Capital University

1 College and Main
Columbus, Ohio 43209-2394

Institutional Review Board Policies and Procedures

TABLE OF CONTENTS

Document History
Draft Available for Faculty Review, November 1, 2007
Revision Based on Faculty Comments, January 10, 2008
Membership Criteria Updated and Role of IACUC Acknowledged, April 5, 2012
Approved by President's Cabinet, April 24, 2012
Recommended Revisions Available for Faculty Review, April 10, 2014
Revisions Based on Faculty Comments, September 10, 2014
Revisions Approved by President's Cabinet, September 11, 2014
Revisions Based on Changes to the Common Rule (45 CFR §46), October 13, 2017
Revisions available for faculty and staff comment, October 15, 2017
Approved by administration, December 20, 2017
Revisions to the Adverse Consequences section, requested by OHRP, March 19, 2025

IRB Policies and Procedures (2025-03-27)

1) PREFACE: IRB ROLE

a) The Capital University Institutional Review Board (IRB) is charged with aiding researchers in protecting human subjects of research conducted under its jurisdiction.

b) The Capital IRB is committed to the principal that research at Capital University must meet the highest standards of ethical conduct. Specifically, the IRB's obligation is to assure that research on human subjects is planned and carried out in accordance with certain widely recognized ethical standards such as the Nuremberg Code, the Declaration of Helsinki, and the Belmont Report. In addition, the IRB shall assure that all research that is within its jurisdiction complies with applicable federal, state, and local law.

c) The basis of most of the Capital IRB structure and function is derived from the Department of Health and Human Services (DHHS) Regulations at Title 45 of the Code of Federal Regulations part 46. These are the federal regulations (often referred to as "The Common Rule" because they were adopted by 16 different federal departments and agencies) that address *minimum* levels of human subject protection in research. In addition, the IRB closely follows policies and guidance provided by the Office for Human Research Protections (OHRP) in the United States Department of Health and Human Services, the federal agency charged with ensuring compliance with the regulations.

d) Capital University recognizes that conducting ethical research and protecting human subjects in research studies represent a *shared* responsibility among faculty, students, department heads, deans, university officials, and researchers- as well as the IRB. Accordingly, the IRB seeks to foster among members of the university community a positive, collective atmosphere in which designing and implementing research studies are also based on internalized institutional values regarding ethical conduct.

e) The Capital IRB applies the policies and guidance in this guidebook for all research involving human subjects that:

   i) Is conducted by or at the direction of the administration of Capital University

   ii) Is conducted by any faculty member of Capital University (of any rank or track) in connection with his or her institutional responsibilities

   iii) Is conducted by any staff member of Capital University

   iv) Is conducted by any student enrolled in Capital University

   v) Is conducted using any property or facility of Capital University

   vi) Is conducted by any outside party using Capital University facilities, property, or resources

   vii) Is conducted by any outside party that specifically targets Capital University administration, faculty, staff or students, or

   viii) Is conducted by any outside parties using Capital University non-public information

f) Both the membership of the IRB and any prospective researchers who intend to use human subjects in their research proposals are reminded that this document establishes the basic *minimum* of policies and procedures. It does not include every possibility for the variation in research proposals involving human subjects. The IRB encourages consultation at all stages of the research process, and specifically if there may be a question whether an activity should be classified as "research" or if it is "research," whether it should be exempt from further IRB review.

2) FREQUENTLY ASKED QUESTIONS

a) How do I know if I am conducting research?

i) The federal regulations define *research* as "a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge." The regulations further specify "activities which meet this definition constitute research … whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration and service programs may include research activities." (45 CFR 46.102(l)) The following activities are not considered IRB reviewable research (see 45 CFR 46.102(l) for complete definitions):

(1) Scholarly, journalistic activities (e.g., oral history, journalism, biography, literary criticism, legal research, and historical scholarship);

(2) Public health surveillance activities;

(3) Collection and analysis of information, biospecimens, or records by or for a criminal justices agency for activities authorized by law or court order solely for criminal justice or criminals investigative purposes; or

(4) Authorized operational activities… in support of intelligence, homeland security, defense, or other national security missions.

ii) In general, research that involves data gathered *solely for internal, on-going campus* use (e.g., course evaluation or institutional research), or is part of an internal-only classroom proposal[1] that will not be presented outside the classroom does not need to be reviewed by the IRB. If, however, the results of this research *are disseminated publicly in any way*, then the research is subject to review by the IRB. If no dissemination is planned at the time the data are gathered, but the possibility of future dissemination exists, the researcher is advised to submit the proposal for IRB review and approval before initiating the research.

b) How do I know if my research involves human subjects?

i) Human subjects are living individuals "about whom an investigator (whether professional or student) conducting research: (i) Obtains information or biospecimens through intervention or interaction with the individual, and uses, studies, or analyzes the information or biospecimens; or (ii) Obtains, uses, studies, analyzes, or generates identifiable private information or identifiable biospecimens" [45 CFR 46.102(e)(1)]. The following additional

[1] See the section on Student Research & Class Proposals (p. 14) for additional information.

guidance is included in the regulations to aid in determining whether the research involves human subjects: "*Intervention* includes both physical procedures by which information or biospecimens are gathered (for example, venipuncture) and manipulations of the subject or the subject's environment that are performed for research purposes" [45 CFR 46.102(e)(2)].

ii) Interaction includes communication or interpersonal contact between investigator and subject. "*Private information* includes information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a medical record)" [45 CFR 46.102(e)(4)].

iii) Only proposals meeting both definitions (research and human subjects) come under the purview of the IRB.

iv) To aid in determining whether a proposal is subject to IRB review, the United States Department of Health and Human Services (HHS), which oversees protection of human subjects, has created a set of decision charts. These may be found at: http://www.hhs.gov/ohrp/policy/checklists/decisioncharts.html. *These charts are guidance documents only. The Capital IRB should be consulted in cases where there is any doubt about the need for IRB review.*

c) Who will review my research?

i) The University has authorized the Institutional Review Board (IRB) to review and approve all human subjects research. The members of the Capital IRB shall gain and exhibit competency in their duties of human research subject protection through member tutoring and CITI Training. Members should have a collective background, training, and competence necessary to review specific research activities, to ascertain the acceptability of proposed research in terms of institutional commitments and regulations, applicable law, and standards of professional conduct and practice.

d) When do I submit my research for review by the IRB?

i) When submitting proposals, sufficient time should be allowed for adequate review. The IRB meets monthly during the academic year, usually during the second week of each month, and at least once during the summer.

ii) Proposals requiring review by the full IRB must be submitted no later than the Friday two weeks before a scheduled meeting in order to be placed on the agenda of that meeting.

iii) Proposals that meet the criteria for expedited review may be submitted at any time and are generally reviewed within two weeks. Please contact the IRB chair for additional information.

e) Where can I get assistance?

i) If you have any questions, please, contact any IRB member or the IRB chair. The IRB would be happy to discuss any aspects of your proposal dealing with preparation, submission, or human subject protection.

