Horizon Human Research Protection Program

Guidance Document for Research at Horizon during COVID-19 Pandemic

(Last Updated: 21-JAN-21)

This document is a living document and will be updated as the situation evolves.

Please refer to the following sites for the most recent updates:

Government of New Brunswick - Coronavirus

Horizon Health Network – News

Research Portal Questions: ResearchServices@HorizonNB.ca

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Updated Horizon Research Operations by GNB Recovery Plan Phase

	Red	Orange	Yellow
New Study Activations (All Study Types)	**ALL new study activations will be placed on hold.** Under special circumstances, new studies may be permitted to be initiated. Please submit an email request to Research Services (ResearchServices@HorizonNB.ca) for consideration by Horizon's VP Medical, Academic and Research Affairs	Site activations need to be conducted remotely due to ongoing travel restrictions. Discuss options with your Sponsor. Please note that "research-only" patient hospital visits are not permitted at this time; you may need to consider alternate mechanisms for informed consent, follow up visits and study drug distribution	**Site activations will need to be conducted remotely due to ongoing travel restrictions**. Discuss options with your Sponsor. Remember that "research only" patient hospital visits are not permitted at this time

Existing Interventional Studies (Clinical Drug Trials)	**May be permitted to continue recruitment with following restrictions:**
	• Enrolling In-patients: Only if they are already in hospital (i.e., participating in the study does not create the need to stay in hospital for research-only related visits), and with notification and acknowledgement of the Horizon's VP Medical, Academic and Research Affairs.
	  ○ If permitted to continue, you are required to observe current hospital protocols for patient contact.
	  ○ May need to consider alternate models for obtaining informed consent to minimize patient contact.
	  ○ Please consider the impact of restricting patient visits to hospital on follow up study visits.
	  ○ Please contact Research Services with any questions on conduct of follow-up visits, as some follow-up visits and tests may be considered critical for monitoring the safety of a study patient.
	• Enrolling Outpatients: Hold recruitment until further notice due restrictions on research-only-related hospital visits. Under special circumstances, enrollment of outpatients may be permitted if the intervention provides a treatment option where existing standard of care treatments have been exhausted.
	  ○ Please submit an email request to Research Services (researchservices@horizonnb.ca) for consideration by Horizon's VP Medical, Academic and Research Affairs.
	  ○ When follow-up visits are necessary for the safety monitoring of patients already on study, consider alternate mechanisms such as virtual or home visits that respect physical distancing guidelines and use of PPE. Please consult with Research Services if considering home visits for safety follow ups during red phase operations.
		May continue recruitment with following restrictions:
		• In-patients: Only if they are already in hospital (i.e., participating in the study does not create the need to stay in hospital for research-only related visits).
		  ○ Observe current hospital protocols for patient contact.
		  ○ May need to consider alternate models for obtaining informed consent to minimize patient contact.
		  ○ Please consider the impact of restricting patient visits to hospital on follow up study visits.
		  ○ Please contact Research Services with any questions on conduct of follow-up visits, as some follow-up visits and tests may be considered critical for monitoring safety of a study patient.
		• Outpatients: hold recruitment until further notice. If follow-up visits are necessary for patient safety, consider alternate mechanisms, such as virtual or home visits that respect physical distancing guidelines and use of PPE.
			May resume recruitment with following restrictions:
			• In-patients: Only if they are already in hospital (i.e., participating in the study does not create the need to stay in hospital for research-only related visits). Observe current hospital protocols for patient contact.
			• Outpatients: May resume respecting all physical distancing rules as per Public Health, and without using hospital PPE stock.

Existing Non-Interventional Study Recruitment with Participant Contact	**On hold:**
	• Enrolling In-patients: on hold; may consider alternate mechanism for study conduct that does not involve direct participant contact.
	• Enrolling Outpatients or Participants from the community: on hold; may consider alternate mechanism for study conduct that does not involve direct participant contact.
		May continue recruitment with following restrictions:
		• In-patients: Only if they are already in hospital (i.e., participating in the study does not create the need to stay in hospital for research-only related visits).
		  ○ Observe current hospital protocols for patient contact.
		  ○ Please consider alternate models for informed consent that minimize patient contact and impact on hospital front line staff.
		• Outpatients: hold until further notice; hospital visits are currently restricted.
			May resume recruitment with following restrictions:
			• In-patients: Only if they are already in hospital (i.e., participating in the study does not create the need to stay in hospital for research-only related visits). Observe current hospital protocols for patient contact.
			• Outpatients: May resume respecting all physical distancing rules as per Public Health, and without using hospital PPE stock.

