

**STANDING OPERATING PROCEDURES**

**Reporting of Research Events, Unanticipated Problems  
or Non-Compliance**

**1. PURPOSE:** To establish policies and procedures for recognizing and reporting research related events, unanticipated problems or noncompliance involving risk to participant (human or animal), information protection, laboratory security or research safety.

**2. POLICY**

- a. All personnel participating in VA research will comply with reporting requirements mandated within VA and other external Federal oversight and accrediting organizations.
- b. The VA ensures the safety, rights and welfare of investigators, staff and research participants through evaluation, management and reporting of serious adverse events, serious/unanticipated problems and serious or ongoing noncompliance according to Federal guidelines.

**3. DEFINITION OF TERMS.**

- a. **Administrative Hold.** An administrative hold is a voluntary interruption of research enrollments and/or ongoing research activities by an appropriate facility official, research investigator, or sponsor. The term “administrative hold” does not apply to interruptions of research related to concerns regarding:
  1. The safety, rights, or welfare of human research subjects, research investigators, research staff, or others; or
  2. The safety or welfare of laboratory animals.
- b. **Adverse Event (AE).** An AE is any untoward physical or psychological occurrence in a human subject participating in research. An AE can be any unfavorable or unintended event, including an abnormal laboratory finding, symptom, or disease associated with the research or the use of a medical investigational test article. An AE does not necessarily have to have a causal relationship with the research, or any risk associated with the research or the research intervention, or assessment. A local AE is one occurring at a site for which the VA investigator's Institutional Review Board (IRB) of record is responsible
- c. **Continuing Noncompliance.** Continuing noncompliance is persistent or repeated failure, either in the past or extending into the present, to satisfy VA or other Federal research requirements.
- d. **Serious AE (SAE).** An SAE in research is an AE that results in death, a life-threatening experience, inpatient hospitalization, prolongation of hospitalization, persistent or significant disability or incapacity, congenital anomaly, or birth defect.
- e. **Serious Noncompliance.** Serious noncompliance is the failure to adhere to the laws, regulations, or policies governing VA research that:

1. Results in or increases risk of substantive harm or damage to the safety, rights, or welfare of subjects (human or animal), personnel, or others; or
  2. Substantively compromises the integrity or effectiveness of research protections.
- f. **Serious Problem.** A serious problem in research is one that results in or has a risk of substantive harm or damage to the safety, rights, or welfare of research subjects (human or animal), research personnel, or others. An AE or problem in research is also considered serious when medical, surgical, behavioral, social, or other intervention is needed to prevent preceding definitions (B) or (D).
- g. **Suspension or Termination of Research**
1. Suspension refers to a temporary interruption in the enrollment of new subjects or other ongoing research activities.
  2. Termination refers to a permanent halt in the enrollment of new subjects or other research activities.
  3. The terms “suspension” and “termination” apply to interruptions related to concerns regarding:
    - i. The safety, rights, or welfare of research subjects (human or animal), research personnel, or others.
    - ii. Suspension and termination do not include:
      - a. Interruptions in human research resulting solely from the expiration of the IRB approval period.
      - b. “Administrative holds” or other actions initiated voluntarily by an appropriate facility official, research investigator, or sponsor for reasons other than those described in preceding definition (D).
- h. **Unanticipated or Unexpected Problem or AE.** An unanticipated or unexpected problem or AE is one that is unforeseen in terms of nature, severity, or frequency of occurrence, as documented in the protocol or other materials approved by the R&D Committee, IRB, IACUC, SRS or other relevant oversight committee.
- i. **VA Research.** VA research is research conducted by a VA investigator on VA time or using VA resources (regardless of location). The research may be funded by VA, by other sources, or be unfunded.

#### 4. PROCEDURES.

- a. Responsible person(s) as outlined in Section (5) will recognize and report research related events, unanticipated problems or serious/continuing noncompliance involving risk to participant (human or animal), information protection, laboratory security or research safety as defined in VHA Handbook 1058.01.
- b. **Reportable Events Related to Human Research** include, but are not limited to:
  1. Problems involving risks to subjects or others.
  2. Work-related injury requiring more than minor intervention.
  3. Any VA National Pharmacy Benefits Management Bulletin relevant to a project.
  4. Data Monitoring Committee or sponsor reports describing safety issues.

5. SAEs, possible serious or continuing noncompliance, and terminations or suspensions of IRB approval due to concerns about safety, rights or welfare of subjects, staff or others.
  6. External noncompliance findings.
  7. FWA, MOU or IRB changes.
  8. Accreditation problems
- c. **Reportable Events Related to Animal Research** include, but are not limited to:
1. Unanticipated incidents seriously affecting the health or safety of laboratory animals (including theft or escape).
  2. Unanticipated loss of life
  3. Work-related and other injuries requiring more than minor intervention
  4. Serious or continuing noncompliance as determined by IACUC or other external agency.
  5. Suspensions or terminations of ongoing research activities related to concerns regarding the safety or welfare of the animals, staff or others, or due to operational problems that necessitate an interruption in the conduct of research activities.
  6. External noncompliance findings.
  7. Assurance or MOU changes.
  8. Accreditation problems.
- d. **Reportable Events Related to Research Safety** include, but are not limited to:
1. Work-related injuries or exposures requiring more than minor intervention.
  2. Serious or continuing noncompliance.
  3. Suspensions or terminations of ongoing research activities related to concerns regarding the safety or welfare of staff or others.
  4. Laboratory decommissions (i.e. lab space that is being reassigned, vacated, or converted to non-laboratory use and requires identification and disposal of hazardous materials/equipment between uses. *Note: Must also be reported to the VISN Safety Office.*)
  5. External noncompliance findings.
  6. MOU changes.
- e. **Reportable Events Related to Research Laboratory Security** include, but are not limited to:
1. Injuries related to a break-in, security breach, or other security problem involving a VA research facility.
  2. Serious or continuing noncompliance.
  3. Biosafety level 3 breaches.
  4. Other breaches that result in loss of any quantity of select agent/toxin/hazardous agent, substantial damage to facility or loss of equipment or resources.
  5. External noncompliance findings.
  6. MOU changes.