3) PROCEDURES

a) All faculty, student, and staff investigators on the proposal must have completed the *CITI Social and Behavioral Research Basic/Refresher* course (https://www.citiprogram.org/).

b) All forms needed for submission can be obtained from the IRB chair. The completed forms should then be submitted to the current IRB chair via email. The submitted materials must include the following:

i) The Research Proposal Summary (Forms A – D)

ii) A copy of all questionnaires, surveys, and/or interview questions or guides to be used in the research

iii) Information to be given to the subjects about the study

iv) Scripts or cover letters to be used for recruiting, interviewing, proctoring, or debriefing the subjects

v) A copy of all informed consent scripts or documents to be used in the research

vi) Letters (photo copies are acceptable) of support or approval from performance sites (i.e., some research requires school district or organization permission) on appropriate letterhead

vii) Letter(s) showing approval from any other IRB(s) from which you are required to apply for approval

c) If you have any items which cannot be submitted electronically, the item must be delivered to the IRB chair.

d) NOTE: Failure to complete all Capital University IRB forms will result in the proposal being returned without being reviewed.

4) REVIEW AND APPROVAL PROCESS

a) How will my application be reviewed?

i) There are two (2) levels of review for research involving human subjects: expedited review and full review. Each of these is described below.

ii) All submissions undergo an initial consideration by the IRB chair. The IRB chair may request additional information about the research and/or request modifications to the application form, proposal, and/or informed consent documents prior to review by other members of

the IRB. After initial consideration, the chair then assigns the proposal to the IRB members. A copy of the reviewer worksheet used by IRB members is available from the IRB chair.

iii) Research proposals may be eligible for expedited review if they involve (1) no more than minimal risk to subjects and (2) meet one of the categories listed in Table 1 below. If the submitted proposal requests expedited review, the IRB chair will assign two IRB members to review the submission. Those two members will then be responsible for the review of that proposal, including all determinations and actions to be rendered. This process is to be conducted in a timely matter, outside of the normal meeting schedule. If, however, *either* member of the expedited review panel appointed by the chair determines that the research proposal is not eligible for expedited review, the research proposal is automatically forwarded to full review. Note that ALL IRB members are offered EVERY submitted proposal to consider, and their comments and recommendations may be forwarded to the assigned reviewers for consideration, but final determinations are the responsibility of the reviewers assigned by the chair.

iv) Proposals that involve greater than minimal risk[2] or do not fit into one or more of the categories for expedited review (see Table 1) are subject to full review by the board at a convened meeting in which a majority of the current membership of the IRB is present. All members receive a copy of the complete submission, including the application, proposal, informed consent documents, and instruments, and are expected to participate in the review and discussion of the research at the meeting. The IRB chair may invite ad hoc reviewers to assist in the review of research where additional expertise may be necessary. In order for a given proposal to be approved, it must receive the approval of a majority of those members present at the meeting.

Table 1

Research that is Eligible for Expedited Review Procedures
The HHS Regulations at 45 CFR 46.110 specify conditions under which research may be reviewed by the IRB under expedited review procedures. Research activities that meet both of the following two conditions may be reviewed under expedited review procedures: o The research presents no more than minimal risk to human subjects, and o The research involves only procedures listed in one or more of the following categories[3] 1) Clinical studies of drugs and medical devices only when condition (a) or (b) is met. Research on drugs for which

[2] The HHS regulations at 45 CFR 46.102(j) define "minimal risk" as “the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests”.

[3] The activities listed should not be deemed to be of minimal risk simply because they are included on this list. Inclusion on this list merely means that the activity is eligible for review through the expedited review procedure when the specific circumstances of the proposed research involve no more than minimal risk to human subjects.

an investigational new drug application (21 CFR Part 312) is not required. (Note: Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review.) (b) Research on medical devices for which (i) an investigational device exemption application (21 CFR Part 812) is not required; or (ii) the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.

2) Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows: (a) from healthy, non-pregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an 8 week period and collection may not occur more frequently than 2 times per week; or (b) from other adults and children, considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it is collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8 week period and collection may not occur more frequently than 2 times per week.

3) Prospective collection of biological specimens for research purposes by noninvasive means. Examples: (a) hair and nail clippings in a non-disfiguring manner; (b) deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction; (c) permanent teeth if routine patient care indicates a need for extraction; (d) excreta and external secretions (including sweat); (e) uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue; (f) placenta removed at delivery; (g) amniotic fluid obtained at the time of rupture of the membrane prior to or during labor; (h) supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques; (i) mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings; (j) sputum collected after saline mist nebulization.

4) Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Where medical devices are employed, they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.) Examples: (a) physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject's privacy; (b) weighing or testing sensory acuity; (c) magnetic resonance imaging; (d) electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, doppler blood flow, and echocardiography; (e) moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.

5) Research involving materials (data, documents, records, or specimens) that have been collected, or is collected solely for non-research purposes (such as medical treatment or diagnosis).

6) Collection of data from voice, video, digital, or image recordings made for research purposes.

7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

8) Continuing review of research previously approved by the convened IRB as follows: (a) where (i) the research is permanently closed to the enrollment of new subjects; (ii) all subjects have completed all research-related interventions; and (iii) the research remains active only for long-term follow-up of subjects; or (b) where no subjects have been enrolled and no additional risks have been identified; or (c) where the remaining research activities are limited to data analysis.

9) Continuing review of research, not conducted under an investigational new drug application or investigational device exemption where categories two (2) through eight (8) do not apply but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.

v) The expedited review procedure may not be used for:

(1) Research where identification of the subjects and/or their responses would reasonably place them at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections is implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.

(2) Classified research involving human subjects.

b) What does the IRB look for when deciding whether or not to approve a proposal?

i) In order for the IRB to approve a given research proposal, it must determine that (quoted from 45 CFR 46.111):

(1) Risks to subjects are minimized: (i) by using procedures that are consistent with sound research design and which do not unnecessarily expose subjects to risk, and (ii) whenever appropriate, by using procedures already being performed on the subjects for diagnostic or treatment purposes.

(2) Risks to subjects are reasonable in relation to anticipated benefits, if any, to subjects, and the importance of the knowledge that may reasonably be expected to result. In evaluating risks and benefits, the IRB considers only those risks and benefits that may result from the research (as distinguished from risks and benefits of therapies subjects would receive even if not participating in the research). The IRB should not consider possible long-range effects of applying knowledge gained in the research (e.g., the possible effects of the research on public policy) as among those research risks that fall within the purview of its responsibility.

(3) Selection of subjects is equitable. In making this assessment the IRB takes into account the purposes of the research and the setting in which the research is conducted. The IRB should be particularly cognizant of the special problems of research involving vulnerable populations, such as children, prisoners, pregnant women, mentally disabled persons, or economically or educationally disadvantaged persons.

(4) Informed consent will be sought from each prospective subject or the subject's legally authorized representative, in accordance with, and to the extent required by 45 CFR 46.116.[4]

[4] Note that provisions for an alteration or waiver of informed consent may be obtained through the IRB.

