revision/Amendment Form (PRAF) should be submitted and review and approval by the PH IRB is required prior to implementation of the changes. Failure to report changes will be deemed a protocol violation and the Board will halt the study's progress until a sufficient review of the amendment has occurred. Changes may only be initiated without PH IRB review and approval when necessary to eliminate immediate hazards to the human subjects.

Studies initially approved as exempt from further review must only submit proposed substantive changes, those that would result in significant change to the study, its oversight, and its design, as such changes could possibly alter the exempt status. If not sure as to what level their change

would be considered, researchers should informally notify the PH IRB Coordinator of the change via e-mail for assistance in determining whether or not a PRAF should be submitted.

More information on what qualifies a revision as minor versus substantive can be found under the titled section, "Information the Investigator Provides" under *Requests for Changes after Study Commencement.*

Prompt Report Reviews

For all studies, regardless of whether receiving continuing reviews or annual check-in's, unanticipated problems, adverse events, confidentiality breaches, protocol deviations, and study closures must all be reported, using PH IRB internal forms, as soon as the research team becomes aware of them. Such reports will be reviewed by the PH IRB and next steps will be formally determined. These events, along with any serious or continuing noncompliance with federal regulations, requirements, or determinations of the PH IRB; and any suspension or termination of other IRB approvals will be promptly documented by the PH IRB and appropriate notification will be sent to Institutional Officials and, if applicable, Federal agencies. Participant complaints should simply be e-mailed to the PH IRB Coordinator as soon as the research team becomes aware to determine if any next steps are required.

Deferral of Review

Although the PHD and MCHD have separate Federalwide Assurances filed with the OHRP, both rely on the PH IRB and thus both must notify the PH IRB of any human subject's research, even if they wish to cede oversight voluntarily or per a federal requirement.

A request to cede oversight may be made via e-mail to the PH IRB Coordinator, accompanied by the study documentation. At the time of initial review, supplemental PH IRB paperwork may be requested to assist the IRB in its review of the request. Depending on several factors but most importantly the level of staff involvement, the sensitivity of the requested data, the topic at hand, the populations involved, and the overall risk expected, the Coordinator will recommend a course of action to the Chair regarding the deferral. If the PH IRB agrees to cede oversight, a formal memo will be sent to the research team explaining that an authorization agreement must be finalized between the two IRB's and that the PH IRB will ask to receive annual updates on the study's status. This will include a copy of any reports submitted to the reviewing IRB along with the most recent IRB continuing review approval memo for our files.

Please see the previous explanation of NIH's single IRB policy and The Final Rule's §46.114 cooperative research policy on mandated deferrals under "Functions of the PH IRB".

Exemptions

Research applications that are submitted by an investigator claiming an exemption under 45 CFR §46.104, will be reviewed by the PH IRB Coordinator to determine if the research qualifies as such and a recommendation will be made to the Chair or Vice Chair for final determination regarding exempt status. Special consideration will be made if vulnerable populations are to be involved. Important to note, although a project may qualify for an exempt status, HIPAA Privacy Rule regulations and safeguards along with state law and institutional policy may still apply.

Per the Final Rule, there are four categories through which a study may be found exempt but in contrast to what the term "exempt" implies, such studies will in fact still require an IRB review.

This new review is referenced as a "limited IRB review". Two exemption categories, §.104(d)(2)(iii) and 104(d)(3)(i)(C), will require a limited IRB review for certain research scenarios in which information is recorded in a manner in which the identity of the human subjects can readily be ascertained. For these two specific limited IRB reviews, it is permissible for the PH IRB to apply expedited review procedures. The PH IRB elects to not utilize the two other exemption categories, §.104(d)(7) and (8), which are specific to the secondary research use of identifiable private information and identifiable biospecimens, including their storage or maintenance. These two categories include numerous complexities and issues resulting from a new broad consent requirement and thus will not be utilized.

It is important to note, although the PH IRB will not apply exempt categories §.104(d)(7) and (8), using previously obtained information or biospecimens for secondary research is still plausible. There are three other pathways available for the PH IRB to review and approve such research:

1. Researchers may choose to conduct the research on non-identified information and non-identified biospecimens,
2. The PH IRB may waive the requirement for informed consent, or
3. The researcher may obtain consent from individuals for use of such data in a specific study.

Due to the complex reasoning explained above, it is critical for researchers to present their research project to the PH IRB Coordinator even if they believe it to be exempt from review.

After a research team receives an exempt determination from the PH IRB, if any major changes occur to the study that change its initial intention or scope, the PH IRB should be notified via e-mail to see if the exemption still holds. If after three years from the original exempt determination, the PH IRB has not been notified of any revision requests, the IRB Coordinator will contact the investigator to check on the status of the study. If no changes have occurred in those three years, per §.115, the PH IRB will no longer track the study nor keep record of it and will send all study documentation to State Archives.

Expedited Review

The initial review of a research protocol that appears to fall under an expedited review category may be conducted by the PH IRB Coordinator or, if needed due to time constraints and with the permission of the Chair, one or more Board members may be assigned the review. If there is any indication of prisoner inclusion, the PH IRB Prisoner Representative will be assigned as a primary reviewer. If a member is designated as the reviewer, upon completion of their review the Expedited Review Form along with their determination must be sent to the PH IRB Coordinator. After documentation has been submitted in a satisfactorily manner, the IRB Coordinator will forward their own, or that of the assigned Board members', recommendation to the Chair. This will include a summary of the general purpose of the study, its specific aims, the scientific design and merit, and its ultimate goal. The summary will outline the procedures to be followed including the recruitment of subjects and protection of their data. The PH IRB will be particularly cognizant of the potential problems with research involving children, prisoners, mentally disabled persons, and/or economically or educationally disadvantaged persons. Details regarding their protections can be found below in the guidelines for the *Equitable Selection of Subjects* under "Full Board Review". Risks and benefits, costs and compensation, informed

consent and/or assent and possible authorization, will too be explained in great detail. A formal decision memo will be drafted by the Coordinator and sent with the summary and recommendation to the Chair or Vice Chair for final ruling.

