



# West Texas A&M University™

## ACADEMIC RESEARCH ENVIRONMENTAL HEALTH AND SAFETY

### STANDARD OPERATING PROCEDURES

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**SOP No. 15.99.05.W1.13AR Institutional Review Board for Human Subjects - Unanticipated Problems and Serious Adverse Events Procedure**

Approved: March 17, 2014

Last Revised: February 27, 2019

Next Scheduled Review: February 27, 2023

Environmental Health and Safety at WTAMU is composed of two distinct but integrated environmental safety departments that report to the Vice President of Research and Compliance. Academic and Research Environmental Health and Safety (AR-EHS) is responsible for research and academic related compliance, which includes laboratory and academic research and the associated compliance committees. Fire and Life Safety (FLS-EHS) is responsible for fire related compliance and conducts fire and life safety inspections of campus buildings and assists with the testing all fire detection and suppression systems. General Safety (GHS-EHS) promotes safe work and health practices, to all faculty, staff, students, and visitors. Examples of General Health and Safety components include: office safety, proper lifting techniques, trip, and fall prevention.

Supplements [TAMUS Regulation 15.99.05](#)

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**Introduction**

West Texas A&M University (hereafter referred to as “the University”) recognizes the need for investigations in which human beings may serve as research subjects. The University is also cognizant of its responsibility for ensuring that the privacy, safety, health, and welfare of such subjects are adequately protected. The University has thus established an Institutional Review Board (hereafter referred to as “IRB”) to review and approve the adequacy of human subject protection. The University has assured federal regulatory agencies that the institution will review and approve all research involving human subjects, regardless of funding source, before it is initiated.

**1. PURPOSE STATEMENT**

1.1 The purpose of this document is to describe the process and reporting requirements and obligations in the case of an unanticipated problem or adverse event in the course of human subjects research. The procedure requires investigators to promptly report all unanticipated problems involving risks to human subjects and others. This procedure describes the procedures relating to HHS regulation 45 CFR 46.103(b)(4) and (5) the procedures for ensuring prompt reporting to the IRB, appropriate institutional officials, any Department or Agency head, and OHRP of:

- (a) any unanticipated problems involving risks to subjects or others (hereinafter referred to as *unanticipated problems*);
- (b) any serious or continuing noncompliance with 45 CFR Part 46 or the requirements or determinations of the IRB; and
- (c) any suspension or termination of IRB approval.

This procedure is intended to enhance human subject protection, the quality of research data and education of faculty, staff, and students involved in the conduct of human subjects research and the individuals involved in the ethics and compliance activities related to such research, including IRB members and staff.

**2. SCOPE**

2.1 This procedure applies to all faculty, staff and students, affiliated researchers or other affiliated individuals who are involved in human subjects research being conducted under the auspices of the University

regardless of the location of the research and regardless of the source of funding or whether the research is funded or unfunded.

### **3. DEFINITIONS**

**3.1 Unanticipated Problems:** Involving Risks to the Subjects or Others: Refers to any incident, experience, or outcome that meets all the following criteria:

3.1.1 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;

3.1.2 related or possibly related to a subject's participation in the research; and

3.1.3 suggests that the research places subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) related to the research than was previously known or recognized.

**3.2 Adverse event (AE):** is 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, temporarily associated with the subject's participation in the research, whether or not considered related to the subject's participation in the research. Adverse events encompass both physical and psychological harms and occur most frequently in the context of biomedical research, although they can occur in the context of social and behavioral research. Adverse events that are unanticipated must be reported according to this procedure.

**3.3 Serious Adverse Events:** Any adverse event temporarily associated with the subject's participation in research that meets any of the following criteria:

3.3.1 Results in death;

3.3.2 Is life threatening, (places the subject at immediate risk of death from the event as it occurred);

3.3.3 Requires inpatient hospitalization or prolongation of existing hospitalization;

3.3.4 Results in a persistent or significant disability or incapacity;

3.3.5 Results in a congenital anomaly or birth defect, or

3.3.6 Any other adverse event that, based upon appropriate medical judgment, may jeopardize the subject's health and may require medical or surgical intervention to prevent one of the other outcomes listed in this definition (examples of such events include allergic bronchospasm requiring intensive treatment in the emergency room or at home, blood dyscrasias or convulsions that do not result in inpatient hospitalization, or the development of drug dependency or drug abuse).

