1.0 Purpose:

1.1 This policy defines the requirements and procedures that the Hartford HealthCare (HHC) Human Research Protections Program (HRPP) and Institutional Review Board (IRB) follow for review of non-exempt human-subjects research and clinical investigations conducted by employees or agents (e.g., professional staff) of HHC at international sites.

1.2 The IRB must consider the local research context when reviewing non-exempt human-subjects research and clinical investigations being conducted by HHC investigators off-site and must confirm that off-site research will be conducted in compliance with federal, state, and local laws and regulations, as well as the performance site's known institutional requirements.

2.0 Definitions:

2.1 **Off-site research**: Research conducted by HHC employees or agents (e.g., professional staff) at sites not owned or controlled by HHC. Sites or spaces that are leased by HHC are generally considered controlled by the hospital for the purposes of this policy, but are nonetheless subject to certain requirements as specified in this policy.

2.2 **Back Translation:** The process of translating a document that has already been translated into a foreign language back to the original language - preferably by an independent translator.

3.0 Procedure:

3.1 The investigator must specify in the HHC Research Application, the places where employees or agents of HHC will conduct the research, including any off-site locations.

3.2 Performance Sites Not Engaged in Human-Subjects Research:

3.2.1 When the research is to be conducted off-site at a performance site that is not engaged in human-subjects research, the HRPP requires the site to provide written documentation of approval of that institution or entity (e.g., schools, nursing homes, assisted living facilities, community centers) to use its facilities for research or, when applicable, approval of an involved governmental agency or authorities.

3.3 Performance Sites Engaged in Human-Subjects Research

3.3.1 When the research will be conducted off-site at a performance site that is engaged in human-subjects research, the principal investigator (PI) may request in the Research Application that the HHC IRB rely on the off-site IRB as long as:

3.3.1.1 There is an active reliance agreement between HHC and the IRB's institution, and

3.3.1.2 The IRB is accredited by the Association for Accreditation of Human Research Protection Programs (AAHRPP).

3.4 Reliance of Performance Sites on HHC IRB

3.4.1 The performance site may seek permission to rely on the HHC IRB for review of the research on the site's behalf. If the IRB agrees to provide the review, they would require that:

3.4.1.1 There is an active cooperative agreement between HHC and the institution prior to initiation of research at the performance site;

3.4.1.1.1 The Director of the HRPP and the Institutional Official (IO) are responsible for executing reliance agreements on behalf of the institution.

3.4.1.2 The institution has its own Federalwide Assurance (FWA).

3.5 When the research will be reviewed by both the HHC IRB and the performance site's IRB, the HRPP may rely on the performance site's IRB assessment of the local research context. HRPP staff, through written communication with the performance site's IRB, will ascertain prior to HHC IRB approval, and in some cases prior to review, whether any material changes have been required in the research in order to secure approval of the performance site's IRB.

3.6 International Performance Sites

3.6.1 The HHC IRB may rely on the performance site's IRB's assessment of the local research context. In such cases, the HHC IRB will require documentation of local IRB approval prior to HHC IRB review.

3.6.2 The IRB will review all international research utilizing human participants to assure adequate provisions are in place to protect the rights and welfare of the participants.

3.6.3 Approval of research is permitted if "the procedures prescribed by the foreign institution afford protections that are at least equivalent to those provided in 45 CFR 46."

3.6.4 The HHC IRB must receive and review the foreign institution or site's IRB review and approval of each study prior to the commencement of the research at the foreign institution or site.

3.6.5 For Federally-funded research, approval of research for foreign institutions or sites "engaged" in research is only permitted if the foreign institution or site holds an Assurance with OHRP and local IRB review and approval is obtained.

3.6.5.1 The HHC IRB may rely on the performance site's IRB's assessment of the local research context.

3.6.5.2 If deemed necessary, the HHC IRB may gather information on the local research context either through the use of consultants

within the United States, or through teleconferencing with consultants at the international site.

3.6.5.3 The HHC IRB may also call upon one of its members with personal knowledge of the local research context, such knowledge having been obtained through extended, direct experience with the research institution, its subject populations, and its surrounding communities.

3.6.6 Approval of research for foreign institutions or sites “not engaged” in research is only permitted if one or more of the following conditions exist:

3.6.6.1 When the foreign institution or site has an established IRB or Independent Ethics Committee (IEC), the investigator must obtain approval to conduct the research at the "not engaged" site from the site’s IRB/IEC or provide documentation that the site’s IRB/IEC has determined that approval is not necessary for the investigator to conduct the proposed research at the site.

3.6.6.2 When the foreign institution or site does not have an established IRB/IEC, a letter of cooperation must be obtained demonstrating that the appropriate institutional or oversight officials are permitting the research to be conducted at the performance site.

3.6.6.3 IRB approval to conduct research at the foreign institution or site is contingent upon receiving documentation of the performance site’s IRB/IEC determination, or letter of cooperation, as applicable.

3.6.6.4 It is the responsibility of the HHC Investigator and the foreign institution or site to assure that the resources and facilities are appropriate for the nature of the research.

3.6.6.5 It is the responsibility of the HHC Investigator and the foreign institution or site to notify the IRB promptly if a change in research activities alters the performance site’s engagement in the research (e.g., performance site “not engaged” begins consenting research participants, etc.).

3.6.6.6 The IRB will consider local research context when reviewing international studies to assure protections are in place that are appropriate to the setting in which the research will be conducted.

3.6.6.7 In the case where there is no local IRB review the IRB may require an expert consultant, either from the local country where the research is conducted or from an international organization, with the expertise or knowledge required to adequately evaluate the research in light of local context.

3.6.6.8 The informed consent documents must be in a language understandable to the proposed participants. When the IRB reviews the document; a translated consent form must be provided by the PI, preferably a certified translation. If the

translation is not certified, the PI should submit the name and qualifications of the person providing the translation, along with a back translation.

3.6.7 The IRB is responsible for the ongoing review of international research conducted under its jurisdiction through the continuing review process in accordance with all applicable federal regulations.

3.6.8 The IRB will require documentation of regular correspondence between the HHC investigator and the foreign institution or site and may require verification from additional sources that there have been no substantial changes in the research since its last review.

4.0 Documentation:

4.1 The HHC HRPP office will maintain all records related to the implementation of this policy, electronic communications and notifications to investigators, funding or regulatory agencies, etc.

4.2 HRPP staff is responsible for retaining records of all executed agreements for at least six (6) years from the date of completion of the research

4.3 Records will be archived for a period of at least six (6) years following the termination or completion of the research activities

5.0 References:

5.1 45 CFR 46 Subpart A – *Basic HHS Policy for Protection of Human Research Subjects*

5.2 OHRP Guidance on Engagement of Institutions in Human Subjects Research, October 16, 2008

5.3 HRPP Policy #600 - *Engagement in Research*

5.4 HRPP Policy #300 - *Reliance on an Outside Institutional Review Board*

6.0 Revision History:

Rev #	Initials	Effective Date	Description of Change(s)
00	EHP	7/1/11	New Issue
01	CLB	3/15/20	General review.

Standard I-3 (I.1, II.2., II.3.)