(5) Informed consent will be appropriately documented or appropriately waived in accordance with 45 CFR 46.117.

(6) When appropriate, the research plan makes adequate provision for monitoring the data collected to ensure the safety of subjects.

(7) There are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data.

(8) … (b) When some or all of the subjects are likely to be vulnerable to coercion or undue influence, such as children, prisoners, pregnant women, mentally disabled persons, or economically or educationally disadvantaged persons, additional safeguards have been included in the study to protect the rights and welfare of these subjects.

ii) The Capital IRB has identified the following types of risk or discomfort most often considered:

(1) Physical Risks: These risks include physical discomfort, pain, injury, illness or disease brought about by the methods and procedures of the research.

(2) Psychological Risks: Psychological risks may be experienced during participation in the research and/or afterwards as a result of participating in the research. These risks include anxiety, stress, fear, confusion, embarrassment, depression, guilt, shock, loss of self-esteem, and/or altered behavior.

(3) Social/Economic Risks: Economic risks include alterations in relationships with others that are to the disadvantage of the subject, and may involve embarrassment, loss of respect of others, labeling with negative consequences, or diminishing the subject's opportunities and status in relation to others. These risks include payment by subjects for procedures, loss of wages or income, and/or damage to employability or insurability.

(4) Legal Risks: Legal risks include risk of criminal prosecution or civil lawsuit when research methods reveal that the subject has or will engage in conduct for which the subject or others may be criminally or civilly liable.

(5) Loss of Confidentiality: Confidentiality is presumed and must be maintained unless the investigator obtains the express permission of the subject to do otherwise. Risks from breach of confidentiality include invasion of privacy, as well as the social, economic and legal risks outlined above.

c) How long does the review process take?

i) The following estimates are from the point of receipt by the chair. They apply for submissions that are complete and for which no additional information or modifications are required.

(1) Expedited Review: approximately 14 days

(2) Full Board Review: Next full meeting, provided the proposal is submitted 2 weeks before the meeting

ii) Additional documentation, revisions, and further input will add time in proportion to the scope of the additional information required.

d) How will I know when my application has been reviewed?

i) Once the IRB has reviewed the application, the researcher is notified by email of the IRB's decision. If changes are required or requested, an email detailing these changes is sent to the investigator. If the research is approved, an email containing the terms of the approval is sent to the investigator.

e) What are the conditions of approval?

i) Approval of a proposal by the IRB applies only to the procedures included with the submission

ii) Approval is not granted until all conditions or contingencies required by the IRB have been satisfied

iii) Approval for proposals is valid only until the expiration date (usually (1) year). All research proposals must be reviewed no less than annually. The IRB may require an approval period shorter than a year depending on factors including the level and degree of risk involved in the research. As per 45 CFR 46.109(f), the following are exempted from continuing review:

(1) Research eligible for expedited review in accordance with 45CFR 46.110;

(2) Research reviewed by the IRB in accordance with the limited IRB review described in 45 CFR 46.104(d)(2)(iii), (d)(3)(i)(C), or (d)(7) or (8);

(3) Research that has progressed to the point that it involves only one or both of the following, which are part of the IRB-approved study:

(a) Data analysis, including analysis of identifiable private information or identifiable biospecimens

iv) Investigators must immediately report to the IRB any unanticipated problems involving risk or harm to human subjects that arise in connection to the research.

f) What if I need to make changes to my approved proposal?

i) All changes in the proposal that deviate from the original submission must be approved by the IRB prior to implementation, except when necessary to eliminate apparent immediate hazards to the subjects.

ii) The chair will determine if the requested changes must be approved by the original expedited review panel, if applicable, or by the full board. The time required to approve such changes is proportional to the relative scope and breadth of the changes requested.

iii) Approved changes will be documented in IRB minutes and in the approved submission.

g) What must I do if IRB approval of my research will expire before I finish my research?

i) The IRB is required to conduct continuing review of research at intervals appropriate to the degree of risk to human subjects, but not less than once annually. For research involving greater than minimal risk, the IRB will determine the appropriate approval period. The approval notification from the IRB will specify the date of the expiration of approval.

ii) The researcher must submit a Continuing Review Request prior to the expiration date for approval of the continuation.

iii) No research may continue past its IRB approval period without a continuing review approval.

h) What do I do if someone participating in my study has an unexpected or negative reaction?

The following section is quoted from the HHS (Health and Human Services) webpage:

i) The phrase "unanticipated problems involving risks to subjects or others" is found but not defined in the HHS regulations at 45 CFR part 46. OHRP [Office for Human Research Protections] considers *unanticipated problems*, in general, to 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 (in this guidance document, *possibly related* means there is a reasonable possibility that the incident, experience, or outcome may have been caused by the procedures involved 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.

ii) OHRP recognizes that it may be difficult to determine whether a particular incident, experience, or outcome is unexpected and whether it is related or possibly related to participation in the research. OHRP notes that an incident, experience, or outcome that meets the three criteria above generally will warrant consideration of substantive changes in the research protocol or informed consent process/document or other corrective actions in order to protect the safety, welfare, or rights of subjects or others. Examples of corrective actions or substantive changes that might need to be considered in response to an unanticipated problem include:

(1) changes to the research protocol initiated by the investigator prior to obtaining IRB approval to eliminate apparent immediate hazards to subjects;

(2) modification of inclusion or exclusion criteria to mitigate the newly identified risks;

(3) implementation of additional procedures for monitoring subjects;

(4) suspension of enrollment of new subjects;

(5) suspension of research procedures in currently enrolled subjects;

(6) modification of informed consent documents to include a description of newly recognized risks; and

(7) provision of additional information about newly recognized risks to previously enrolled subjects.

iii) The term *adverse event* in general is used very broadly and includes any event meeting the following definition:

(1) 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 (modified from the definition of adverse events in the 1996 International Conference on Harmonization E-6 Guidelines for Good Clinical Practice).

(2) Adverse events encompass both physical and psychological harms. They occur most commonly in the context of biomedical research, although on occasion, they can occur in the context of social and behavioral research.

(3) In the context of multicenter clinical trials, adverse events can be characterized as either *internal adverse events* or *external adverse events*. 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, whereas *external adverse events* are those adverse events experienced by subjects enrolled by investigators at other institutions engaged in the clinical trial. In the context of a single-center clinical trial, all adverse events would be considered *internal adverse events.*

(4) In the case of an *internal adverse event* at a particular institution, an investigator at that institution typically becomes aware of the event directly from the subject, another collaborating investigator at the same institution, or the subject's healthcare provider. In the case of *external adverse events*, the investigators at all participating institutions learn of such events via reports that are distributed by the sponsor or coordinating center of the multicenter clinical trials. At many institutions, reports of external adverse events represent the majority of adverse event reports currently being submitted by investigators to IRBs.

iv) To determine whether an adverse event is an unanticipated problem, the following questions should be asked:

(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) 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 the HHS regulations at 45 CFR 46.103(a) and 46.103(b)(5).

v) Any adverse event occurring in one or more subjects participating in a research protocol, the nature, severity, or frequency of which is **not** consistent with either:

(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

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

vi) Adverse events may be caused by one or more of the following:

(1) the procedures involved in the research;

(2) an underlying disease, disorder, or condition of the subject; or

(3) other circumstances unrelated to either the research or any underlying disease, disorder, or condition of the subject.

vii) In general, adverse events that are determined to be at least partially caused by (1) would be considered related to participation in the research, whereas adverse events determined to be **solely** caused by (2) or (3) would be considered unrelated to participation in the research.