**3.4 Unexpected Adverse Event:** is any adverse event occurring in one or more subjects in a research protocol, the nature, severity or frequency of which is not consistent with either

3.4.1 the known or foreseeable risk of adverse events associated with the procedures involved in the research that are described in (a) the protocol-related documents, such as the IRB- approved research

protocol, any applicable investigator brochure, and the current IRB- approved informed consent document and (b) other relevant sources of information, such as product labeling and package inserts; or

3.4.2 the expected natural progression of any underlying disease, disorder or condition of the subjects(s) experiencing the adverse event and the subject(s)' predisposing risk factor profile for the adverse event.

**3.5 External adverse event:** From the perspective of one particular institution engaged in a multicenter clinical trial, external adverse events are those adverse events experienced by subjects enrolled by investigators at other institutions engaged in the clinical trial.

**3.6 Internal adverse event:** From the perspective of one particular institution engaged in a multicenter clinical trial, internal adverse events are those adverse events experienced by subjects enrolled by the investigator(s) at that institution. In the context of a single-center clinical trial, all adverse events would be considered internal adverse events.

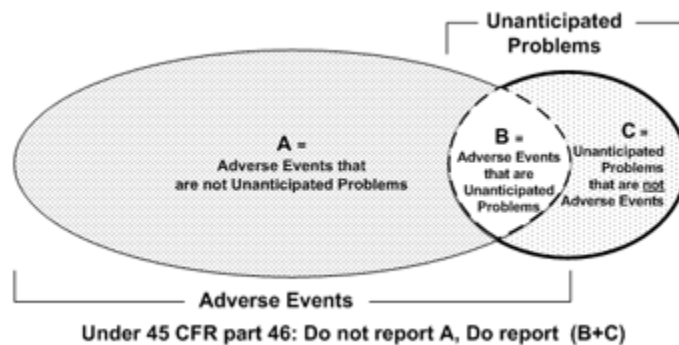
**3.7 Possibly related to the research:** There is a reasonable possibility that the adverse event, incident, experience or outcome may have been caused by the procedures involved in the research.

#### 4. DIFFERENTIATING BETWEEN AN UNANTICIPATED PROBLEM AND AN ADVERSE EVENT

4.1 Unanticipated problems are reportable as described in this procedure. To determine whether or not an adverse event is an unanticipated problem, the following questions should be asked; and if the answer to all three questions is yes, then the adverse event is an unanticipated problem and must be reported to appropriate entities under 45 CFR 46.103(a) and 46.103(b)(5):

- (1) Is the adverse event unexpected?
- (2) Is the adverse event related or possibly related to participation in the research?
- (3) Does the adverse event suggest that the research places subjects or others at a greater risk of harm than was previously known or recognized?