The IRB Coordinator will request proof of human subjects' research training for all personnel, regardless of role. P.I.'s and Co-I's are to submit CV's. If federally funded, as explained under the "Conflict of Interest" section of this Policy, 42 CFR 50, Subpart F will be adhered to.

Investigators will be notified of the ruling via receipt of the finalized decision memo by e-mail. If initially approved under these expedited procedures, the PH IRB Coordinator thereafter will contact the P.I. every year for the submission of an Annual Check-in Form. If after initial approval, changes occur, it is the research teams' obligation to notify the PH IRB as such changes may alter the expedited status of the study. Board members will be kept advised of all research protocols and project revisions approved through an expedited review process on a monthly basis via electronic mail.

Full Board Review

The Full Board review process shall be carried out at least every year for each initial or continuing research activity that does not meet expedited review criteria or is not exempt from review, meaning it presents more-than-minimal risk. Convened meetings will be held in which a majority of the members of the PH IRB are present, including one member whose primary concerns are non-scientific. Approval by a majority of those members present represents approval from the PH IRB. The Board shall consider the following factors in reviewing a research application:

- SIGNIFICANCE: Study objectives must be clearly specified and if there is preliminary data to justify the research, the Board must be made aware. The Board must feel confident that the scientific merit of a proposal justifies its risk to benefit ratio.
- BENEFITS/RISKS: The Board will review the potential risks, discomforts, hazards, and inconvenience of participation in research protocols and ensure they are reasonable in relation to anticipated benefits and the importance of the knowledge that may reasonably be expected to result. Probability, magnitude, and duration of the risks involved will all be addressed. Precautions that are being taken to avoid or minimize the potential risks will be examined. Direct benefits expected for the subjects involved as well as the community at large must be explained. It is important for the Board to have a strong understanding of the risk to benefit ratio in order to determine its acceptability.
- EQUITABLE SELECTION OF SUBJECTS: The PH IRB will take into account the purpose of the research, the setting in which the research will be conducted, and whether subjects selected to participate are members of the population most likely to benefit from the research. The Board will ensure appropriate inclusion and exclusion criteria are in place as poorly specified criteria may result in inadvertent exclusion of eligible research subjects and an imbalanced or inappropriate enrollment. Women and members of minority groups should be included in all research projects involving human subjects, unless a clear and compelling reason exists that inclusion of such subjects is inappropriate with respect to the health of the subjects or the purpose of the research. When some or all the subjects are likely to be vulnerable to coercion or undue influence, the Board will require additional safeguards be included in the study to protect their rights and welfare. All federal regulations defined in 45

CFR 46, subparts B, C, and D will be followed when research possibly involves the inclusion of pregnant women, human fetuses or neonates, prisoners, and/or children. The PH IRB Coordinator will assist the researchers in deciphering whether any of these populations are targeted and/or incidentally included. The PH IRB has further adopted the following guidelines:

- In general, a researcher is not including a vulnerable population if they have no way of identifying subjects as a current member of a vulnerable population and no reason to do so. Research teams are also not including a vulnerable population if they are accessing records from a time when a subject was a member of a vulnerable population, but at the time the information is accessed, no longer is.
- To the extent an incarcerated person's data is incidentally included, the PH IRB Prisoner Representative will review the study. Due to the extensive and lengthy review required for inclusion of prisoners in research, it is important to understand that this additional federally mandated protection is not intended for individuals who have ever served time in prison over their lifetime. The protection is in place, rather, for any subject that is a prisoner directly involved in the research during their incarceration. If the Representative finds that there are no particular risks in linking their health data to information regarding their incarceration or conviction and further, there is zero risk that a prisoner in the study would somehow be taken advantage of, abused, or lose something as a result of being a prisoner, then the Board may determine that Subpart C does not apply.
- If individuals with impaired decision-making capacity, or their data are to be included in a study, per §.111, the PH IRB will review the protocol to ensure the study holds minimal risk and adequate safeguards are in place to protect the confidentiality of their data throughout the entire duration of the study.
- For social/behavioral research involving pregnant women, the Public Health Division has determined that pregnant women may be enrolled in research involving interview, focus group, survey or similar procedures without any additional safeguards. These studies will be reviewed by the IRB following equivalent standards as set forth in the Final Rule.
- When subjects under the age of 18 are pregnant or have children, and their participation in the research is related to the minor as a parent and not just as an individual, the requirement to obtain parental consent (of the minors' parents) is not necessary if it is determined that the study poses minimal risk.

- COMPENSATION/COSTS: Compensation or reimbursement offered must be reasonable and non-coercive. Adequate provisions must be in place to avoid out-of-pocket expenses and costs by the research subject if insurance denies payment.
- VOLUNTARY AND INFORMED CONSENT: All subjects, adults or children, must be fully informed in advance of the degree of risk involved with their participation and, insofar as possible, given an explanation of the nature and consequences of the proposed research. Methods for securing cooperation of subjects should be specified in advance as clearly as possible. No coercion may be used to obtain or maintain cooperation. Adult subjects or their legally authorized representative must express consent to participate in writing. If the subject

is under the age of 18, informed consent must be obtained in writing from the subject's parent or legal guardian. Subjects over seven years of age must give their assent. All subjects, adults and children alike, must be assured that they may choose to withdraw from the research at any time without penalty. Request for a waiver of consent or its documentation may be considered by the PH IRB in accordance with §.116(e)(3), (f)(3), or (g) and .117(c).