(1) The first step in assessing whether an adverse event meets the third criterion for an unanticipated problem is to determine whether the adverse event is *serious*.

(2) In this guidance document, OHRP defines *serious adverse event* as any adverse event that:

(a) results in death;

(b) is life-threatening (places the subject at immediate risk of death from the event as it occurred);

(c) results in inpatient hospitalization or prolongation of existing hospitalization;

(d) results in a persistent or significant disability/incapacity;

(e) results in a congenital anomaly/birth defect; or

(f) 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).

viii) Any unanticipated problems involving risks to subjects or complaints from subjects must be reported immediately to the Capital IRB chair. The IRB chairperson will then forward, in writing, any report of adverse events to the provost, university counsel, and other relevant university officers, if needed. Please, provide the following information, as quoted from the HHS (Health and Human Services) webpage:

(1) appropriate identifying information for the research protocol, such as the title, investigator's name, and the IRB project number;

(2) a detailed description of the adverse event, incident, experience, or outcome;

(3) an explanation of the basis for determining that the adverse event, incident, experience, or outcome represents an unanticipated problem; and

(4) a description of any changes to the protocol or other corrective actions that have been taken or are proposed in response to the unanticipated problem.

ix) Unanticipated problems occurring in research covered by an OHRP-approved assurance also must be reported by the institution to the supporting HHS agency head (or designee) and OHRP (45 CFR 46.103(a)). Typically, the IRB chairperson or administrator, or another appropriate institutional official identified under the institution's written IRB procedures, is responsible for reporting unanticipated problems to the supporting HHS agency head (or designee) and OHRP. For further information on reporting to OHRP, see the Guidance on Reporting Incidents to OHRP.

x) For multicenter research projects, only the institution at which the subject(s) experienced an adverse event determined to be an unanticipated problem (or the institution at which any other type of unanticipated problem occurred) must report the event to the supporting agency head (or designee) and OHRP (45 CFR 46.103(b)(5)). Alternatively, the central monitoring entity may be designated to submit reports of unanticipated problems to the supporting agency head (or designee) and OHRP.

5) POLICIES

a) The Principal Investigator

i) The IRB recognizes one Principal Investigator (PI) for each proposal. The PI must be a member of the faculty or staff at Capital University. *On research conducted by students, a faculty member must serve as PI and assume responsibility for exercising appropriate oversight of the student's research.*

ii) The PI, including faculty members in the case of students, must personally review and approve all applications, amendments, continuations, and documentation submitted to the IRB. The PI must identify key personnel involved in the conduct of research, monitor their activities, inform the IRB of proposed changes in approved research, adverse events, and untoward incidents, and respond in timely fashion to inquiries or requests from the IRB.

iii) All official IRB correspondence is addressed to the PI. Faculty members overseeing student research should make arrangements to keep students informed of IRB determinations.

iv) PIs, research staff, and students are encouraged to communicate informally with the IRB chair when they have questions about IRB policies or procedures. Formal communications, including applications for exemption and expedited or full IRB review, continuation applications, amendments, and notification of adverse events, must be communicated in writing, on forms developed by the IRB, and submitted to the IRB chair. The IRB communicates to PIs regarding initial and continuing reviews and amendments through memoranda that follow a standard format.

b) Research that is Exempt

i) The federal regulations at 45 CFR 46.104(d)(1 – 8) specifies categories of research that are exempt from the policy (see Table 2). All human subject research that is exempt under this section must still be conducted in accordance with the principles of the Belmont Report.

ii) Researchers who believe their research meets one or more of the categories for exemption must complete a Request for Exemption form available from the IRB chair. *The Capital IRB will determine whether the research meets the exemption requirements when they review the proposal.*

iii) Action research conducted in educational settings and for educational purposes meets exemption 1 in table 2 below.

Table 2

Research that is Exempt from Further IRB Review
Research in which the only involvement of human subjects is in one or more of the following categories is exempt:
1. Research, conducted in established or commonly accepted educational settings, that specifically involves normal educational practices that are not likely to adversely impact students' opportunity to learn required educational content or the assessment of educators who provide instruction. This includes most research on regular and special education instructional strategies, and research on the effectiveness of or the comparison

among instructional techniques, curricula, or classroom management methods.

2. Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met: (i) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects; (ii) Any disclosure of the human subjects' responses outside of the research would not reasonable place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or (iii) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by 45 CFR 46.111(a)(7).

3. (i) Research involving benign behavioral interventions in conjunctions with the collection of information from an adult subject through verbal or written responses (including data entry) or audiovisual recording if the subject prospectively agrees to the intervention and information collection and at least one of the following criteria is met: (A) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily by ascertained, directly or through identifiers linked to the subjects; (B) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or (C) the information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and the IRB conducts a limited IRB review to make the determination required by 45 CFR 46.111(a)(7). (ii) For the purpose of this provision, benign behavioral interventions are brief in duration, harmless, painless, not physically invasive, not likely to have a significant adverse lasting impact on the subjects, and the investigator has no reason to think the subjects will find the interventions offensive or embarrassing.

4. Secondary research for which consent is not required: Secondary research uses of identifiable private information or identifiable biospecimens, if at least one of the following criteria is met: (i) The identifiable private information or identifiable biospecimens are publically available; (ii) Information, which may include biospecimens, is recorded by the investigator in such a manner that the identity of the human subjects cannot readily by ascertained, directly or through identifiers linked to the subjects, the investigator does not contact the subjects, and the investigator will not re-identify subjects; (iii) The research involves only information collection and analysis involving the investigator's use of identifiable health information when that use is regulated under 45 CFR parts 160 and 164, subparts A and E, for the purposes of "health care operations" or "research" as those terms are defined at 45 CFR 164.501 or for "public health activities and purposes" as described under 45 CFR 164.512(b); or (iv) The research is conducted by, or on behalf of, a Federal department or agency using government-collected information obtained for nonresearch activities, if the researcher generates identifiable private information that is or will be maintained on information technology that is subject to and in compliance with section 208(b) of the E-Government Act of 2002, 44 U.S.C. 3502 note, if all of the identifiable private information collected, used, or generated as part of the activity will be maintained in systems of records subject to the Privacy Act of 1974, 5 U.S.C. 552a, and, if applicable, the information used in the research was collected subject to the Paperwork Reduction Act of 1995, 44 U.S.C. 3501 *et seq*.