- f. **Reportable Events Related to Research Information Protection** include, but are not limited to:
1. Serious or continuing noncompliance.
  2. Unauthorized activities related to access, use, disclosure, transmission, removal, theft or loss of VA sensitive information (i.e.: protected health information, individually-identifiable private information, confidential information, and Privacy Act protected information).
  3. Other incidents reportable to the Office of Information and Technology Network and Security Operations Center.
  4. External noncompliance findings.
  5. MOU or System Interconnection Agreement changes.

## 5. DELEGATION OF RESPONSIBILITIES.

- a. **Investigators and Research Staff** are responsible for:
1. Recognizing and reporting adverse events, unanticipated problems or possible noncompliance to the ACOS/R or designee, appropriate subcommittee (SRS, IACUC, IRB), Privacy Officer (PO) (if applicable), and Information Security Officer (ISO) (if applicable) within 5 business days after becoming aware of the event.
- b. **ACOS/R** or designee is responsible for:
1. Receiving and reviewing all reports of unanticipated problems, adverse events and possible noncompliance.
  2. Submitting written reports for the below listed events to Facility Director, R&D Committee and any other applicable Federal agency or entity (including PO and/or ISO, if applicable) within 5 business days after becoming aware of them.  
Events/Problems:
    - i. Requiring reporting to IACUC
    - ii. Require reporting to SRS
    - iii. Related to research laboratory security
    - iv. Related to research information protection
    - v. Related to research misconduct (refer to Research Misconduct Handbook 1058.02)
  3. Reviewing determinations of the appropriate subcommittee(s) and reports findings and/or actions to the R&D Committee.
  4. Ensuring reporting requirements to the Facility Director are met in accordance with VA regulations.
- c. **Facility Director** is responsible for:
1. Reviewing and reporting those events/problems IRB has determined to be serious, related and unanticipated to ORO Regional Office, with a copy to VISN, within 5 business days after being informed of them, regardless of resolution of event.

2. Reviewing and reporting noncompliance the IRB has determined to be serious and/or continuing to ORO Regional Office, VISN Director, and the VHA CRADO within 5 business days after being informed of the event.
  3. Reviewing and reporting terminations or suspensions of IRB or IACUC approval of research that are related to concerns about safety, rights, or welfare of subjects or others to ORO Regional Office, with a copy to VISN, within 5 business days after being informed of the event.
  4. Reporting events listed in 4.B.f, 4.C.a-f, 4.D.a-e, 4.E.a-e and 4.F.a-d above to ORO Regional Office, with a copy to VISN, within 5 days of being informed of them.
  5. Reporting events listed in 4.B.g-h, 4.C.g-h, 4.D.f, 4.E.f and 4.F.e above to ORO Central Office, with a copy to Regional Office and VISN, within 5 days of being informed of them.
- d. **IACUC or IACUC Chairperson** is responsible for:
1. Reviewing reported events/problems, documenting findings and communicating recommendations to investigator, VA administration and VA research compliance personnel.
- e. **IRB or Qualified IRB Member-Reviewer** is responsible for:
1. Reviewing and determining whether or not the event/problem is serious, whether or not it is anticipated or unanticipated, and whether it is related, possibly related, or probably not related to the research and
  2. Documenting whether or not one of the following applies:
    - i. Immediate action is necessary to prevent hazard to subjects and review by the convened IRB is needed; or
    - ii. Immediate action is not necessary to prevent hazard to subjects and review by the convened IRB is needed; or
    - iii. Review by the convened IRB is not needed.
  3. Reporting determination of event within 5 business days to investigator. If the IRB Chairperson (or convened IRB) determines the event is serious, unanticipated **and** related or possibly related, it must be reported to the Facility Director within 5 business days after the determination.
  4. Reviewing and determining whether noncompliance is or was serious or continuing and reporting to Facility Director and R&DC within 5 days of making the determination.
  5. Reporting terminations or suspensions of IRB approval of any research to the Facility Director within 5 days of IRB action.
  6. Reporting and communicating actions to regulatory bodies and institutional agencies in accordance with local, state and federal policy.
- f. **R&D Committee** is responsible for:
1. Overseeing the activities of the subcommittees (SRS, IRB, IACUC) by reviewing meeting minutes, and other communications regarding studies that pertain to VA research.

2. Reviewing all reports of unanticipated problems, adverse events and serious or continuing noncompliance after they have been reviewed by the appropriate subcommittee and reports determinations and actions.
- g. **Research Compliance Officer** is responsible for:
1. Recognizing and reporting serious or continuing noncompliance found during informed consent or regulatory audits to the Facility Director, ACOS/R, R&DC and appropriate subcommittee(s) within 5 business days after becoming aware of them.
  2. Ensuring compliance with reporting guidelines to appropriate committees, ACOS/R, Facility Director, VISN Director and ORO.
- h. **SRS Committee** is responsible for:
1. Reviewing reported events/problems, documenting findings and communicating recommendations to investigator and VA R&DC.

#### **REFERENCES.**

VHA Handbook 1058.01

VHA Handbook 1058.02

#### **FOLLOW-UP RESPONSIBILITY**

This SOP will be reviewed annually, and revised as needed by the ACOS of Research and Compliance Officer.

***Initial Approval:*** February 1, 2010

***Last Reviewed:*** April 15, 2013