- PROCEDURES: The Board will be well informed on the timing and setting of the study along with the qualifications of those conducting the research. Consistency among study documentation will be examined thoroughly to ensure uniformity of all written procedures regarding informed consent, protection of subjects, confidentiality of data, and written results. The Board is required to evaluate whether the study procedures are consistent with sound research design and do not unnecessarily expose subjects to risk.
- ANALYSIS: Protocols must contain well-conceived, well-formulated, and appropriate plans for interpretation of data and statistical analyses.
- CONFIDENTIALITY AND PRIVACY: All information gathered on subjects or provided by them via questionnaires, tests, and interviews must be kept confidential. Adequate provisions must be present to protect the privacy and safety of subjects and to maintain the confidentiality of their data. Published accounts of such data must not reveal the identity of the subject.
- RESEARCH DESIGN: The Board may return to the applicant proposals involving human subjects that it feels are unlikely, through faulty design, to yield accurate and scientifically meaningful data.
- CODES AND STANDARDS: In their review process, the Board will consider the degree to which the proposed research conforms to the prevailing social codes and moral standards of the community or cultural group involved.

Full Board reviews include initial proposals, continuing reviews, and project revisions not meeting a minimal-risk status. Each project will be extensively screened and vetted by the IRB Coordinator prior to the study documentation being sent to the Board via secure e-mail. After documentation has been screened, revised and prepared in a satisfactorily manner, the Coordinator will identify two Board members and assign them primary and secondary reviewer responsibilities. Those assigned will be responsible for reviewing the protocol and all supplemental documentation and routing questions for clarification or revision requests to the research team through the PH IRB Coordinator prior to the scheduled Full Board review. Such reviewers are asked to use the Reviewer Summary form(s) and should be prepared to present the following information during the Board meeting:

- Purpose;
- Specific Aims and Ultimate Goal;
- Scientific Merit;
- Study Design;
- Subject Characteristics;
- Vulnerable Populations;

- Risks/Benefits;
- Costs/Compensation;
- Recruitment;
- Consent/Assent and possible Authorization process;
- Requested Waivers;
- Privacy/PHI Confidentiality;
- Data Use, Transfer, and Protection;
- Genetic/Tissue Banking;
- Retention/Destruction of Data;
- Miscellaneous issues; and
- Recommendation.

All Board members will receive the following documents to prepare for the Board meeting:

- Initial Review Questionnaire (IRQ), Continuing Review Questionnaire (CRQ); and/or Project Revision/Amendment Form (PRAF)
- Complete protocol;
- Data Use Agreement(s), if available;
- Recruitment flyer(s);
- Information letters to participants including follow-up;
- Consent and Authorization form(s);
- Scripts, including screening and follow-up (both oral and written);
- Questionnaire, survey, and/or interview instrument(s);
- Information management or flow chart, if indicated;
- Medical chart review forms, if applicable;
- Other IRB's correspondence, if applicable; and
- Personnel CV's and proof of HSR training.

If Spanish-speaking subjects will be included, translated documents will be requested. The Principal Investigator(s), Study Coordinator, and any other study personnel are encouraged to attend the meeting and participate in the discussion. Prior to the Board vote however, the research team will be asked to exit the room. Certification of PH IRB review and approval, or otherwise, will be forwarded through the PH IRB Coordinator to the Principal Investigator. It is the P.I.'s responsibility to send appropriate material to federal departments for research sponsored by such institutions.

In the case of a Full Board continuing review, Board members will receive all material previously reviewed in addition to any changes and a Continuing Review Questionnaire (CRQ). In the case of extremely large projects, the primary and secondary reviewers will receive complete file documentation, while other members will only receive the CRQ, previously approved IRQ, protocol, consent and if applicable, questionnaire/survey. With the submission of the CRQ, the Board will receive a status report on the progress of the research, including:

- Number of subjects enrolled, withdrawn, and whom remain in follow-up;
- Breakdown of subject's race, ethnicity, gender, and sex, if known;
- Summary of any adverse events, unanticipated problems, complaints, protocol deviations and/or breaches of confidentiality involving risks to subjects or others since the last review;
- Summary of any changes that have occurred since the last review and explanation as to whether a PRAF was appropriately submitted, or notification of any changes the team wishes the Board to review at the present time;
- Summary of any relevant literature, interim findings, and amendments or modifications to the research since the last review;
- A copy of any presentations or publications resulting from the data collected for the study since the last review, including any relevant multi-center trial reports;
- If reviewed by other IRB's, a copy of the most recent IRB approval;
- Any other relevant information, especially information about risks associated with the research; and
- If still in the recruitment phase, a copy of the current informed consent and/or Authorization document.

<u>Findings by Full Board</u>

Projects screened by the Full IRB may be classified as approved, approved with conditions, deferred, disapproved, or not human subjects research:

- APPROVED: Researcher will receive a memo stating the project is approved. In the memo, researchers will be notified of whether their study will go to the Full Board for a continuing review the following year or if it was determined that all future reviews only require annual check-in's. Whichever the case, the memo will explain what the PH IRB must be notified of and at what time throughout the duration of the study, including revision requests and prompt reports. The date of the Board meeting at which the protocol was considered and judged to be acceptable without changes is the date of approval.
- APPROVED WITH CONDITIONS: Researcher will receive a memo stating that the project has been approved subject to a number of conditions. The memo will outline additional information and/or documentation that is needed, revision requests to current paperwork, and the timeline in which these conditions must be met. Conditional approval does not mean approved; it means that the PH IRB believes it is possible that the study may be approved upon completion of the conditional items. Conditional issues responded to by investigators will be reviewed by the PH IRB Coordinator and recommendations for further changes may be identified. The PH IRB Coordinator may seek additional review by the primary and

secondary reviewers. Upon determination that the investigator has complied with conditions, the PH IRB Coordinator will notify the Board members whom were present during the Full Board review and recommend approval to the PH IRB Chair for concurrence. A final IRB approval letter will be sent to the investigator and at that time, the study may begin. The approval date is the date of the original IRB meeting at which the "minor revisions required" determination was made, even in the event that it may take several months to receive the revisions from the investigators. Same conditions discussed above under "Approved" likewise apply here.