5. Research and demonstration projects that are conducted or supported by a Federal department or agency, or otherwise subject to the approval of department or agency heads (or the approval of the heads of bureaus of other subordinate agencies that have been delegated authority to conduct the research and demonstration projects), and that are designed to study, evaluate, improve, or otherwise examine public benefit or service programs, including procedures for obtaining benefits or services under those programs, possible changes in or alternatives to those programs or procedures, or possible changes in methods or levels of payment for benefits or services under those programs.

6. Taste and food quality evaluation and consumer acceptance studies: (i) If wholesome foods without additives are consumed, or (ii) If a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency of the Food Safety and Inspection Service of the U.S. Department of Agriculture.

7. Storage and maintenance for secondary research for which broad consent is requires: Storage of maintenance of identifiable private information or identifiable biospecimens for potential secondary research use if an IRB conducts a limited ITB review and makes the determinations required by 45 CFR 46.111(a)(8).

8. Secondary research for which broad consent is required: Research involving the use of identifiable private information or identifiable biospecimens for secondary research use, if the following criteria are met: (i) Broad consent for the storage, maintenance, and secondary research use of the identifiable private information or identifiable biospecimens was obtained in accordance with 45 CFR 46.116(a)(1) through (4), (a)(6), and (d); (ii) Documentation of informed consent or waiver of documentation of consent was obtained in accordance with 45 CFR 46.117; (iii) An IRB conducts limited IRB review and makes the determination required by 45 CFR 46.111(a)(7) and makes the determination that the research to be conducted is within the scope of the broad consent referenced in paragraph (d)(8)(i) of this section; and (iv) The investigator does not include returning individual research results to subjects as part of the study plan.

c) Student Research and Class Proposals

i) Some research methods courses at Capital University require students to complete research proposals in order to learn to conduct research with human participants. Although some colleges and universities require IRB review of student proposals involving the use of human participants, Capital University's IRB does not require student proposals conducted in research methods courses if the purpose of these proposals is pedagogical in nature. It is the responsibility of the course instructor to ensure that these activities entail no more than minimal risk to participants.

ii) For research that students conduct as part of non-research methods classes, activities not intended to provide generalizable knowledge are not subject to IRB review (e.g., class demonstrations). Instructors assigning activities involving data collection with human participants are obligated to determine whether the data collection meets the definition of reviewable research.

iii) Without IRB approval, students are not permitted to continue proposals conducted for a research methods course after the semester has ended.

iv) A proposal initially conducted to learn research methods may yield data that the student subsequently wishes to use to contribute to generalizable knowledge. In order to use these data for theses, dissertations, or other research purposes, students must either: (1) demonstrate that individuals provided informed consent for the proposal at the time, through procedures approved by the instructor; or (2) submit a proposal to the IRB and after IRB approval, obtain consent from all participants for the new use of the data provided by the participants.

d) Incentives

i) Although there are no specific regulations governing subject incentives, incentives should not be of an amount or kind that they might impede a potential subject's ability to choose freely whether or not to participate in the proposed research. The incentives must not be coercive in nature and they must not pose an undue amount of influence on the subject in order to encourage participation. In making its determination about the appropriateness of a given incentive, the IRB will consider who the subjects are, what incentives are being offered, and the conditions under which the offer is made. Informed consent documents should include a detailed account of the terms of the incentive, including a description of the conditions under which a subject might not receive the full incentive.

e) Compensations

i) Compensation for participation in research is often appropriate, but it also may not be offered to the subject as a means of coercive persuasion. Rather, it should be a form of recognition for the investment of the subject's time, risk, expense, loss of wages, or other inconvenience incurred. Compensation should not be excessive to the nature of the project. Informed consent documents should include a detailed account of the terms of the compensation, including a description of the conditions under which a subject might not receive the full compensation offered. Compensation may not be withheld contingent on the subject's completion of the study.

f) Informed Consent

i) The Capital IRB provides consent form templates online for use by our researchers. These forms, with occasional minor adjustments appropriate to the individual study, will usually provide the most adequate evidence of informed consent.

ii) If the principal investigator (PI) decides for some reason to use any other source (including his/her own design or another IRB's design) for a consent document, the following information must be included [45 CFR 46.116(a)]:

(1) A description of the purpose of the research.

(2) A description of the procedures that subjects are asked to participate in or undergo.

(3) A description of any reasonably foreseeable risks, discomforts, or inconveniences that may be associated with the research activity.

(4) A description of any benefits (if any) subjects may reasonably expect to receive, as well as a description of the importance of the knowledge that may be gained from the research. Note that incentives and/or compensations to subjects (see above) are not considered benefits and should not be listed as such in the consent document.

(5) A description of the procedures in place to maintain confidentiality.

(6) Names and contact information for individuals (usually the PI or members of the research team) who would be knowledgeable to answer questions about the research.

(7) A statement that subjects can contact the Capital IRB with any questions about their rights as research subjects. The contact information for the Capital IRB should be provided.

(8) A statement reminding subjects that participation is voluntary and that they have the right to withdraw at any time without penalty or loss of benefits to which the subject is otherwise entitled.

iii) The following information is to be included when appropriate:

(1) In those cases where the research involves more than minimal risk and research-related injury (i.e., physical, psychological, social, financial) is possible, the consent document must include a statement as to whether compensation and/or treatment is provided. Note that the consent document cannot contain exculpatory language that waivers or appears to waive subjects' rights.

(2) A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject.

(3) Anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent.

(4) Any additional costs to the subject that may result from participation in the research.

(5) The consequences of a subject's decision to withdraw from the research and procedures for orderly termination of participation by the subject.

(6) A statement that significant new findings developed during the course of the research which may relate to the subject's willingness to continue participation will be provided to the subject.

(7) The approximate number of subjects involved in the study.

iv) Because subject understanding is a necessary component of informed consent, information must be presented in a language and at a level that is appropriate for the population to be involved.

g) Waivers and Alterations to Signed Consent

i) There are circumstances in which the IRB may exempt a proposal from a written consent form.

ii) Waiver

(1) An investigator may request and/or the IRB may grant a waiver of the requirement for the investigator to obtain signed consent for some or all subjects if either of the following two conditions are met:

(a) "The only record linking the subject and the research would be the signed consent document and the principal risk would be potential harm resulting from a breach of confidentiality. When written consent is waived under this section, each subject must be asked if they would like to sign a consent document and the subject's wishes will govern" [45 CFR 46.117(c)(1)]; OR

(b) "The research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context" [45 CFR 46.117(c)(2)].

