I

Health and Disability Ethics Committees

Health and Disability Ethics Committee "COVID-19 Emergency Response: Ethical Review Operating Procedures (eSOP)

Version 1.0

23 March 2020

Introduction

Knowledge generated through high-quality research in the anticipation of, during, and after an outbreak is critical to help prevent ongoing outbreak of illnesses, exacerbation of disability and death, and to support the recovery process, including that of the New Zealand health system[1].

The purpose of this eSOP is to ensure that there are practical and effective actions put in place to ensure that a robust but rapid research ethics review is undertaken. Given the public health emergency, this guidance is being implemented without prior public comment because the Health and Disability Ethics Committees (HDECs) have determined that prior public participation for this guidance is not feasible or appropriate.

Only new ethics research applications that have a COVID-19 research element and meet the scope of HDEC review (Section 3 Of the HDEC SOPs), and amendments to existing studies to either add or respond to a COVID-19 research element will be covered by this emergency SOP. All other research applications will continue to be reviewed under the HDEC SOP.

While COVID-19 is a public health emergency, the ethical principles and values that are at the centre of New Zealand's health and disability ethical review processes must continue to be upheld. The HDEC acknowledges that in the DHB context human resources may need to be regularly assessed, with research staff being pulled into essential clinical practice. This may mean that certain monitoring and reporting duties and quality assurance activities related to clinical trials may also need to be reassessed.

This eSOP must be read in conjunction with the relevant statutes, legislation and standards listed in the Standard Operating Procedures for Health and Disability Ethics Committees (HDEC SOPs version 3.0, December 2019) and the National Advisory Ethics Committee "Getting Through Together: Ethical values for a pandemic" (July 2007)[2].

General Disclaimer: COVID-19 is rapidly evolving both internationally and within New Zealand. This eSOP may be updated. Users of the eSOP should pay attention to the version number on the front page of this document and check the HDEC website for updates.

Activation and Duration of the eSOP

1. The Manager of the Ministry of Health (the Ministry) Ethics Team in conjunction with the HDEC will be responsible for commencing and dissolving this eSOP.
2. This eSOP will remain active from the date of its approval until the Ministry stands down its emergency response. The date of stand down will be communicated to the HDEC by the Manager. These dates will be made available on the HDEC website at https://ethics.health.govt.nz/
3. At the date of stand down all studies related to COVID-19 will be assigned to an HDEC for ongoing monitoring.
4. Unless otherwise stated in the eSOP, **all** provisions of the HDEC SOP remain in force.
5. To be easily identified, "COVID-19" should be in the study title and researchers are encouraged to email the Secretariat at the same time as submission.

[1] Saxena, A., Horby, P., Amuasi, J., Aagaard, N., Kohler, J., Gooshki, E., Denis, E., Reos. A.. The ALERRT-WHO Workshop and Ravinetton, R (2019). Ethics Preparedness: Facilitating ethics review during outbreaks-recommendations from an expert panel. *BMC Medical Ethics*. 20:29.

[2] NEAC (2007) https://neac.health.govt.nz/publications-and-resources/neac-publications/getting-through-together-ethical-values-pandemic

6. The Secretariat will keep a spreadsheet of applications and substantial amendments reviewed under the eSOP for reporting purposes.
7. In the event that the Ethics Team or HDEC member capacity is reduced because of either COVID-19 work load or the direct effect of COVID-19, the Manager of the Ethics Team or delegated authority can reduce/cancel the number of standard HDEC meetings without notice. In these circumstances the standard review clocks will be stopped.

Scope of Review and Timeframes

8. Only new ethics research applications that have a COVID-19 research element and meet the scope of HDEC review (Section 3 Of the HDEC SOPs), and amendments to existing studies to either add or respond to a COVID-19 research element will be covered by this eSOP.
9. Application requirements and secretariat validation of new applications will be in accordance with Section 4 of the HDEC SOPs, with the exception of the 15 or 35-day review clock.
10. All applications and amendments must receive an initial decision within 5 working days from validation. Any responses to provisional approvals or declines will be provided within 5 working days.

The Emergency Review Pathway

11. All applications and amendments must receive an initial decision within 5 working days from validation. Any responses to provisional approvals or declines must also be provided within 5 working days.
12. Meetings will be established electronically, using a COVID-19 specific sub-committee under the NTB HDEC, and will be managed independently from other NTB HDEC work.
13. The emergency review pathway involves members of the HDEC reviewing a new COVID-19 application or a substantial amendment to existing applications that involves adding COVID-19 specific elements.
14. Emergency full review is also appropriate for substantial amendments to research approved before the date of commencement of this eSOP, where it involves urgent safety measures or time critical amendments resulting from the COVID-19 response, but not adding COVID-19 specific research elements.

<u>Transparency</u>

14. The Secretariat will prioritise assigning COVID-19 studies to the emergency review committee. The HDEC will be requested to prioritise the review of items assigned to the emergency review committee, however this committee is additional to standard HDEC meetings to reduce the impact on existing HDEC submissions.

<u>Quorum</u>

15. The quorum for any HDEC meeting is five members (including the chair). At least two members must be lay members and at least two non-lay members.
16. In the event that an application has a quorate and consensus decision in the electronic meeting prior to a scheduled teleconference meeting, the Secretariat may action that decision to the applicant without the teleconference.
17. The NTB Chair will be the default Chair. In the absence of the NTB Chair another HDEC Chair will appointed to assume the role.