- DEFERRED: P.I. will receive a memo stating that the Board does not believe his/her research team fulfilled the requested conditions sent by the IRB Coordinator prior to the scheduled meeting and therefore the Full Board was not able to provide a sufficient review. This notification will include a list of conditions that must be met and documentation that must be received by a designated deadline to ensure a Full Board review can take place during the next scheduled meeting.
- DISAPPROVED: Researcher will receive written notification of disapproved status. This communication will include statements about problems identified in forms or procedures and what corrective actions, if any, are needed. Investigators may not enroll any subjects or obtain any data for a study that has been disapproved by the PH IRB.
- NOT HUMAN SUBJECTS RESEARCH: If the Chair, Vice Chair, or Board determine the protocol submitted is not human subjects research, investigators will receive written notification of the projects non-HSR designation but will be told that if any changes occur to the study design, it should be brought forward for reconsideration.

Appeal of PH IRB Decision

If a P.I. chooses to appeal a PH IRB decision, he or she must send a written statement with the reasons for appeal to the PH IRB Chair. Copies of the statement will be distributed to all Board members and the research project will be scheduled for re-review. After discussion of the project and the reason for appeal, the PH IRB will formally vote. A project may not be reconsidered after a subsequent disapproval unless significant changes are made.

PH IRB RECORD REQUIREMENTS

The PH IRB Coordinator is responsible for preparing and maintaining adequate documentation of PH IRB activities including:

- All research proposals reviewed and scientific evaluations, if any, that accompany the proposals;
- Records of initial and continuing reviews and check-in's and review of additions, revisions, and amendments to the study and/or its documentation;
- Adverse event reports, protocol deviation reports, and progress reports including reports of complaints and/or injuries or breaches of confidentiality submitted by investigators and statements of significant new findings provided to subjects, if applicable;
- Approved sample consent forms, recruitment materials, survey instruments, interview scripts, etc;

- Resulting publications or presentations;
- Agendas and minutes of PH IRB meetings which contain sufficient detail to show:
  - attendance at the meetings;
  - actions taken by the PH IRB and the vote on these actions including the number of members voting for, against, or abstaining;
  - the basis for requiring changes, deferring or disapproving research;
  - a summary of any discussion of controverted issues and their resolutions; and
  - the recommended frequency and type of continuing review or check-in.
- PH IRB roster in accordance with 46.108(a)(2); and
- All correspondence between the PH IRB and investigators, including e-mails and formal memos.

The records required by this policy will be maintained in accordance with the Oregon State Archives *Records Retention Schedule.*

INFORMATION THE INVESTIGATOR PROVIDES

All investigators should carefully review the following requirements for submission of applications to the PH IRB. Submission of incomplete application packets will result in delay of the review and approval process. PH IRB protocols must reflect what is actually done in the research. Once the PH IRB has approved a protocol for a particular project, the investigator is bound to follow that procedure. Any problems involving risks or injuries to subjects as a result of the research must be reported immediately to the PH IRB. A PH IRB tracking number will be assigned to every study submitted. The Board asks that this assigned number be visible on all documentation made available to the public, e.g. recruitment flyers, consent forms, etc. Subjects should be able to easily locate this number and reference it when calling either the PH IRB or the research team for questions on their rights or the study itself. This will allow our staff to readily locate the study file and provide answers to their inquiries in a professional and timely manner.

Data Use Agreements

When PHD or MCHD data is requested for research, the PH IRB Coordinator will direct the investigator to first contact the Program to see if disclosure of the data is possible, and if so, what the program requires in order to agree upon its release. There is substantial paperwork required for PH IRB review and to be as efficient as possible, the IRB requires research teams to check with data owners first.

Requirements for data contracts are program specific. Some programs have a written policy requiring a formal internal review of the proposal to determine whether the data can be disclosed for the purpose of the research and whether a data use agreement (DUA) should be in place. All PHD programs should follow the internal joint DHS/OHA Policy #100-010, *Release and Waivers for Use and Disclosure for Research and Reporting*, which reflects the basic provisions of HIPAA's Privacy Rule. If the release of data requires a DUA, required HIPAA elements and

statements must be included if a covered entity is involved. It is ultimately up to the PHD or MCHD program to guarantee the DUA is appropriately written and signed by the requestor.

If data is being sought from numerous programs, the PH IRB may allow researchers to submit IRB paperwork prior to every DUA being finalized. It is understood that obtaining accurate DUAs from several different programs and/or entities is time consuming and therefore the IRB will review the research prior to each of them being confirmed. Researchers must understand however, that obtaining PH IRB approval does not mean all programs will disclose data, and the research for that reason may not be plausible. The PH IRB will request a copy of all DUAs for the study's file and will copy relevant data owners on all subsequent correspondence regarding the status of the study.

Training Documentation and Resumes

To further assess their qualifications, all listed study personnel on the PH IRB Personnel Tracker[17] must complete required human subjects research training. For this purpose, the PH IRB Coordinator has set up and maintains a PHD account with the University of Miami's Collaborative Institutional Training Initiative (CITI). All PHD and MCHD staff serving as Principal Investigators or Co-P.I.'s on any active study will be required to complete the "PH Principal Investigators & Co-P.I.'s" Basic Course. All PHD and MCHD staff serving as other key personnel will be required to complete the "PH Other Key Personnel" Basic Course. After three years, the Refresher Course must be completed. Special exceptions will be made if study team members have already completed a certified human subject's research training course with an external institution and they are able to provide the PH IRB with documentation of its completion. At the time of its expiration, the study members will be asked to complete the PH IRB specific CITI training.

All external researchers will be asked to provide documentation of their completion of human subject's research training from their own institution for PH IRB records.

CV's must be submitted for the P.I. and all Co-Investigators.