(2) In cases in which the documentation requirement is waived, the IRB may require the investigator to provide subjects with a written statement regarding the research.

iii) Alteration

(1) The IRB may approve a consent procedure that does not include, or that alters, some or all of the elements of informed consent, or waive the requirements to obtain informed consent provided the IRB finds and documents that:

(a) The research involves no more than minimal risk to the subjects;

(b) The waiver or alteration would not adversely affect the rights and welfare of the subjects;

(c) The research could not practicably be carried out without the waiver or alteration; and

(d) Whenever appropriate, the subjects are provided with additional pertinent information after participation.

h) Third Party Consent

i) When an investigator conducting research obtains identifiable private information about a living individual, that individual becomes a research subject, regardless of whether that person is the individual with whom the investigator is interacting. For example, if the research involves asking the primary subject to provide identifiable private information about a third party, that third party then becomes a secondary subject in the research. As such, all of the regulatory requirements for protecting that individual obtain.

ii) The IRB can determine whether informed consent needs to be sought from third party subjects, or whether it can be waived. In making this determination, the IRB relies on both the requirements for a waiver (noted earlier in this section) and the importance of the information to the research. Investigators whose research may involve so-called secondary subjects are encouraged to contact the IRB Staff to discuss how to best protect the rights and welfare of these subjects in a given proposal.

i) Privacy and Confidentiality

i) Investigators sometimes want access to existing records in order to identify potential subjects or to conduct research. If the investigator will record the subjects' names, either for further record review or for personal contact, this activity requires IRB review. The IRB will determine whether the subjects' consent should be sought before the researcher gains access to the records. In some cases, a waiver can be granted – see section on waivers. In determining whether it is appropriate to waive the requirement to obtain consent from these subjects, the IRB will consider the sensitivity of the information being recorded, the vulnerability of the subject population, and the purpose for which the investigator wants access to the information.

ii) In some cases, consent cannot be waived. For example, the Buckley Amendment [the General Education Provisions Act (20 USC 1232) – see Appendix O], also known as FERPA, requires written parental permission for release of records or identifiable information about children in public schools.

iii) For the majority of social and behavioral science research, ensuring confidentiality is the most import procedure to minimize risk. Most researchers are familiar with the minimum standard precautions that should be taken to maintain the confidentiality of data, including coding data, separating face sheets and consent documents from survey instruments, properly disposing of computer sheets and other papers, limiting access to identifiable data, educating the research staff about the importance of protecting confidentiality, and storing records in secured locations. More elaborate procedures may be required for research involving sensitive data that may involve a greater risk should confidentiality be breached.

6) SPECIAL POPULATIONS: ADDITIONAL SAFEGUARDS

a) If the proposed research involves a population that may be vulnerable to coercion or undue influence, such as children, prisoners, pregnant women, mentally disabled persons, or economically or educationally disadvantaged persons, additional safeguards should be included in the study to protect the rights and welfare of these subjects.

b) Students

i) Universities afford investigators with a ready pool of research subjects: students. One problem with student participation in research conducted at the University is that their agreement to participate may not be truly voluntary. For example, students may volunteer to participate out of a belief that doing so will place them in good favor with faculty (e.g., that participating will result in receiving better grades, recommendations, employment, or the like), or that failure to participate will negatively affect their relationship with the investigator or faculty in general (i.e., by seeming "uncooperative," not part of the scientific community). When recruiting students, investigators should be aware of the possibility that students may feel pressured to participate in research and should make every effort to make clear that participation in research is voluntary and their decision whether to participate will not affect their academic standing or their relationship with the researcher or faculty.

ii) Offering participation in research as a way to receive course credit (or extra credit) is also controversial. There are two important issues to address when this is done: (1) participation in the research must be only one of a number of options; and (2) the other options must be

roughly equivalent in terms of the amount of time and effort required. For example, participation in a 30-minute survey should not be offered as an alternative to completing a 10-page term paper.

iii) Another issue raised by the involvement of students as subjects is confidentiality. As with any research involving human subjects, the researcher should make every effort to protect the confidentiality of data on sensitive subjects such as mental health, sexual activity, or the use of illicit drugs or alcohol. This is especially important for research involving students, since other students are often members of the research team and may be involved in data collection and/or analysis. Researchers should ensure that their research staff understands the importance of protecting confidentiality.

c) Individuals with Cognitive Impairments

i) The primary ethical concern in research involving individuals with psychiatric, cognitive, or developmental disorders, or individuals who are active substance abusers, is that their disorders may compromise their capacity to understand and/or appreciate the purpose and risks and benefits of the research and to participate in the consent process in a meaningful way. Investigators should provide a rationale for involving cognitively impaired subjects, and should include additional means to protect the rights and welfare of these subjects.

ii) Some individuals with cognitive impairments may be institutionalized, and this may further compromise their ability to exercise free choice. It is also important to protect the privacy of all subjects and the confidentiality of information gathered in research exploring emotionally sensitive topics, since some individuals would not want the fact of their institutionalization divulged.

iii) It is important to note that all adults, regardless of their diagnosis or condition, should be presumed competent to provide informed consent unless there is evidence of a serious condition that would impair their reasoning or judgment. Individuals who have a diagnosed mental disorder may be capable of providing informed consent. Mental disability alone should not disqualify a person from consenting to participate in research.

iv) Persons who have been determined to be incompetent by a judge will have a court-appointed guardian who must be consulted and provide consent before that individual can be enrolled in research. Note that legally authorized representatives (LAR) are generally not officials of the institution in which these individuals reside, since their supervisory duties may give rise to conflicting interests. Also, it should not be assumed that family members or others financially responsible for the individual are able to provide legally authorized consent, since they too may have conflicting interests because of financial pressures, emotional distancing, or other ambivalent feelings common in such circumstances.

d) Children

i) The regulations provide additional protections for children involved in research. The IRB may approve research involving children as subjects only if the research fits into one of four specific categories. These categories are based on the level of risk and the possibility of direct benefit to individual subjects. In Ohio, children include all those who have not yet reached their 18th birthday (e.g., 0 through 17 years old).

ii) Permissible Research Involving Children as Subjects

(1) **Research Not Involving More Than Minimal Risk**: When the IRB finds that no greater than minimal risk to children is presented, the IRB may approve the proposal only if the IRB finds that adequate provisions are made for soliciting the assent of the children and the permission of their parents or guardians. [45 CFR 46.404]

(2) **Research Involving Greater than Minimal Risk but Presenting the Prospect of Direct Benefit to the Individual Subjects**: If the IRB finds that more than minimal risk to children is presented by an intervention or procedure but that the intervention or procedure holds out the prospect of direct benefit for the individual subject, or by a monitoring procedure that is likely to contribute to the subject's well-being, the IRB may approve the research only if the IRB finds that:

(a) the risk is justified by the anticipated benefit to the subjects;

(b) the relation of the anticipated benefit to the risk is at least as favorable to the subjects as that presented by available alternative approaches; and

(c) adequate provisions are made for soliciting the assent of the children and permission of their parents or guardians, as set forth below. [45 CFR 46.405]

(3) **Research Involving Greater than Minimal Risk and No Prospect of Direct Benefit to Individual Subjects, but Likely to Yield Generalizable Knowledge about the Subject's Disorder or Condition**: If the IRB finds that more than minimal risk to children is presented by an intervention or procedure that does not hold out the prospect of direct benefit for the individual subject, or by a monitoring procedure which is not likely to contribute to the well-being of the subject, the IRB may approve the research only if the IRB finds that:

(a) the risk represents a minor increase over minimal risk;

