# Safety Report Decision Trees

## Unanticipated Study Occurrences

What type of adverse events and unanticipated study occurrence is it?

1. Adverse events and other untoward physical/psychological occurrences
2. Non-compliance, including protocol deviation
3. Status change in subjects (incarceration and pregnancy)
4. Safety report/new information affecting subjects’ safety and welfare
5. Breach of confidentiality (including lost/stolen computer)

Please follow the appropriate decision tree.
1. Adverse Events (AEs) and other untoward occurrences

Did the AE occur at a **LOCAL** site or **EXTERNAL** site?

- LOCAL

  - Is the AE unexpected in the nature, severity, or frequency?
    - NO
    - YES

  - NO
    - Is the AE probably or definitely related to research procedures?
      - NO
      - YES

  - NO
    - Does the AE suggest that the research procedures placed subjects or others at a greater risk of physical/psychological harm than was previously known or recognized?
      - NO
      - YES

  - YES
    - Report the AE as an UAP within 5 days of PI becoming aware of the AE.
      - If the AE requires changes to the protocol and/or the consent form, submit an amendment as well.

  - NO
    - The AE does not meet the definitions of a UAP. Submit at the time of next continuing review as an aggregated summary of AEs. If there is a DSMB, DMC, or Safety Monitor for this study, a report from this group should be submitted instead of the aggregate summary.

- EXTERNAL

  - Did the AE occur on **THIS STUDY** or **DIFFERENT STUDIES**?
    - **THIS STUDY**
      - Would the AE also affect the local subjects on this study and require changes to the protocol and/or the consent form in this study?
        - NO
        - YES
    - **DIFFERENT STUDIES**
2. Non-Compliance (including protocol deviation)

Who did not follow proper procedure: the PI/RESEARCH TEAM or the SUBJECTS?

PI/RESEARCH TEAM
Did the non-compliance involve any of the following?
(a) Failure to obtain consent/HIPAA authorization;
(b) Wrong version of the consent/authorization signed
(c) Over-enrollment;
(d) Enrolling a member of vulnerable population (e.g., decisionally challenged) not approved by COMIRB;
(e) Initiating procedures without IRB approval; or
(f) Other non-compliance with COMIRB/institutional policies.

The non-compliance involved some kind of deviation from protocol dictated by study procedures. Some examples are: enrolling outside inclusion or exclusion criteria, investigator missed blood draw/lab test, investigator missed follow-up, investigator withheld study-mandated procedure, etc.

Was this a violation of inclusion/exclusion criteria?

Did the protocol deviation affect the subject's risk/safety; could the deviation affect the integrity of study data; or did the protocol deviation occur to eliminate an apparent immediate hazard to subjects?

SUBJECTS
(e.g., missed medication doses, missed/late study visit)
Did the non-compliance increase risks to the subject?

NO

Has this same subject noncompliance occurred more than three times?

YES

Report the non-compliance/protocol deviation with a UAP form within 5 days of PI becoming aware of the event.

Make assessment of potential risk to the subjects or subjects' safety.

Submit an amendment with a change form if document changes are needed (e.g., to mitigate a hazard), if applicable. Include communication with the sponsor if applicable.

Include a corrective action plan.

NO

Did the Sponsor/Central Site approve of this deviation?

NO

YES or N/A

Report to COMIRB.

YES

Consider: can the PI do anything to prevent this from reoccurring again?

YES

NO

Was this a violation of inclusion/exclusion criteria?

YES

Did the Sponsor/Central Site approve of this deviation?

NO

YES or N/A

Submit at the time of next continuing review as an aggregated summary of protocol deviations. Include communication with the sponsor if applicable; indicate whether the sponsor approved to retain the data collected from the protocol deviation.
3. Status Change in Subject (Pregnancy, Incarceration, Decisional Impairment, Ward of State)

- **Pregnancy**
  - Is the subject being withdrawn completely from the study (including no pregnancy follow-up being obtained)?
    - Yes → Report occurrence at the next CR
    - No → Report to COMIRB within 5 days. Provide information on subject referral for clinical follow-up given the exposure to previous study procedures.

- **Incarceration**
  - Will/did any research procedures take place or during subject's change in status?
    - Yes → Report at the next CR, as a withdrawal
    - No → No report necessary

- **Decisional Impairment**
  - Is the child risk category for this study 46.404 or 46.405?
    - Yes → Will the child's new guardian provide permission for the child to continue in the study?
      - Yes → Report the status change in the subject with a UAP form within 5 days of the PI becoming aware of the change.
        - Submit an amendment to change Attachment H to include Wards of the State. Make suggestions to COMIRB on who could serve as an appropriate advocate for the subject.
        - Contact COMIRB if study procedures must be continued before the amendment is reviewed.
      - No → No report necessary
    - No → Report the status change in the subject with a UAP form within 5 days of the PI becoming aware of the change.

- **Ward of State**
  - Report occurrence at the next CR

Contact COMIRIB if study procedures must be continued before the amendment is reviewed.
4. Safety Report (e.g., DSMB)/New Information

- Does the Safety Report/new information raise any safety issues or affect safety and welfare of subjects?
  - YES
  - Do the safety issues require revisions to the protocol and/or consent form?
    - YES
    - Submit the report with a UAP form. Submit an amendment for the revisions to be made.
    - NO
    - Submit the Safety Report/new information at the next CR, unless submission is required by sponsor or requested by COMIRB.
  - NO
  - Submit the report with a UAP form.

5. Breach of Confidentiality and Other Unanticipated Study Occurrences

Please report breach of confidentiality with a UAP form within 5 days of the PI becoming aware of the breach. Please include a full description of what information was lost/disclosed, whether the information was identifiable, which local institutions the information belonged to, how the breach occurred, and a corrective action plan to prevent future occurrences.

If you have any questions, please contact COMIRB at (303) 724-1055.