Initial Review Questionnaire (IRQ)

A detailed overview of the proposed research project, this questionnaire is required along with the research protocol. Investigators must adequately document the provisions in place for protecting the rights and welfare of the research subjects and the confidentiality of their data as well as ensuring that all pertinent laws and regulations are followed. This document should accurately explain the subjects to be involved, and at what level of identifiability their data will be obtained, used, and retained for research purposes. This document will stand as titled, the "initial" review questionnaire, and will remain on file for the duration of the study. After initial approval, at no time will changes be requested to this document.

Research Protocol

The study protocol is the formal document that establishes the conditions under which the research is to be conducted. The protocol should include the following information:

[17] See Reference Section for link to the webpage, where the latest version of the form can be found.

- Investigators and collaborators;
- Background and description including specific scientific aims, hypotheses, and overall goal;
- Description of preliminary studies results;
- Research methods and procedures;
- Statistical/analytical methods to be used;
- Adverse event reporting and monitoring including a description of the Data Safety Monitoring Board and Plan, if applicable (e.g. membership, frequency of reviews and reports, etc.);
- Security measures in place to protect the subjects' data and privacy, including how data will be transported and/or transmitted;
- Approximate number of subjects involved and related study population information, including:
  - Inclusion and exclusion criteria;
  - Justification for the involvement of any special/vulnerable populations;
  - Potential risks and benefits associated with participation;
  - Alternatives, if any, available should the subject not participate;
  - Recruitment methods;
  - Consent procedures (how it is obtained and how the process is structured);
  - Procedures for documenting informed consent and if applicable, assent;
  - Explanation of requests for waivers, if applicable; and
  - Compensation and/or costs to subjects for their participation.
- Flow Chart, if applicable.

HIPAA Questionnaire or Authorization Form

The Health Insurance Portability and Accountability Act's (HIPAA) Privacy Rule establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule states that a covered entity must either obtain a subjects' authorization in order to use and/or disclose their protected health information (PHI) or limit their use and/or disclosure of the PHI according to set requirements, in order to use without authorization. All requirements set forth in the Privacy Rule are intended to maintain appropriate safeguards to protect the privacy of personal health information.

The Privacy Rule does not apply to all research, it only applies to covered entities, which researchers may or may not be. To gain access for research purposes to PHI created or maintained by covered entities, the researcher may have to provide supporting documentation on which the covered entity may rely in meeting the requirements, conditions, and limitations of the Privacy Rule. The OHA is a hybrid entity meaning it is a covered entity but performs business activities that include both covered and non-covered functions, and it designates its health care

components as provided in the Privacy Rule. Effective July 1, 2011 The Authority designated specific divisions or programs of the OHA as health care components and part of the covered entity portion of the agency based on specific criteria. The following divisions or programs were designated as health care components and part of the covered entity because each division or program could meet the definition of a covered entity in the HIPAA Privacy Rule if the division or program were its own separate legal entity:

- The Authority in its capacity as the state Medicaid agency for the administration of the Medicaid program under Title XIX of the Social Security Act;
- The Children's Health Insurance Program under Title XXI of the Social Security Act;
- The medical assistance program as described in ORS Chapter 414;
- The high-risk pools administered by the Oregon Medical Insurance Pool Board and the Office of Private Health Partnerships;
- The Family Health Insurance Assistance Program established in ORS Chapter 414;
- The Health Care for All Oregon Children Program (also known as the Healthy Kids program);
- The Breast and Cervical Cancer Program;
- The Wise Woman Program;
- The Oregon State Hospital;
- Blue Mountain Recovery Center;
- The Public Health laboratory;
- The Authority's Privacy Officer; and
- Staff associated with responding to complaints about potential HIPAA compliance issues.

Effective April 1, 2014, to comply with changes made effective by the HIPAA Omnibus Rule, The Authority designated the following additional divisions or programs as part of the health care component of the covered entity portion because they perform business associate functions on behalf of the covered entity component of OHA:

- The Office of Health Analytics;
- The CCare Program;
- The Babies First Program;
- The Oregon Transitional Reinsurance Pool administered by the Oregon Medical Insurance Pool Board; and
- CaCoon and the FamilyNet ORCHIDS data collection and reporting system.

If one of the covered programs or divisions listed above plans to release PHI for purposes of research under the review of the PH IRB, HIPAA's Privacy Rule will be applied. However, per guidance received from the Office of Civil Rights and our internal Privacy Office, HIPAA rules

will not be applied to the non-covered parts of our hybridized entity. For this reason, the PH IRB will not apply HIPAA's Privacy Rule if a non-covered portion of our entity is releasing identifiable private information to a covered entity. However, it is important to note, that several programs internal policies and standards reflect those which are provided under HIPAA and will need to be adhered to. Once the information is received by the external covered entity, it is liable from that point forward to protect the obtained information, in accordance with the Privacy Rule.

A valid Privacy Rule Authorization (Authorization) is an individual's signed permission that allows a covered entity to use or disclose the individual's PHI for the purposes, and to the recipient(s), as stated in the Authorization form. The Privacy Rule requires that this form pertain only to a specific research study, not to non-specific research or to future, unspecified projects. If an Authorization for research is obtained, the actual uses, and disclosures made must be consistent with what is stated in the Authorization. The Authorization focuses on privacy risks and states how, why, and to whom the PHI will be used and/or disclosed and is often combined with the Consent Form. The IRB Coordinator will ensure all required core elements and statements stipulated in the Privacy Rule are included in the form.

Under the Privacy Rule, covered entities may request a waiver of the Authorization requirement. In the IRQ, if a waiver is being sought the PH IRB asks for detail regarding the data being requested and protections being put in place. If the PH IRB finds the request satisfies the waiver criteria at 164.512(i)(2)(ii), approval of the waiver request will be put into writing by the Board in the final determination memo.

The Privacy Rule also permits a covered entity, without obtaining Authorization or documentation of a waiver of Authorization, to use and/or disclose PHI under limited circumstances. These include:

- The use or disclosure is solely to prepare a research protocol or for similar purposes preparatory to research;
- The use or disclosure being sought is solely for research on the protected health information of decedents and is necessary for the research;
- The information meets HIPAA's standards for de-identification; or
- The information is disclosed as a limited data set, and the covered entity obtains a DUA entered into by both the covered entity and the researcher.