Existing Non-Interventional Study recruitment with no Direct Participant Contact (e.g. survey research).	**May continue provided no hospital support is required.** Please note that new requests for remote electronic medical record access for data collection for research related purposes are not permitted. Special cases may be considered for COVID-19 related projects only.		
Retrospective Studies using Existing Data Sources (i.e., no patient contact).	**May continue provided support departments are able to provide access.** Please note that new requests for remote electronic medical record access for data collection for research related purposes are not permitted. Special cases may be considered for COVID-19 related projects only.	Same as red.	Same as red.

Use of Professional Services as Part of Study

Some studies require the use of pharmacy, diagnostic imaging, laboratory medicine, and other disciplines to provide an intervention as per study protocol. However, access to these services may be restricted or put on hold during the COVID-19 pandemic. Please review your protocols and the current participants on study, to determine if there are any parts of a study that are impacted by the reduction or temporary elimination of services. Contact Research Services if you have any questions about your study's activities, and how they may be impacted. For a detailed list of affected non-urgent services, please visit Horizon's website.

	Red	Orange	Yellow
Diagnostic Imaging	Suspended	Suspended	No imaging on any clinical trial patients if procedure is not standard of care (including those patients who may have been scheduled after hours in the past). **If procedure is standard of care, please schedule as a medical appointment**.
Laboratory Services	Lab services for clinical trials **can resume as normal for all standard of care procedures**. There may be delays with shipments to central labs, so please contact the lab for details if shipments are required.	*Same as red*	*Same as red*
Pharmacy	**Services for all current studies can resume.**	*Same as red*	*Same as red*
Electrophysiology	Suspended	Suspended	ECG/EKG services are currently focusing on surgical, pre-operative patients and urgent cases. All procedures require a booked appointment. (They *may* consider ECGs performed outside their department, to ensure social distancing, though at this time they want to focus on their current patient load.)
Monitoring Visits	On site visits remain suspended until further notice. **Remote monitoring is available**; please refer to guidance document for more information on options.		
Access	Horizon employees may access patient charts. Access to data or patient charts may be significantly restricted (e.g., i3 access). No remote access is permitted.	*Same as red*	Medical students and residents needing access to i3 for research are permitted to book time in Research Services. To book either a morning (9am - 12pm) or afternoon (1pm - 4pm) session, please contact Dr. Andrew Flewelling. (**Note**: All requirements must still be completed prior to requesting access, i.e., institutional approval, completed i3 training, and confidentiality and disclosure forms – contact Katie Holden).
Secure Data Storage	Encrypted USB keys or encrypted laptops from Horizon are only permitted data storage devices for research data. To purchase an encrypted USB, please contact our office.	*Same as red*	*Same as red*

Prioritization of HRPP Review

Review of new study applications and events will be prioritized during the pandemic to those submissions:

1. Relating to research on the novel coronavirus (COVID-19);

2. Modifying open study protocols as a result of COVID-19 (e.g., amendments and protocol deviations).

3. Relating to non-COVID-19 research (clinical trials and non-interventional research).

Submitting New Research Studies

(With reference to: Health Canada guidance)

For new study submissions, applications will continue to be reviewed by Horizon's Human Research Protection Program (HRPP) until otherwise directed by leadership. However, during certain phases of pandemic operations, Horizon may redeploy its staff in order to maintain critical operations. Research Services staff, and staff on investigators' teams, may be unavailable to assist with the review and start-up of new studies.

Research teams are asked to consult with Research Services prior to submitting a new study application for HRPP.

Evaluating Department Support and Resources for Your Study

Prior to submitting your research study application, please ensure impacted department agreements are in place, or in progress.