4.2 The following Venn diagram summarizes the general relationship between adverse events and unanticipated problems:

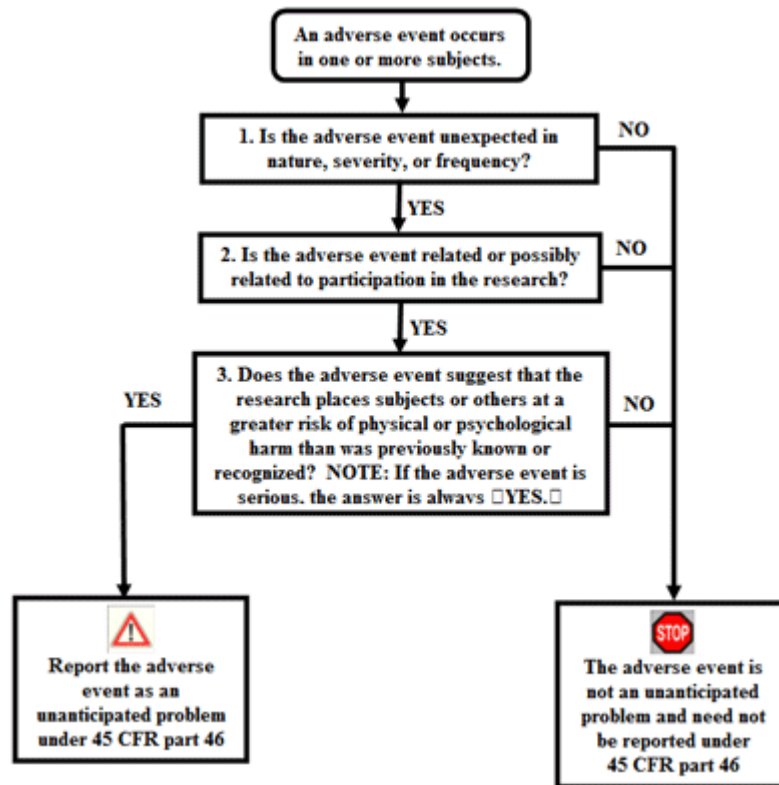


(Diagram taken from "OHRP Guidance on Unanticipated Problems and Adverse Events March 17, 2014")

The diagram illustrates three key points:

- The vast majority of adverse events occurring in human subjects are not unanticipated problems (area A).
- A small proportion of adverse events are unanticipated problems (area B).
- Unanticipated problems include other incidents, experiences, and outcomes that are not adverse events (area C).

4.3 The flow chart below provides an algorithm for determining whether an adverse event represents an unanticipated problem that needs to be reported under HHS regulations at 45 CFR part 46.



(Diagram taken from "OHRP Guidance on Unanticipated Problems and Adverse Events March 17, 2014")

## 5. WHAT THE INVESTIGATOR NEEDS TO REPORT TO THE IRB

5.1 An unanticipated problem, specifically, an adverse event that is:

5.1.1 Unexpected; AND

5.1.2 Related or possibly related to the research as determined by the investigator; AND

5.1.3 Involves increased or greater risk of harm to subjects or others than was previously known or approved by the IRB.

- 5.2 Information that indicates a change to the risks or potential benefits of the research. For example:
  - 5.2.1 An interim analysis or safety monitoring report, such as a Data Safety Monitoring Board (DSMB) report that indicates that the frequency or magnitude of harms or benefits may be different than initially presented to the IRB;
  - 5.2.2 A paper is published from another study that shows that the risks or potential benefits of the research may be different than initially presented to the IRB;
- 5.3 Breach of confidentiality;
- 5.4 Accidental or unintentional deviations to the IRB-approved protocol that involved risks or have the potential to recur;
- 5.5 Emergency protocol deviations taken without prior IRB review to eliminate apparent immediate hazard to research subjects;
- 5.6 Complaints of subjects that indicate unanticipated risk or which cannot be resolved by the investigator and their staff;
- 5.7 Any deviation from the IRB-approved protocol that increases the risk or affects the participant's rights, safety, or welfare; and
- 5.8 Any event that requires prompt reporting according to the protocol or the sponsor.
- 5.9 Investigator may discover after starting procedures that participants are subject to risks. Although changing procedures without IRB approval puts Investigators in a state of non-compliance, Investigators must conduct research in a way that protects the rights and welfare of human subjects. Investigator must then report the unapproved changes to the IRB as an unanticipated problem. Refer to Closeout/Amendment/Continuation Form. (Appendix A)

## **6. TIME FRAME FOR INVESTIGATORS TO REPORT UNANTICIPATED PROBLEMS**

- 6.1 Unanticipated problems that may be considered serious adverse events should be reported to the IRB within one (1) week of the investigator becoming aware of the event. Unanticipated problems that result in a subject's death or are potentially life-threatening must be reported to the IRB immediately, with a written report by the investigator within 24 hours of the investigator's awareness of the event.
- 6.2 Any other unanticipated problem should be reported to the IRB within 2 weeks of the investigator becoming aware of the problem.
- 6.3 The investigator should report an unanticipated problem to the IRB by completing and submitting Closeout/Amendment/Continuation Form. (Appendix A).