If any of the aforementioned options apply, the relevant PH IRB HIPAA Questionnaire[18] must be submitted with the IRQ.

Consent Form(s)

Federal regulations require that for purposes of research, informed consent be sought from each potential subject or a legally authorized representative of the subject. In accordance with 45 CFR 46.116(a) – (c), prior to involving a human subject in research, the PH IRB will ensure that the research team obtains the legally effective informed consent of the subject or the subject's legally authorized representative in a way that provides sufficient opportunity to discuss and

[18] See Reference Section for link webpage where the forms are located

consider whether or not to participate. This means they will be provided with the information that a reasonable person would want to have in order to make an informed decision about whether to participate. Language used will minimize the possibility of coercion or undue influence and the document will be organized in a way that facilitates comprehension. Whether consent is to be obtained orally or via written procedures, the PH IRB will review the informed consent script and/or document extensively to ensure all required elements and statements are included, along with required references to state laws, if applicable. Approved consent forms must contain an IRB date-stamp of approval.

In the case of a Full Board review, Board members' role in reviewing the proposed informed consent process is to ensure participants are informed about the voluntary nature of their consent to participate in the research. It must be guaranteed that the entire consent process takes place in such a manner that the research subjects' informed, voluntary decision to participate is not compromised and the document must communicate the necessary information in a meaningful, understandable way.

Federal regulations require that the following information be provided to each research subject. When appropriate, additional elements of informed consent shall also be provided as required per §.116(c).

- Purpose – Subjects must be told that the activity involves research, given an explanation of the purpose of the study, and told why they are being invited to participate.
- Procedures – A description of the procedures to be followed during the course of the research and the expected duration of the subject's participation. In addition, identification of any procedures that are experimental is necessary.
- Risks – Subjects must be informed about any foreseeable risks or discomforts associated with the study. Among other things, this may include laboratory tests, psychological discomfort, and/or potential loss of confidentiality.
- Benefits – A description of any potential benefit to participating in the research must be disclosed. Compensation is not considered a benefit. If no direct benefit is expected for the subjects, that must be stated. If benefits are likely for society at large, they must be explained.
- Alternatives – Disclosure of appropriate alternative procedures or courses of treatment, if any, which might be advantageous to the subjects.
- Confidentiality – Subjects must understand how identifying information about them will be shared and/or maintained and what efforts investigators will take in keeping the information from being improperly disclosed. If a Certificate of Confidentiality (CoC) is being sought, language must be inserted explaining the protections it will offer if granted. If the CoC is granted after initial PH IRB approval, a Project Revision Request must be submitted to update the language on the form to reflect that the protection is in fact now in place.
- Compensation – For research involving more than minimal risk, an explanation is needed as to whether any compensation is granted. If injury occurs, an explanation as to whether any medical treatments are available and, if so, what they consist of, who will be responsible for paying for them, and where further information can be obtained.
- Contacts – Explanation of whom to contact for answers to pertinent questions about the

research, research subject's rights, and whom to contact in the event of a research-related injury to the subject.

- Participation – A statement that explains participation is voluntary, refusal to participate or discontinuation of participation at any time will involve no penalty or loss of benefits to which the subject is otherwise entitled. There cannot be any exculpatory language that makes it appear that subjects are being asked to waive their legal rights.

Informed consent must be documented using a written informed consent form approved by the PH IRB and signed by the subject or the subject's legally authorized representative. In certain cases, the requirement to obtain informed consent or documentation of such consent may be waived. If a research team wishes to alter or waive any of the above requirements, their request should be submitted within the IRQ at the time of initial submission. In accordance with §.116(e), §.116(f)(3), §.116(g) or §.117(c)(1) the PH IRB will review the request and if required criteria are met, grant the requested waiver.

Of critical importance, is that the authority of a physician to provide emergency medical care without informed consent, to the extent the physician is permitted to do so under applicable federal, state, or local law may never be limited by this policy nor the federal regulations at 45 CFR 46 that govern it.

Assent and Parental Permission forms

In addition to obtaining consent from parents or guardians for subjects under the age of 18 to participate in research, the assent of children must be sought whenever the child is capable of understanding an explanation and purpose of the study. If such subjects will be included in a proposed study, separate Assent and Parental Permission forms should be submitted at the time of initial application. Children between the ages of 7 and 17 years are generally considered capable of giving assent.

When subjects under the age of 18 are pregnant or have children, and their participation in the research is related to the minor as a parent and not just as an individual, the requirement to obtain parental consent (of the minors' parents) is not necessary if it is determined that the study poses minimal risk.

Informed Consent for Genetic Research

As previously stated, the PH IRB has elected to not utilize exempt categories §.104(d)(7) and (8), specific to the secondary research use of identifiable private information and identifiable biospecimens. There are three other pathways available for the PH IRB to review and approve such research:

1. Researchers may choose to conduct the research on non-identified information and non-identified biospecimens,
2. The PH IRB may waive the requirement for informed consent, or
3. The researcher may obtain consent from individuals for use of such data or biospecimen in a specific study.

In 1995, the Oregon Legislative Assembly enacted a comprehensive Genetic Privacy Act[19]. The intent of the law, as set forth in ORS 192.533, is to protect the genetic privacy of all Oregonians. This law was enacted to prevent any citizen in Oregon from experiencing insurance or employment discrimination on the basis of medically indicated genetic testing.

All proposed genetic research, including anonymous research, or research otherwise exempt from PH IRB approval, must first be submitted to an IRB for explicit approval or determination that the research is anonymous or otherwise exempt. Researchers must disclose to the IRB the intended use of human DNA samples, genetic tests, or other genetic information for every proposed research project, including their use in anonymous or otherwise exempt research.