With some departments offering reduced support, possible re-allocation of human resources, and visitor restrictions still in effect, each new clinical trial being considered for initiation during the COVID-19 pandemic will be evaluated against specific criteria:

- ☐ **How Will the Study Impact on Hospital Resources?** Acceptable impact of the trial on hospital resources (e.g., DI will not support non-Standard of Care research scans at this time due to their current backlog; Laboratory Medicine and Pharmacy are able to fully support clinical trials).

- ☐ **Where Do Patient Visits Take Place?** During certain phases, it is possible that study patient visits will need to be tied to a medical appointment or procedure (e.g., clinical trial patients may not be permitted in the hospital for the sole purpose of completing study-specific procedures, such as survey completion, signing of documents/Informed Consent, bloodwork, etc.). Alternative approaches to conduct visits (e.g., follow-ups by telephone or online platform) may be required, and should be reviewed by the HRPP and applicable regulatory agencies prior to adopting.

- ☐ **Does the Study Provide Treatment or Improve Quality of Life?** This will impact where the study is prioritized for HRPP review, or whether it can be initiated at all during more restricted phases of the pandemic. The determination of whether a clinical trial provides treatment options that have the potential to provide therapies where none currently exist (e.g. treatment of COVID-19) or where the therapy could potentially extend life or significantly improve quality of life (e.g. certain oncology, neurology, cardiology trials) is at the discretion of the Principal Investigator.

Adapting Approved Research Studies

Assessing and Minimizing Risks

Individuals and prospective participants who may not normally be considered vulnerable, may become so by the very nature of this public health emergency; likewise, those who are already considered vulnerable may become acutely so. Horizon's REB will ensure that the risks and potential benefits posed by any proposed research are appropriately evaluated, including provisions for greater than normal attention to risk.

- The vulnerability of potential participants;
- Whether it is appropriate to conduct the research during a Publicly Declared Emergency;
- Whether the research project is a direct result of the Publicly Declared Emergency; and
- The proposed informed consent process.

Submitting Amendments or Protocol Deviations

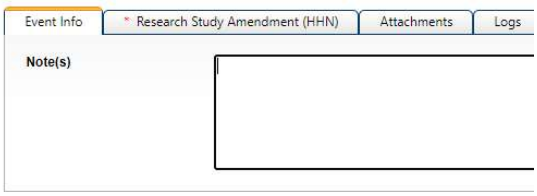
To consider whether you need to adapt an approved research study for operations during the pandemic:

- ☐ Conduct a risk assessment of your research protocols (in consultation with your sponsor, if applicable); and
- ☐ Consider if alternate mechanisms for conducting your study visits or follow-up assessments are required in order to reduce or eliminate the need for direct contact (e.g., telephone or virtual meeting platforms; distributing study medications by mail).

To comply with the directives in this guidance document, if you determine that changes to the approved study protocol or other materials or study procedures are required, then an amendment must be submitted using the appropriate Event form in the ROMEO Research Portal.

When submitting an *Amendment* or *Protocol Deviation*:

- ☐ Under the *Event Info* tab of the form, please make a note that these changes occurred or are being requested due to the COVID-19 pandemic.



- ☐ Attach any correspondence from the sponsor regarding the change in visit procedures. (If the sponsor has already advised you about changes to the protocol given these circumstances, no additional letter is needed to that effect.)

Submitting Other Events

Please continue to submit other events for review as per sponsor and regulatory requirements, using Horizon's ROMEO Research Portal.

As well, submit the appropriate Event for your patient should they come into contact, and become sick, with COVID-19.

Reporting Deadlines for Funded Studies

If you have funded studies with reporting deadlines in the near future, it is advisable to contact the funding agency and discuss how your study may be impacted by the current pandemic, and/or whether extensions are permitted.

Student and Resident Projects

All student and resident projects are subject to these guidelines, and should plan their projects with these in mind. Research in Medicine students from Dalhousie Medicine New Brunswick can schedule on-site data access for research purposes; please contact Dr. Andrew Flewelling for more information.