Application Submission/Meeting Process

18. Submissions are still made using online forms.
19. All applications will be reviewed by HDEC members online. Appointed members may wish to meet via teleconference to discuss the application. Such meetings will occur weekly on a Friday at an agreed time as required. Each member will be required to enter a summary of their notes in the electronic meeting **before** the meeting.
20. The Chair will notify the Secretariat which applications need to be discussed at the Friday meeting as soon as possible.
21. At the time of validation, the researcher will be provided with a time and date for the review of their application or amendment. In some cases, where the HDEC is in agreement and approves, or when the actions and requests for information are clear, a decision will be issued prior to the meeting in order to expedite the response.
22. The discussion during the meeting must balance the time pressures relating to emergency research with the application of bioethical principles.
23. Minutes will be taken for each application and recorded online. In the event that a meeting does not take place, comments from the reviewers will be recorded online. The content of the minutes will be as per paragraph 95 for the HDEC SOPs.

Decisions Open to the HDEC under the eSOP

24. The HDEC should communicate a final decision within five business days of an application being received. In the event that this is not communicated within this time frame the researcher should contact the Secretariat.
25. The decisions open to the HDEC must be made in accordance with Section 7 of the HDEC SOPs
26. When a provisional approval decision is made the researcher will have up to 90 days to submit their response. However, the researcher will need to email the Secretariat a indicate that their response has been submitted in order to ensure it is reviewed in a timely matter.

COVID-19 Impact Amendments to Approved Studies

27. The following applies to any studies which require amendment due to impacts caused by COVID-19.

Guidance for Amendments to Existing Approved Studies Impacted by Wider COVID -19 Response[3]

28. Ensuring the safety of trial participants and study staff is paramount. Co-ordinating Investigators should consider each circumstance, focusing on the potential impact on the safety of trial participants and staff, and modify study conduct accordingly.
29. Study decisions may include those regarding continuing trial recruitment, continuing use of the investigational product for patients already participating in the trial, and the need to change participant monitoring during the trial. In all cases, it is critical that trial participants are kept informed of changes to the study and monitoring plans that could impact them.
30. It may be the case that a participant's safety, welfare, and rights are best served by continuing their participation in the trial as per the protocol or by discontinuing the administration or use of the investigational product or even their participation in the

[3] Adapted from FDA Guidance on Conduct of Clinical Trials of Medical Products during COVID-19 Pandemic 2020

trial. Such decisions will depend on specific circumstances, including the nature of the investigational product, the ability to conduct appropriate safety monitoring, the potential impact on the investigational product supply chain, and the nature of the disease under study in the trial.

31. Since trial participants may not be able to come to the investigational site for protocol-specified visits, sponsors, researchers and sites should evaluate whether alternative methods for safety assessments (e.g. phone contact, virtual visit, alternative location for assessment, including local labs, imaging centres) could be implemented when necessary and feasible, and would be sufficient to ensure the safety of trial participants.
32. Co-ordinating Investigators should determine if in-person visits are necessary to fully assure the safety of trial participants (for example, to carry out procedures necessary to assess safety or to ensure the safe use of the investigational product) and should follow hospital policy in doing so. In making the decision to continue the use or administration of the investigational product, the sponsor should consider whether the safety of trial participants can be assured with the implementation of the altered monitoring approach.
33. In some cases, trial participants who no longer have access to the investigational product or the investigational site may need additional safety monitoring (e.g. withdrawal of an active investigational treatment).
34. The need to put new processes in place or to modify existing processes will vary by the protocol and local situation. For example, this assessment could include consideration of whether it is appropriate to delay some assessments for ongoing trials, or, if the study cannot be properly conducted under the existing protocol, whether to stop ongoing recruitment, or even withdraw trial participants.

Amendment Requirements and Process

35. Substantial study amendments are typically not implemented before review and approval by the HDEC. Co-ordinating Investigators are encouraged to engage with the HDEC as early as possible when urgent or emergent changes to the protocol or informed consent are anticipated as a result of COVID-19.
36. Such changes to the protocol or investigational plan to minimise or eliminate immediate hazards or to protect the life and well-being of research participants (e.g. to limit exposure to COVID-19) may be implemented without HDEC approval or before filing an amendment to the HDEC, but are required to be reported afterwards as protocol deviations or violations.
37. The HDEC encourages sponsors and Co-ordinating Investigators to establish procedures to prioritize the reporting of deviations that may impact the safety of trial participants
38. The implementation of alternative processes should be consistent with the protocol to the greatest extent possible, and sponsors and Co-ordinating Investigators should document the reason for any contingency measures implemented.
39. Sponsors, researchers and sites should document how restrictions related to COVID-19 led to the changes in study conduct and the duration of those changes, and indicate which trial participants were impacted and how those trial participants were impacted.

Reporting Requirements for Substantial Changes

40. Current studies requiring a substantial amendment in accordance with Section 11 of the HDEC SOPs will be expedited under the Emergency Meeting pathway.

41. A risk-based approach must be used to determine whether a change is so significant that it requires ethics review prior to implementation. This is likely to apply to prepared changes to studies that will add a COVID-19 element to their conduct.
42. If the research team fails to submit a substantial amendment prior to implementation this will be treated as a substantial protocol deviation or violation and will require submission as soon as practicable.

Reporting Requirements for Non-substantial Changes

43. Notification to the HDEC is not required for non-substantial amendments as defined in Section 11 of the HDEC SOPs. All cases of minor changes must be reported to the HDEC as soon as practicable.
44. As outlined, some deviations to the study protocols may occur without prior notification to the HDEC, if they are required for urgent safety measures. These must be reported to the HDEC as soon as practicable.