Specific elements to be contained in a consent form for obtaining genetic information include:

- The name of the individual whose DNA sample is to be tested;
- The name of the individual, company, or organization requesting the genetic test for the purpose of obtaining genetic information;
- A statement signed by the individual whose DNA sample is to be tested indicating that he/she authorizes the genetic test;
- A statement that specifies the purpose of the test and the genetic characteristic for which the DNA sample will be tested;
- Explain that the genetic test is voluntary, the individual may choose not to have his/her DNA sample tested, and he/she has the option of withdrawing consent at any time;
- Explain the risks and benefits of having the genetic test, including a description of Oregon law provisions pertaining to individual rights with regard to genetic information and the confidential nature of the genetic information; a statement of potential consequences with regards to insurability, employability, and social discrimination if the genetic test results or genetic information become known to others; the implications of both positive and negative test results; and the availability of support services, including genetic counseling;
- Inform the individual that it may be in his/her best interest to retain his/her DNA sample for future diagnostic testing, but that he/she has the right to have his/her DNA sample promptly destroyed after completion of the specific genetic test which was authorized;
- Inform the individual about the implications, including potential insurability, of authorizing disclosure to a third-party payer that the genetic test was performed, and that he/she has the option of paying the cost of the genetic test out of pocket rather than filing an insurance claim;
- Ask the individual whether he/she has any further questions, and if so, provide the individual with the opportunity to ask them and receive answers from either a genetic counselor or another person who is sufficiently knowledgeable to give accurate, understandable, and complete answers;
- Request that the individual read, complete, sign and date the consent form; and,

[19] See Reference Section for link to complete text of Act and administrative rules

- Provide the individual with a copy of the completed form for his/her personal records.

Elements of Coded Research under Oregon Law

At the state level, if DNA samples and/or genetic information are to be used for research purposes, the PH IRB will ensure ORS 192.531 through 192.549 are abided by in terms of consent and individuals right to opt-out for anonymous or coded genetic research. Genetic research in which the DNA sample and/or genetic information is coded must satisfy the following requirements:

- For DNA samples or genetic information obtained on or after June 12, 2003, the subject has granted informed consent for the specific research project or has consented to genetic research generally;
- The research has been approved by an IRB subsequent to the investigators disclosure of potential risks associated with the coding to the Board;
- The code is:
  - Not derived from individual identifiers;
  - Kept securely and separately from the DNA samples and/or genetic information; and
  - Not accessible to the investigator unless specifically approved by the IRB.
- Data are stored securely in password protected electronic files or by other such means with access limited to necessary personnel;
- The data are limited to elements required for analysis and meets the criteria in 45 CFR §164.514(e) for a limited data set; and
- The investigator is a party to the Data Use Agreement as provided by 45 CFR §164.514(e) for limited data set recipients.

Requests for Changes after Study Commencement (PRAF)

As previously mentioned, investigators must promptly report any changes in the research activity to the PH IRB for review and approval prior to being implemented. Changes may only be implemented prior to PH IRB notice when necessary to eliminate apparent immediate hazards to the human subjects. Revisions are divided into two types:

- Minor Revisions – This includes changes in the protocol that are no more than minimal risk, or risks to subjects are not increased, and/or the revision is not a significant alteration of the study design. Such revisions may consist of, but are not limited to, changes to the number of participants included in the study population, addition or deletion of research team members, change in contact information related to the study, change to the amount or frequency of blood draws, or addition of non-sensitive questions to a questionnaire. Studies that were initially found to be exempt from review, need not submit such minor revisions.
- Substantive Revisions – This includes changes to the protocol that involve potential increased risk to subjects or significantly affect the nature of the study. Changes consist of, but are not limited to, changing or adding a study drug, revisions to the recruitment plan, adding or revising eligibility criteria, adding a research site, changing the P.I., updating the

consent form to include a newly identified side effect and/or risk, or the addition of a brand new research arm to the study.

The Principal Investigator must submit the Project Revision/Amendment form[20] to the PH IRB Coordinator. The revision request must identify the assigned PH IRB tracking number, research title, and the description and justification for the proposed change(s). The affected documents must also be attached to the form with changes highlighted or submitted in a "tracked changes" format for ease of review (e.g. revised consent form, protocol, etc.).

In the case of minor revisions, the PH IRB Chair may approve through an expedited review. When there is the potential for changes proposed in the amendment request to increase the risk level to more-than-minimal or involve procedures which do not fall within one or more of the categories eligible for expedited review, the revision will be brought forward to the Full Board and reviewed at a regularly scheduled meeting. Failure to report changes in accordance with the procedures outlined above, will be considered a protocol violation and may result in the suspension of the research study. Investigators must report violations using the Protocol Deviations/Noncompliance Form[21].

Unanticipated Problem/Adverse Event Report Form

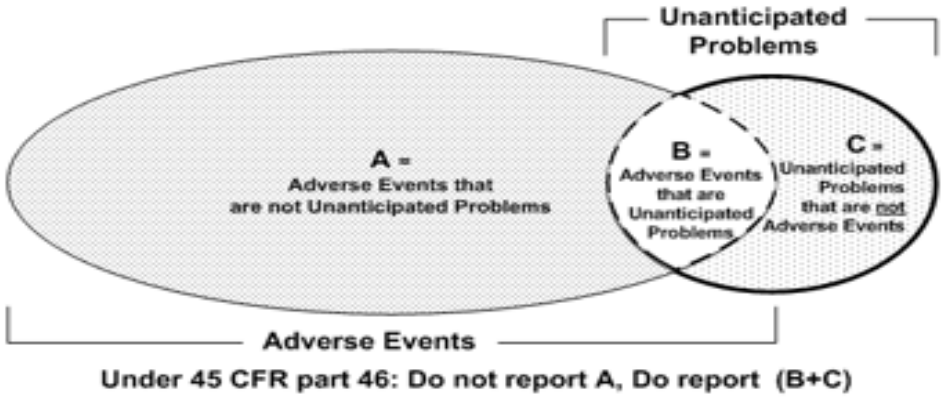
Unanticipated problems include any incident, experience, or outcome that meets **all** of the following criteria:

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 subject population being studied;
2. Related or possibly related to participation in the research; and
3. Suggests that the research places subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized.