Conducting On-Site, Research-Only Patient Visits

To conduct a research-only visit with a study patient, please proceed as follows:

Scheduling Study Visits

A member of the research team schedules all study patient visits. When scheduling, please have the study patient complete a COVID-19 screening questionnaire.

During the Study Visit

Instructions for Trial Patients

- ☐ If the patient exhibits symptoms on the day of the scheduled visit, they cannot present to the hospital.
- ☐ The patient should arrive at the Horizon facility at the agreed-upon time, and notify a research team member of their arrival, prior to COVID screening. The trial patient will then proceed through the facility's COVID screening process and enter the facility's lobby, where they will be met by the research team member.
- ☐ Family members or caregivers must wait in their vehicle or off-site, until they are notified to pick up the patient post-visit.

Instructions for Research Team Members

- ☐ Conduct the pre-clinical trial assessment, COVID-19 screening, and contact/travel history;
- ☐ Ensure the patient understands and adheres to the following requirements:
    - Wearing a community mask at all times, unless it needs to be removed for completing a trial procedure (e.g. oral temperature).
        - Immediately following the procedure, the trial patient will don a mask for the remainder of their hospital visit.
    - Maintaining physical distance of 2 metres between individuals, unless prevented by a trial procedure (e.g. blood draw).
    - Frequent hand cleaning, especially if contact has been made with surfaces, objects, etc.
    - Limiting interactions with hospital employees and others to only those necessary to complete the trial procedure
    - Minimizing travel through the hospital.

- ☐ Escort the trial patient to the area where the clinical trial procedure will be performed. Once completed, escort the patient to the facility lobby and ensure they exit the building.

Once the Trial Procedure is Completed

- ☐ Post-visit cleaning is to be conducted between patient visits.

- ☐ Attempt to conduct visits in the same location if possible (such as 5DN research exam room) to limit the area to be cleaned.

Remote Study Start-Up and Monitoring

(Adapted from guidance document provided by Alberta Health Services;
we encourage you to direct questions to **ResearchServices@HorizonNB.ca**.)

The clinical trial sponsor must agree to remote study initiation, remote monitoring, and any other provisions required to conduct the trial under pandemic operations.

When considering remote monitoring, it is important for the sponsor to apply a risk-based approach to prioritize their remote monitoring plan. Prior to study initiation, the sponsor and site investigator should establish clear processes and procedures of remote monitoring and make sure those processes and procedures are in agreement with institutional and local/regional policy. During remote monitoring, the study monitor should focus trial activities that are essential to the safety of trial participants and/or data reliability.

Monitoring

All research participants sign consent forms prior to study enrolment, which allow the sponsors to access personal health records that are relevant to study conduct. Given travel restrictions and public health requests for social distancing, sponsors are transitioning from on-site monitoring of their trials to remote monitoring.

When remote monitoring is performed, the sponsor requires the access to the same health records. However, Horizon is currently unable to grant monitors direct access to participant medical records on site.

Following consultation with the information technology office, and the Government of New Brunswick, the following two options for remote monitoring visits are provided.

Option 1: Providing De-identified Copies

This option is less optimal than option 2, as sponsors may still need to review the data once the pandemic restrictions have been lifted and on-site access is permitted.

When providing de-identified records, please ensure that:

- You ask the sponsor what they require (do not send more information than is required);
- The copies are properly de-identified, i.e. ALL IDENTIFIERS (names, initials, PPRN, Medicare numbers, etc.) have been removed. This requires the careful review of the entire document before sending;
- The study ID is written on the top of each page; and
- You follow Horizon Health Policy for Confidential Information Sharing HHN-IM-003 when sending information outside of Horizon.

Option 2 – Screen Sharing Participant Records

To allow monitors access to the true source documents that they would require, Horizon Health has agreed to allow screen sharing between the site and the monitor, as long as it is done using a secure platform approved for sharing health data. This includes health information that can be linked to an individual, including health status and diagnostic, treatment or care information.

The Government of New Brunswick has indicated that Zoom Health is the required platform for all meetings that involve health data. If you are using Horizon Health systems, we have a secure Zoom license allowing for screen sharing of health information.