## **7. IRB REVIEW OF REPORTS OF UNANTICIPATED PROBLEMS**

- 7.1 Except as otherwise provided below, reports of unanticipated problems will be reviewed and administered in the same manner as reports of noncompliance, per SOP 15.99.05.W1.05AR Potential Non-compliance in the Course of Human Subjects Research.
- 7.2 When reviewing a report of an unanticipated problem, the IRB should consider whether the affected research protocol still satisfies the requirements for IRB approval under 45 CFR 46.111. In particular, the IRB should consider whether risks to subjects are still minimized and reasonable in relation to the anticipated benefits, if any, to the subjects and the importance of the knowledge that may reasonably be expected to result.
- 7.3 When reviewing a particular incident, experience, or outcome reported as an unanticipated problem by the investigator, the IRB may determine that the incident, experience, or outcome does not meet all three criteria for an unanticipated problem. In such cases, further reporting to appropriate institutional official(s), the supporting federal agency head (or designee), and OHRP would not be required under 45 CFR 46.103(a) and 46.103(b) (5).
- 7.4 The IRB has authority, under 45 CFR 46.109(a), to require, as a condition of continued approval by the IRB, submission of more detailed information by the investigator(s), the sponsor, the study coordinating center, or DSMB/DMC about any adverse event or unanticipated problem occurring in a research protocol.
- 7.5 Any proposed changes to a research study in response to an unanticipated problem must be reviewed and approved by the IRB before being implemented, except when necessary to eliminate apparent immediate hazards to subjects. If the changes are more than minor, the changes must be reviewed and approved by the convened IRB (45 CFR 46.103(b) (4) and 46.110(a)).
- 7.6 Any suspension or termination of approval shall be administered in accordance with WTAMU SOP 15.99.05.W1.05AR Potential Non- Compliance in the Course of Human Subjects Research
- 7.7 All unanticipated problems should be reported to appropriate institutional official(s), the supporting federal agency head (or designee), and OHRP within one month of the IRB's review and resolution of the report of the Closeout/Amendment/Continuation Form. (Appendix A) In the case of FDA regulated research, a report should be sent to the sponsor of the research who must report to the FDA with a copy to the IRB. The IRB may choose to send the report directly to the FDA if it chooses. The Institutional Official is responsible for reporting unanticipated problems to the supporting federal agency head (or designee) and OHRP. In the case of a reportable event involving an Investigator of another System member, the Institutional Official from that System member will be notified in the same manner as the University's Institutional Official and the report to OHRP and the supporting federal agency head (or designee) will be submitted by the University's Institutional Official or as otherwise agreed by the System member in its written agreement with the University for IRB related services.

## 8. TRAINING

West Texas A & M University Environmental Health and Safety will follow the Texas A & M University System Policy [33.05.02 Required Employee Training](#). Staff and faculty whose required training is delinquent more than 90 days will have their access to the Internet terminated until all trainings are completed. Only Blackboard and Single Sign-on will be accessible. Internet access will be restored once training has been completed. Student workers whose required training is delinquent more than 90 days will need to be terminated by their manager through Student Employment.

## 9. RECORD RETENTION

No official state records may be destroyed without permission from the Texas State Library as outlined in [Texas Government Code, Section 441.187](#) and [13 Texas Administrative Code, Title 13, Part 1, Chapter 6, Subchapter A, Rule 6.7](#). The Texas State Library certifies Agency retention schedules as a means of granting permission to destroy official state records.

West Texas A&M University Records Retention Schedule is certified by the Texas State Library and Archives Commission. West Texas A & M University Environmental Health and Safety will follow [Texas A&M University Records Retention Schedule](#) as stated in the Standard Operating Procedure [61.99.01.W0.01 Records Management](#). All official state records (paper, microform, electronic, or any other media) must be retained for the minimum period designated.