(b) intervention or procedure presents experiences to subjects that are reasonably commensurate with those inherent in their actual or expected medical, dental, psychological, social, or educational situations;

(c) the intervention or procedure is likely to yield generalizable knowledge about the subjects' disorder or condition which is of vital importance for the understanding or amelioration of the subjects' disorder or condition; and

(d) adequate provisions are made for soliciting assent of the children and permission of their parents or guardians, as set forth below. [45 CFR 46.406]

(4) **Research Not Otherwise Approvable Which Presents an Opportunity to Understand, Prevent, or Alleviate a Serious Problem Affecting the Health or Welfare of Children**: If the IRB does not believe the research proposal meets any of the requirements set forth above, it may still approve the application but only if:

(a) the IRB finds that the research presents a reasonable opportunity to further the understanding, prevention, or alleviation of a serious problem affecting the health or welfare of children; and

(b) the Secretary of the Department of Health and Human Services, after consultation with a panel of experts in pertinent disciplines (for example: science, medicine, education, ethics, law) and following opportunity for public review and comment, has determined either:

(i) that the research in fact satisfies one of the conditions set forth above, or

(ii) that:

1. the research presents a reasonable opportunity to further the understanding, prevention, or alleviation of a serious problem affecting the health or welfare of children;

2. the research is conducted in accordance with sound ethical principles; and

3. adequate provisions are made for soliciting the assent of children and the permission of their parents or guardians, as set forth below. [45 CFR 46.407]

iii) Requirements for Permission by Parents or Guardians and for Assent by Children

(1) **Adequate Provisions for Child's Assent [45 CFR 46.408(a)]**: The investigator must make adequate provisions for soliciting the assent [5] of child subjects when the children are capable of providing assent. In determining whether children are capable of assenting, the investigator should take into account the ages, maturity, and psychological state of the children involved. This judgment may be made for all children to be involved in research under a particular proposal, or for each child. The child should be given an explanation of the proposed research procedures in a language that is appropriate to the child's age, experience, maturity, and condition.

(2) **Waiver of Assent [45 CFR 46.408(a)]**: If the IRB determines either of the following to be true, then the assent of children is not a necessary condition for proceeding with the research:

(a) The capability of some or all of the children is so limited that they cannot reasonably be consulted; or

(b) When the research offers the child the possibility of a direct benefit that is important to the health or well-being of the child and is available only in the context of the research.

[5] "Assent" means a child's affirmative agreement to participate in research. Mere failure to object should not, absent affirmative agreement, be construed as assent.

(3) **Child's Dissent**: Parents may overrule their child's dissent in cases where the research offers the child the possibility of a direct benefit that is important to the health or well-being of the child and is available only in the context of the research, at the IRB's discretion. When research involves the provision of experimental therapies for life-threatening diseases such as cancer, however, the IRB should be sensitive to the fact that parents may wish to try anything, even when the likelihood of success is marginal and the probability of extreme discomfort is high. Should the child not wish to undertake such experimental therapy, difficult decisions may have to be made. In general, if the child is a mature adolescent and death is imminent, the child's wishes should govern.

(4) Finally, even where the IRB determines that the child subjects are capable of assenting, the IRB may still waive the assent requirement under circumstances in which consent may be waived for adults. [See 45 CFR 46.116(d)]

iv) **Documentation of Parental Consent**: Permission by parents or guardians shall be documented in the same manner as required for other subjects. When the IRB determines that assent of a child is required, it shall also determine whether and how assent must be documented.

v) **Waiver of Parental or Guardian Permission [45 CFR 46.408(c)]**: If parental or LAR permission is not a reasonable requirement to protect the subjects (for example, neglected or abused children), the investigator may request that the IRB waive the consent requirements described above, provided both (i) an appropriate mechanism for protecting the children who will participate as subjects in the research is substituted, and (ii) the waiver is not inconsistent with Federal, State, or local law. The choice of an appropriate mechanism would depend upon the nature and purpose of the activities described in the proposal, the risk and anticipated benefit to the research subjects, and their age, maturity, status, and condition.

vi) **Wards of the State or Other Agency**: Children who are wards of the state or any other agency, institution, or entity can be included in research meeting categories 46.406 or 46.407 (see A.3 and A.4 above) only if the research is:

(1) related to their status as wards; or

(2) conducted in schools, camps, hospitals, institutions, or similar settings in which the majority of children involved as subjects are not wards.

(3) If the research is approved under this authority, the IRB must require appointment of an advocate for each child who is a ward, in addition to any other individual acting on behalf of the child as guardian or in loco parentis. One individual may serve as advocate for more than one child. The advocate shall be an individual who has the background and experience to act in, and agrees to act in, the best interests of the child for the duration of the child's participation in the research and who is not associated in any way (except in the role as advocate or member of the IRB) with the research, the investigator(s), or the guardian organization.

e) Pregnant Women and Fetuses

i) The regulations provide additional specific protections for pregnant women and fetus involved in research. The IRB may approve research involving children as subjects only if the research meets specific requirements. These requirements are based on the level of risk and the possibility of direct benefit to individual subjects.

ii) Definitions

(1) ***Dead fetus*** means a fetus that exhibits neither heartbeat, spontaneous respiratory activity, spontaneous movement of voluntary muscles, nor pulsation of the umbilical cord.

(2) ***Delivery*** means complete separation of the fetus from the woman by expulsion or extraction or any other means.

(3) ***Fetus*** means the product of conception from implantation until delivery.

(4) ***Neonate*** means a newborn.

(5) ***Nonviable neonate*** means a neonate after delivery that, although living, is not viable.

(6) ***Pregnancy*** encompasses the period of time from implantation until delivery. A woman shall be assumed to be pregnant if she exhibits any of the pertinent presumptive signs of pregnancy, such as missed menses, until the results of a pregnancy test are negative or until delivery.

(7) ***Viable***, as it pertains to the neonate, means being able, after delivery, to survive (given the benefit of available medical therapy) to the point of independently maintaining heartbeat and respiration.

iii) Research involving pregnant women or fetuses.

(1) Pregnant women or fetuses may be involved in research if all of the following conditions are met [45 CFR 46.204]:

(a) Where scientifically appropriate, preclinical studies, including studies on pregnant animals, and clinical studies, including studies on nonpregnant women, have been conducted and provide data for assessing potential risks to pregnant women and fetuses;

(b) The risk to the fetus is caused solely by interventions or procedures that hold out the prospect of direct benefit for the woman or the fetus; or, if there is no such prospect of benefit, the risk to the fetus is not greater than minimal and the purpose of the research is the development of important biomedical knowledge which cannot be obtained by any other means;

(c) Any risk is the least possible for achieving the objectives of the research;

(d) If the research holds out the prospect of direct benefit to the pregnant woman, the prospect of a direct benefit both to the pregnant woman and the fetus, or no

prospect of benefit for the woman nor the fetus when risk to the fetus is not greater than minimal and the purpose of the research is the development of important biomedical knowledge that cannot be obtained by any other means, her consent is obtained;

(e) If the research holds out the prospect of direct benefit solely to the fetus then the consent of the pregnant woman and the father is obtained in accord with the informed consent requirements, except that the father's consent need not be obtained if he is unable to consent because of unavailability, incompetence, or temporary incapacity or the pregnancy resulted from rape or incest.