The Principal Investigator shall immediately report any unanticipated problem involving risks to a research subject as a result of their participation in the study to the PH IRB using the Unanticipated Problem/Adverse Event Report form.[22] Outcomes of such a report may include changes to the study.

Distinguishing between unanticipated problems and adverse events can be difficult so OHRP's guidelines should be utilized.[23] Unanticipated problems can serve as adverse events and vice versa so gathering a solid understanding of the definitions is critical as some of the reporting requirements extend beyond the PH IRB and institutional officials to OHRP itself. The Principal Investigator is responsible for the accurate documentation, investigation and follow-up of all possible study-related adverse events.

[20] See Reference Section for the webpage, where the latest version of the form can be located
[21] See Reference Section for link to form
[22] See Reference Section for link to form
[23] See Reference Section for Guidance document



Under 45 CFR part 46: Do not report A, Do report (B+C)

Adverse events include any untoward or unfavorable medical occurrence in a human subject, including any abnormal sign (for example, abnormal physical exam or laboratory finding), symptom, or disease, temporally associated with the subject's participation in the research, whether or not considered related to the subject's participation in the research. Typically, such events occur with biomedical research, however, it is possible for them to occur in social and behavioral research as well.

The PH IRB has the authority to suspend or terminate approval of research that has been associated with unexpected serious harm to participants. When the PH IRB takes such action, a statement of reasons for the action will be provided and reports will be promptly made to the investigator, appropriate institutional officials, appropriate federal agency heads (e.g. NIH, OHRP), and if applicable, the FDA (if an investigational new drug or device is involved).

For studies that have a Data Safety Monitoring Board (DSMB), the investigator must forward summary reports to the PH IRB as soon as they are received. The PH IRB will communicate concerns to the DSMB or the institution sponsoring the study if it believes that the safety of study participants is in jeopardy.

More information on the submission of such reports may be found in the internal PH IRB Policy, "Reports of Unanticipated Problems and Adverse Events".[24]

Protocol Deviation/Noncompliance Report

Any alteration or modification in the conduct of the research, that requires prior approval per the above outlined procedures, and is not approved by the PH IRB prior to its initiation or implementation will be considered a deviation from approved procedure and should result in the submission of a Protocol Deviation Report. If there is continuous failure to comply with federal regulations or the requirements put in place by the PH IRB, the PH IRB Coordinator will direct a report of noncompliance to the Board for investigation and corrective action. Detailed information on the submission of such reports may be found in the internal PH IRB Policy, "Protocol Deviations and Non-compliance". [25]

Study Closure Form

[24] See Reference Section for link to PH IRB policies webpage
[25] See Reference Section for link to PH IRB policies webpage

A research project no longer involves human subjects and may be closed by the PH IRB once the investigators have finished enrollment, treatment or other direct interaction, data collection, follow-up, and analysis of identifiable data. Researchers are asked to contact the PH IRB when such a scenario occurs so a Final Study Report/Closure Form can be submitted. Researchers may also notify the PH IRB Coordinator that the study no longer needs a continuing review at the time of its annual expiration or no longer needs a check-in when the PH IRB Coordinator reaches out for an annual update. At any of these times, a Final Study Report/Closure Form will subsequently be sent their way, with a request that in addition to its submission, the PH IRB also receives a summary of the study findings and any resulting publications or presentations. The Coordinator will send formal notice to the investigators and relevant program managers and data owners explaining that the study is now considered complete and the PH IRB has closed the file. All study records will be sent to State Archives.

MISCONDUCT

The PH IRB's primary concern is to protect the welfare of research subjects and the privacy and respect of their data. It is the duty of the PHD and MCHD to provide the highest level of protection to its human subject research participants. Both institutions are committed to maintaining an environment that promotes ethical standards in the conduct of research and therefore do not tolerate misconduct in any aspect of research. When alleged research misconduct has occurred, a report of the unethical behavior should be immediately submitted to the Office of Research Integrity, so an investigation can begin if needed.

For research misconduct, the Oregon Health Authority, Public Health Division, "Policy & Procedures for Responding to Allegations of Research Misconduct"[26] will be consulted.

[26] See Reference Section for copy of Policy

REFERENCES

(If hyperlink is not present, press ctrl and click to follow the link)

1. Belmont Report
2. 45 CFR 46, The Common Rule
3. 45 CFR 46, The Final Rule (effective January 21, 2019)
4. Federalwide Assurance
5. Meeting Dates and Application Deadlines
6. Internal Data Request Process Map
7. External Data Request Process Map
8. FCOI Policy
9. Initial Review Questionnaire (IRQ)
10. OHA/PHD Pre-IRB Review Tool
11. CDC's Policy, "Distinguishing PH Research and PH Non-Research"
12. CSTE's "Public Health Practice vs. Research"
13. Categories of Exemption
14. Expedited Review Categories
15. OHRP's "Guidance on Engagement of Institutions in Human Subjects Research"
16. Continuing Review Questionnaire (CRQ)
17. Personnel Tracker Sheet
18. HIPAA Questionnaires
19. Genetic Privacy Act and Administrative Rules
20. Project Revisions / Amendment Form
21. Protocol Deviations /Noncompliance Form
22. Unanticipated Problem/Adverse Event Report Form
23. OHRP Guidance on Unanticipated Problems/Adverse Events
24. PH IRB Policy on Reports of Unanticipated Problems and Adverse Events
25. PH IRB Policy on Protocol Deviations and Non-compliance
26. Policy & Procedures for Responding to Allegations of Research Misconduct

Additional policies

Children Participation in Research
Compensating Research Participants
Prisoner Participation in Research