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### Related Statutes, Policies, or Requirements

42 U.S.C. §1230d, *et seq.*

45 C.F.R., Part 46

21 C.F.R., Parts 50, 56, 312 and 812

Belmont Report

56 Fed. Reg. 28012, 28022, June 18, 1991, as amended at 70 Fed. Reg. 36328, June 23, 2005

Texas Government Code, Chapter 552

[System Regulation 15.99.01 – Use of Human Participants in Research](#)

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### Contact Office

WTAMU Environmental Health and Safety  
(806) 651-2270

#### Appendix A

# West Texas A&M University

## The Office of Research

WTAMU Box 60217 Canyon, Tx 79016  
806.651.2270

### IRB Closeout/Continuation/Amendment Form

- **Submit completed signed materials** to the Office of Research WT Box 60217 Canyon, TX 79016 or deliver to Killgore Research Center, Room 106, **OR 2) scanned and signed PDFs** to [ar-ehs@wtamu.edu](mailto:ar-ehs@wtamu.edu)

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Title:

Date:



**IRB Proposal #**

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**SECTION 1: INVESTIGATOR INFORMATION**

Researchers/Advisors		Dept/College	Email Address	Mailing Address	Phone Numbers
Role	Name				
PI*					
CI*					
CI*					
FA*					
<i>e.g.</i>	<i>Jane Doe</i>	<i>Ed/COESS</i>	<i>jdoe2@buffs.wtamu.edu</i>	<i>2901 4<sup>th</sup> Ave. Canyon, TX 79016</i>	<i>H 555.555.5555 C 555.555.1111</i>

<b>Review Type</b> (check one)	<input type="checkbox"/> Exempt	<input type="checkbox"/> Expedited	<input type="checkbox"/> Full Review
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<b>Sponsoring Organization/Funding Source</b> (if applicable)	
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**SECTION 2: OVERVIEW**

**1. Check all that apply:**

- |  |  |
|--|--|
| <input type="checkbox"/> Closeout  | <input type="checkbox"/> Continuing Review – no changes                    |
| <input type="checkbox"/> Continuing Review – with changes (Check all that apply below) | <input type="checkbox"/> Amendment (Check all that apply below)            |
| <input type="checkbox"/> Adding key personnel or research assistants                   | <input type="checkbox"/> Removing key personnel or research assistants     |
| <input type="checkbox"/> Location changes  | <input type="checkbox"/> Adding funding source → Include copy of the grant |
| <input type="checkbox"/> Conflict of interest changes                                  | <input type="checkbox"/> Removing a funding source                         |
| <input type="checkbox"/> Inclusion criteria changes                                    | <input type="checkbox"/> Increasing participants → Number to add: _____    |
| <input type="checkbox"/> Exclusion criteria changes                                    | <input type="checkbox"/> Decreasing participants → Number to remove: _____ |
| <input type="checkbox"/> Recruitment – Advertisement                                   | <input type="checkbox"/> Study procedures                                  |
| <input type="checkbox"/> Compensation  | <input type="checkbox"/> Informed consent form                             |
| <input type="checkbox"/> Title change → New title: _____                               | <input type="checkbox"/> Instruments: adding, removing, changing           |
| <input type="checkbox"/> Reopening enrollment  | <input type="checkbox"/> Other – Specify: _____                            |

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**SECTION 3: CURRENT STUDY STATUS**

- Data collection never initiated, enrollment not started, closing study. (**Skip to “Section 9: Investigator Statement of Compliance”**)
- Study closing early, data collection was abandoned and already obtained data has been destroyed.
- Closeout - Data collection complete, enrollment closed, all data de-identified. (Completion date: \_\_\_\_\_)  
**mm/dd/yyyy**

**(Skip to “Section 5: PARTICIPANT INFORMATION”)**

- Continuing Review, study is or will be actively enrolling new subjects.
- Continuing Review, no *new* participants to be enrolled, data collection continues.
- Continuing Review, no *new* data collection, analysis only.

Amendment – (Attach consent form and any other forms that reflect the updates with application.) All changes must receive IRB approval before implementation.