(f) Each individual providing consent is fully informed regarding the reasonably foreseeable impact of the research on the fetus or neonate;

(g) For children as defined in Sec. 46.402(a) who are pregnant, assent and permission are obtained in accord with the provisions of the children's regulations (see above);

(h) No inducements, monetary or otherwise, is offered to terminate a pregnancy;

(i) Individuals engaged in the research will have no part in any decisions as to the timing, method, or procedures used to terminate a pregnancy; and

(j) Individuals engaged in the research will have no part in determining the viability of a neonate.

f) Prisoners

i) The special vulnerability of prisoners makes consideration of their involvement as research subjects particularly important. Prisoners may be under constraints because of their incarceration that could affect their ability to make a truly voluntary and uncoerced decision whether or not to participate as subjects in research. To safeguard their interests and to protect them from harm, special ethical and regulatory considerations apply for research involving prisoners as subjects. The IRB may approve research involving prisoners as subjects only if these special provisions are met.

ii) Special Definitions Pertaining to Research Involving Prisoners

(1) ***Minimal Risk***: For research involving prisoners, the definition of minimal risk differs from the definition of minimal risk used for other populations. The definition for prisoners includes reference to physical or psychological harm, as opposed to harm or discomfort, to risks normally encountered in the daily lives, or routine medical, dental or psychological examination of healthy persons.[6]

[6] "Minimal risk" means the probability and magnitude of physical or psychological harm that is normally encountered in the daily lives, or in the routine medical, dental, or psychological examination of healthy persons.

(2) ***Prisoner***: "Prisoner" means any individual involuntarily confined or detained in a penal institution. The term is intended to encompass individuals sentenced to such an institution under a criminal or civil statute, individuals detained in other facilities by virtue of statutes or commitment procedures which provide alternatives to criminal prosecution or incarceration in a penal institution, and individuals detained pending arraignment, trial, or sentencing.

iii) **When Subjects Become Prisoners During the Course of the Research**: If a subject becomes a prisoner after enrollment in research, the investigator is responsible for reporting in writing this situation to the IRB immediately. Upon its review, the IRB can either:

(1) approve the involvement of the prisoner-subject in the research in accordance with this policy or

(2) determine that this subject must be withdrawn from the research.

iv) **Specific Findings of IRB Required to Approve Research**: When the IRB is reviewing a proposal in which a prisoner is a subject, the IRB Committee must make seven findings as follows:

(1) Research falls within at least one of four acceptable categories:

(a) A study of the possible causes, effects, and processes of incarceration, and of criminal behavior, provided that the study presents no more than minimal risk and no more than inconvenience to the subjects;

(b) A study of prisons as institutional structures or of prisoners as incarcerated persons, provided that the study presents no more than minimal risk and no more than inconvenience to the subjects;

(c) Research on conditions particularly affecting prisoners as a class (for example, vaccine trials and other research on hepatitis which is much more prevalent in prisons than elsewhere; and research on social and psychological problems such as alcoholism, drug addiction, and sexual assaults); or

(d) Research on practices, both innovative and accepted, which have the intent and reasonable probability of improving the health or well-being of the subject.

(2) **Any Advantage of Participation Does Not Impact Prisoner's Ability to Weigh Risks**:

(a) Any possible advantages accruing to the prisoner through his or her participation in the research, when compared to the general living conditions, medical care, quality of food, amenities and opportunity for earnings in the prison, are not of such a magnitude that his or her ability to weigh the risks of the research against the value of such advantages in the limited choice environment of the prison is impaired;

(b) The risks involved in the research are commensurate with risks that would be accepted by non-prisoner volunteers;

(c) Procedures for the selection of subjects within the prison are fair to all prisoners and immune from arbitrary intervention by prison authorities or prisoners. Unless the principal investigator provides to the Board justification in writing for following some other procedures, control subjects must be selected randomly from the group of available prisoners who meet the characteristics needed for that particular research proposal;

(d) The information is presented in language which is understandable to the subject population;

(e) Adequate assurance exists that parole boards will not take into account a prisoner's participation in the research in making decisions regarding parole, and each prisoner is clearly informed in advance that participation in the research will have no effect on his or her parole; AND

(f) Where the IRB finds there may be a need for follow-up examination or care of subjects after the end of their participation, adequate provision has been made for such examination or care, taking into account the varying lengths of individual prisoners' sentences, and for informing subjects of this fact.

v) **Permitted Research Involving Prisoners**:

(1) For research conducted or supported by HHS to involve prisoners, two actions must occur:

(a) the IRB must certify to OHRP that it has reviewed and approved the research under the federal regulations; and

(b) OHRP must determine that the proposed research falls within one of the categories of permissible research described above.

(2) If an investigator wishes to engage in non-HHS-supported research such certification is not required. However, the IRB will apply the standards of the federal regulations in reviewing the research.

vi) Prisoners Who Are Minors: When a prisoner is also a minor (e.g., an adolescent detained in a juvenile detention facility) the special protections regarding the inclusion of children as subjects also apply.

vii) The Federal Bureau of Prisons places special restrictions on research that takes place within the Bureau of Prisons. Investigators should review the regulations at 28 CFR Part 512 when considering such research.

7) A WORD ON NON-COMPLIANCE

a) If non-compliance is alleged, the IRB chair will initiate an investigation. The researcher is informed of the allegations and given time to respond. The IRB chair will then review the relevant information. If the IRB chair determines that non-compliance has occurred, then the IRB chair will make a report to the provost and the appropriate dean, including

recommendations. Non-compliance can have serious consequences for both the researcher and the University.

8) IRB Membership

a) The IRB shall consist of members with the background and professional competence necessary to review specific research activities, to ascertain the acceptability of proposed research in terms of institutional commitments and regulations, applicable law, and standards of professional conduct and practice.

b) The provost will appoint one faculty member from each academic unit to serve on the IRB. The appointee will be subject to confirmation by the unit's faculty governance body. The provost will appoint one university staff member, one student representative, and one member not affiliated with the university drawn from the community at-large to serve on the IRB. Members typically will serve three-year terms.

c) The IRB will work collaboratively with the Institutional Animal Care and Use Committee (IACUC) and when required the doctor of veterinary medicine on the IACUC will serve as a member of the IRB.

d) No IRB member may participate in the review of any research proposal in which the member has a conflicting interest, except to provide information requested by the committee. The member should not be present during the discussion and voting on the proposal.

e) The IRB may, in its discretion, invite individuals with competence and expertise in special areas to assist in the review of issues which require expertise beyond or addition to that available on the committee. Such individuals may exercise voice but not vote.

f) The IRB members annually will elect a chair. This individual should be highly respected, and fully capable of managing the IRB and the matters brought before it with fairness and impartiality.