LSU Health NEW ORLEANS Human Research Protection Program	PROTOCOL DEVIATIONS & NON-COMPLIANCE BY INVESTIGATORS			
	P & P	VERSION DATE	REPLACES P & P	PREVIOUS VERSION DATE
	4.03	10.1.2023	4.8, 5.16, 4.03	09.13.2023

All researchers conducting human subjects' research are expected to comply with the provisions of the IRB-approved protocol as well as all related federal regulations, University policies and state and local laws.

Protocol Deviations

Protocol Deviations are defined as unplanned excursions, either intentionally or unintentionally, from the protocol by either the study team or the subject that are not implemented or intended as a systematic change.

The most common instances of protocol deviations include:

- Exceeding approved sample size/enrollment goal
- Conducting a study visit outside of the visit window
- Enrollment of subjects not meeting inclusion/exclusion criteria
- Failure to follow the study protocol
- Medication errors involving dosing/administration
- Deviations by the study participant

Non-Compliance by Investigators

Non-compliance is defined as failure to adhere to federal, state, or local laws and regulations governing research, organizational policies, or determinations made by the IRB. Serious non-compliance consists of instances that place study subjects or their protected health information at increased risk, whether physical, or emotional. Continuing non-compliance occurs whenever non-compliant practices are not corrected by the investigators but are perpetuated.

The most common instances of non-compliance include:

- Lapse of IRB Approval
- Engagement of new study personnel without IRB approval
- Engagement of a new study site without IRB approval
- Performing non-approved study procedures
- Use of outdated/expired consent form(s)
- Missing signatures on consent form(s)
- No documentation of the informed consent process
- Consenting subjects without or during lapse of IRB approval

Occasionally, an investigator will conduct human subjects' research without obtaining IRB approval or allowing IRB approval to lapse. Regardless of intent, unapproved research involving human subjects places those subjects at an unacceptable risk. When unapproved research is discovered, the IRB and the institution will act promptly to halt the research, assure remedial action regarding any breach of regulatory or institutional human subjects' protection requirements, and address the question of the investigator's fitness to conduct human subjects' research.

Reporting Protocol Deviations and Non-Compliance

~~Regarding lapses in IRB approvals, whenever two or more lapses in IRB approval are found to have occurred, the IRB will consider this to be continuing non-compliance and will require reporting to the Institutional Official, the IRB Chair and relevant agencies.~~

Minor protocol deviations and instances of minor non-compliance should be documented on an Event Tracking Log (ETL) and submitted with the next continuing review or closure request. The ETL must contain all cumulative deviations and non-compliance for all approval periods of the study, i.e., for the life of the study.

When a study team becomes aware of a major protocol deviation or an instance of serious or continuing non-compliance, they should report to the IRB within 5 business days using a Reportable Events submission. Based on the information provided by the study team the matter will either be "Resolved," or additional information will be requested. The study team must respond to any IRB inquiries in a timely manner.

Regarding lapses that are discovered to have occurred in IRB approvals, whenever two or more lapses in IRB approval are found to have occurred by a reviewer, the IRB will consider this to be continuing non-compliance and will require reporting to the Board in a convened meeting as well as well as the Institutional Official, the IRB Chair and relevant agencies as outlined in the following paragraphs.

~~**When the study team becomes aware of a major protocol deviation or an instance of serious or continuing non-compliance, they should report to the IRB within 5 business days using a Reportable Events submission. Based on the information provided by the study team the matter will either be "Resolved," or additional information will be requested. The study team must respond to any IRB inquiries in a timely manner.**~~

If, in the estimation of the designated IRB reviewer, non-compliance is confirmed as serious or continuing, a determination will be made as to whether subjects are being placed at risk as a result of the alleged non-compliance. If it is determined that subjects are being placed at risk, then the study will be administratively suspended. All study-related activities, including new accrual, must be halted until completion of further investigation. If it is determined that subject safety may be compromised by suspension of research activities, then intervention may continue per the approved protocol after consultation with the IRB.

Instances of serious or continuing non-compliance are presented and reviewed by the convened IRB. The convened IRB will review the corrective action plan and determine if it is sufficient to address the instance(s) of non-compliance. If it is sufficient, it will be deemed "Resolved." If the IRB has any outstanding questions or concerns, the IRB may suggest modifications to the corrective action plan or protocol that address issues. The IRB may also vote to terminate approval for the study.

Per federal policy, any serious or continuing non-compliance with human subjects research regulated by HHS must be reported to the OHRP, and, if applicable, the FDA and Sponsor.