- ☐ For more information about accessing GNB's licensed version of Zoom Health, please contact ConnectedCare@gnb.ca. **Note:** Please note that monitoring must be set up using the GNB license. You may NOT use these platforms under a sponsor/monitor license. Doing so will be a breach in privacy and considered a breach of the Horizon Health Network clinical research agreement.

Record Keeping and Documentation

The collection and maintenance of clinical trial records, including the retention of records, is a critical component of any clinical trial. It is important to ensure that trial information is recorded, handled and stored in a way that allows its accurate reporting, interpretation, and verification (ICH E6, 2.10).

During the COVID-19 pandemic, it is essential for site coordinators to continue practicing the record keeping and documentation requirements set by ICH-GCP.

- ☐ Changes in study visit schedules, missed visits, or patient discontinuations that may lead to missing information are to be captured and clearly documented in study files as well as applicable study patient files.

- ☐ Remote monitoring activities, including remote review of source documents, should be documented in the same level of detail as in on-site monitoring activities, and any resulting actions to address issues should be consistent with procedures and processes described in the study monitoring plan.

As indicated in the recent FDA guidance update (FDA Guidance on Conduct of Clinical Trials of Medical Products during COVID-19 Public Health Emergency, April 16, 2020), retention of copies of source documents used for remote review would not be necessary as long as original source documents are securely kept in site and available for future on-site monitoring.

Conducting Informed Consent during COVID-19 Pandemic

You may be required to consider alternative informed consent processes, when traditional (i.e., in-person, paper-based) consent processes are not feasible due to pandemic restrictions.

Below is a list of alternative informed consent approaches as adopted from recommendations and guidance by regulatory bodies. In any of the following examples, please note:

- ☐ It is a requirement that any informed consent process should be reviewed and approved through the HRPP prior to implementation.
- ☐ Once approved, the informed consent process must be clearly documented in the research group SOPs (or quality deviation in the existing SOP) and appropriate training must be offered to delegated site personnel.
- ☐ As it is required for all research studies in any setting (i.e. both pandemic and non-pandemic setting), the paper trail of informed consent activities for each study participant must be kept as part of study source documents.

As per Health Canada's guidance of August 5, 2020: Sponsors should discuss with REBs alternative methods of informed consent for the study or amendments to the study protocol if in-person visits are not possible (for example, electronic consent, recorded telephone consent).

1. *Obtaining Informed Consent Remotely (Telephone or Videoconference):*

   When potential study participant and/or substitute decision maker (SDM) is unable to take part in an in-person consent interview with an investigator (or delegate) due to travel restrictions and/or suspected (or confirmed) COVID-19 illness, the following consent procedures may be adopted to allow an adequate exchange of information and documentation:

   (a) Send the consent form to the potential participant or SDM by fax, email or postage mail.

   (b) Conduct the consent interview by telephone or videoconference, so that the investigator or delegate can discuss and review the study and informed consent documents with the potential participant or their SDM.

      a. During the entire consent discussion, an impartial witness shall be present;

      b. After the consent discussion, the potential participant or their SDM, and the impartial witness, sign and date the consent form.

   (c) The signed document can be returned to the investigator by any of the following methods:

a. Fax;

b. Mail;

c. Take a picture of the signed form and send by electronic means;

d. Scan the form and return it through a secure email account (especially if there are concerns about having a participant mail a potentially contaminated consent document); or

e. Have the study participant bring the signed and dated consent form to his/her next visit to the clinical site, if restrictions on traveling to the clinical trial site are alleviated.

(d) Once signed consent form is received, acknowledged and signed by investigator or his/her delegate, a copy of the signed form is provided back to the study participant or SDM:

a. Fax;

b. Mail;

c. Scan the form and return it through a secure email account (especially if there are concerns about having a participant mail a potentially contaminated consent document); or

d. Where it is not feasible for investigator (or delegate) to receive the signed consent form prior to beginning study-related procedures, the investigator should have the participant or SDM confirm 'verbally' during the consent interview that the participant or SDM has signed and dated the provided consent form. The form can then be brought to the next visit to the clinical site.

2. *Obtaining Informed Consent via Electronic Consent Methods (i.e. e-consent):*

If supported by appropriately validated technology, electronic consent (e-consent) options may be considered.