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**SECTION 4: PERSONNEL**

1. If <u>adding</u> personnel (involved in recruitment and/or data collection) list the following information for each person.		
• Name / Title	• Email	• Phone number
• Department	• Mailing address	

2. If <u>removing</u> key personnel or research assistants, list their names and titles (if applicable) below and explain the reason for their removal.
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3. If no other modifications are being requested, skip to <u>Section 6</u> and attach CITI certificates for each new team member.
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**SECTION 5: PARTICIPANT INFORMATION**

Since the beginning of the research project, please indicate:	
Total number of subjects who <b>CONSENTED</b> to participate	
Total number of subjects <b>COMPLETED</b> the study	
Total number of subjects who <b>WITHDREW</b> during (or did not complete) the study, if known.*	
*If any subjects <b>withdrew</b> from the study, provide a brief explanation of the reason(s) for withdrawal, if known, below.	
**If any unanticipated problems, including adverse events or subject complaints, occurred since the last IRB review, provide a detailed explanation, including what actions were taken. <i>Please complete section 7 &amp; 8.</i>	

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**SECTION 6: SPECIFIC AMENDMENT REQUESTS**

1. Briefly describe the anticipated modification(s) and reasons for the request. (Attach any revised instruments, recruitment materials, updated consent form, etc.)
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2. If the modification(s) may **affect the risk** to participants, please explain and include what measures will be taken to minimize these additional risks.

3. If this modification(s) may **affect the benefit** to participants, explain how.

4. If this modification may **affect current participants' willingness to participate** in the study (i.e., revised study procedures, change in compensation, etc.), explain below.

5. If currently enrolled participants will be informed about the modification changes, indicate how.

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Participants will complete a new informed consent form. → Submit the new informed consent form for review.            |
| <input type="checkbox"/> | Participants will complete an addendum informed consent form. → Submit the addendum informed consent form for review. |

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#### SECTION 7: SUMMARY OF EVENTS

1. If any deviation occurred from the last IRB approved protocol **AND/OR** if any deviation occurred from the originally anticipated risks and/or benefits of the study, provide a detailed explanation, including actions taken to reduce risk or discomfort to subjects and/or to communicate new knowledge to subjects.

2. If any unanticipated problems, including adverse events or subject complaints, occurred since the last IRB review, provide a detailed explanation, including what actions were taken. Indicate whether you reported the event to the IRB, and if not, why.

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#### SECTION 8: CLOSEOUT

1. If any untoward events that may have occurred to any participants with an asterisk (\*\*) to give full details of any untoward consequences that may have occurred during the study and how these are handled/resolved.

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#### SECTION 9: INVESTIGATOR STATEMENT OF COMPLIANCE

By submitting this form, I certify all information provided is accurate and that procedures involved in this project are conducted according to federal regulations and West Texas A & M University policies governing human subject research. I understand that I cannot initiate any changes in my protocol before I have received approval and/or complied with all contingencies made in connection with that approval.

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature of Co-Investigator (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Faculty Advisor (if not the PI)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Date

**Important information regarding retention of informed consent forms and research records:**

The principal investigator is expected to maintain records of consent as well as the research records for at least three (3) years after the close of the study, unless the study falls under the Health Insurance Portability and Accountability Act (HIPAA). For studies that fall under HIPAA regulation, consent forms and research records must be kept for a minimum of ten (10) years. Further guidance on signed informed consent form retention and destruction may be located at <http://www.wtamu.edu/administration/risk-management-records-management-retention.aspx>

If the research study falls within the purview of the Food & Drug Administration (FDA), the principal investigator is responsible for retaining the signed documents and research records for the period specified in valid FDA regulations.

No official state records may be destroyed without permission from the Texas State Library as outlined in [Texas Government Code, Section 441.187](#) and [13 Texas Administrative Code, Title 13, Part 1, Chapter 6, Subchapter A, Rule 6.7](#). The Texas State Library certifies Agency retention schedules as a means of granting permission to destroy official state records.

West Texas A & M University Records Retention Schedule is certified by the Texas State Library and Archives Commission. West Texas A & M University Environmental Health and Safety will follow [Texas A & M University Records Retention Schedule](#) as stated in the Standard Operating Procedure [61.99.01.W0.01 Records Management](#). All official state records (paper, microform, electronic, or any other media) must be retained for the minimum period designated.

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**IRB APPROVAL** *(For WTAMU Institutional Review Board Use Only.)*

This Form has been reviewed and approved by the West Texas A & M University IRB.

Authorized IRB Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Approval Date \_\_\_\_\_