The e-consent must be established in a way that meets the following record keeping and validation requirements set up by ICH-GCP:

☐ The system must be properly validated (ICH E6, 5.5.3), with documented procedures and appropriate training:

- All required elements (C.05.010(h); ICH E6, 4.8.10) must be present in the informed consent form;

- The information must be kept for 25 years [C.05.012(4)]

☐ The process for obtaining informed consent using an electronic form should also be well detailed in an SOP.

3. *Obtaining Informed Consent from Patient in Isolation or Quarantine:*

Informed consent from a patient in isolation can be obtained in one of the following ways:

Option 1: Use of a Photographic Image of the Signed Informed Consent Document

(a) An unsigned consent form is provided to the patient by a person who has entered the room.

(b) The investigator and/or delegate arranges a telephone or videoconference call with the patient (and, if desired and feasible, additional individuals requested by the patient (e.g., next of kin)). A witness, who is not otherwise connected with the clinical investigation, shall be present for the duration of the call.

(c) To ensure that patients are approached in a consistent manner, a standard process should be used that will:

a. Identify who is on the call;

b. Review the informed consent document with the patient by the investigator/delegate, and respond to any questions the patient may have.

c. Permit verbal confirmation by the patient that their questions have been answered, that they would like to participate in the trial, and that they have signed and dated the informed consent document that is in their possession.

(d) The patient (or an individual in the room) takes a photograph of the signed informed consent document and sends it to the investigator/delegate.

(e) A trial team member enters the photograph into the study records, along with an attestation that states (i) how that photograph was obtained and (ii) it is a photograph of the informed consent document signed by the patient.

Option 2: Use of Witness Attestation when a Photographic Image of a Signed Informed Consent Document Cannot be Transmitted

(a) An unsigned consent form is provided to the patient by a person who has entered the room.

(b) The investigator and/or delegate arranges a three-way telephone call or video conference call with the patient, a witness who is not otherwise connected with the clinical investigation, and, if desired and feasible, additional individuals requested by the

patient (e.g., next of kin).

(c) To ensure that patients are approached in a consistent manner, a standard process should be used that will:

a. Identify who is on the call;

b. Review the informed consent document with the patient by the investigator/delegate, and respond to any questions the patient may have.

c. Permit verbal confirmation by the patient that their questions have been answered, that they would like to participate in the trial, and that they have signed and dated the informed consent document that is in their possession.

(d) When using a witness, documentation in the study records includes:

a. A signed and dated attestation by the witness who participated on the call that the patient confirmed their agreement to participate in the trial and signed the informed consent document, and

b. A signed and dated attestation by the investigator/designee stating why the informed consent document signed by the patient was not retained (e.g., due to potential contamination of the document by infectious material).

If the patient in isolation is unable to provide informed consent and there is a legally authorized representative (aka Substitute Decision Maker, SDM), investigator and/or delegate must obtain written consent from the patient's SDM in accordance with 21 CRF 50.27(a) and ICH-GCP E6(R2) 4.8.5.

When using a recording in lieu of a witness, documentation in the trial records includes:

a. The recording of the conference call, and

b. A signed and dated attestation by the investigator/designee who participated on the call stating why the informed consent document signed by the patient was not retained (e.g., due to potential contamination of the document by infectious material).

References

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council, Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, December 2018.

Department of Health and Human Services (HHS) Office for Human Research Protections (OHRP) and the **Food and Drug Administration (FDA)**, Use of Electronic Informed Consent In Clinical Investigations, December 2016.

Food and Drug Administration (FDA), Guidance on Conduct of Clinical Trials of Medical Products during COVID-19 Public Health Emergency – Guidance for Industry, Investigators, and Institutional Review Boards (March 2020; updated September 2020)

Health Canada, Guidance Document: Part C, Division 5 of the Food and Drug Regulations. "Drugs for Clinical Trials Involving Human Subjects" (GUI-0100), August 2019.

Horizon Health Network Human Research Protection Program, SOP 11 Informed Consent, March 2020.

Horizon Health Network Human Research Protection Program, SOP 35 REB Review Process, March 2020.