



**Mount
Sinai**

Human Research Protection Program Planⁱ

Revised June 8, 2023

Table of Contents

| | |
|---|----|
| Scope | 3 |
| Purpose | 3 |
| Definitions | 3 |
| Agent | 3 |
| Clinical Trial | 5 |
| Engaged in Human Research | 5 |
| Human Research: | 5 |
| Human Subject as Defined by DHHS | 5 |
| Human Subject as Defined by FDA | 6 |
| Investigator | 6 |
| Research as Defined by DHHS | 5 |
| Research as Defined by FDA | 7 |
| Mission | 6 |
| Ethical Requirements | 6 |
| Legal Requirements | 6 |
| Other Requirements | 8 |
| Community Engagement and Research | 8 |
| Sponsored Human Research | 11 |
| Scope of Human Research Protection Program | 11 |
| Human Research Protection Program Policies and Procedures | 10 |
| Human Research Protection Program Components | 11 |
| Institutional Official/Organizational Official (IO/OO) | 10 |
| Dean, Translational Biomedical Science | 12 |
| Executive Director, Program for the Protection of Human Subjects (PPHS) | 12 |
| Chief Risk Officer and Chief Compliance Officer | 13 |
| All members of the Institution | 11 |
| IRBs | 14 |
| Relying on an External IRB | 14 |
| Serving as the IRB of Record | 15 |
| Investigators and Research Staff | 16 |
| Legal Counsel | 16 |
| Deans/Department Chairs | 16 |
| Grants and Contracts Office (GCO), Financial Administration of Clinical Trials Services (FACTS), and Mount Sinai Innovation Partners (MSIP) | 16 |
| Education and Training | 17 |
| Emergency Preparedness | 17 |
| Questions and Additional Information for the IRB | 18 |
| Reporting and Management of Concerns | 18 |
| Monitoring and Auditing | 19 |
| Disciplinary Actions | 19 |
| Approval and Revisions to the Plan | 19 |

Scope

Throughout this document “Institution” refers to the Icahn School of Medicine at Mount Sinai and the Mount Sinai Hospitals Group.

Purpose

Mount Sinai is committed to protect the rights and welfare of subjects in Human Research. The purpose of this plan is to describe this organization’s plan to comply with ethical and legal requirements for the conduct and oversight of Human Research.

Mount Sinai’s Human Research Protection Program is a comprehensive system to ensure the protection of the rights and welfare of subjects in Human Research. The Program for the Protection of Human Subjects (PPHS) is a key component of Mount Sinai’s efforts to ensure human subject protections. In addition, the overall Human Research Protection Program at Mount Sinai includes additional organizational, administrative, and investigator components, and is based on all involved offices and investigators fulfilling their roles and responsibilities as described in this plan.

Definitions

Agent

An individual who is an employee is considered an agent of this Institution for purposes of engagement in Human Research when that individual is on-duty in any capacity as an employee of this Institution.

Individuals who are affiliated with the organization but are not full-time employees (e.g., voluntary faculty member, part-time medical staff member, or student) are agents of the organization when any one of the following is true:

- He/she conducts Human Research in connection with his or her organizational responsibilities.
- He/she conducts Human Research for which he/she interacts or intervenes with human subjects in organizational facilities or properties.
- He/she conducts Human Research that is to be used to fulfill any organizational requirements (e.g. course requirements);
- He/she represents Human Research to others either orally or in writing as being Icahn School of Medicine at Mount Sinai research or Mount Sinai Hospitals Group research.

An individual who is not an employee is considered an agent of this Institution for purposes of engagement in Human Research when that individual has been specifically authorized to conduct Human Research on behalf of this Institution.

Legal counsel has the ultimate authority to determine whether someone is acting as an agent of this Institution.

Clinical Trial

A research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of the interventions on biomedical or behavioral health-related outcomes.

Engaged in Human Research

In general, this Institution is considered engaged in Human Research when this Institution's employees or agents for the purposes of the Human Research obtain: (1) data about the subjects of the research through intervention or interaction with them; (2) identifiable private information about or identifiable biospecimens from the subjects of the research; or (3) the informed consent of human subjects for the research. This Institution follows OHRP guidance on "Engagement of Institutions in Research"ⁱⁱⁱ to apply this definition and exceptions to this definition.

Human Research:

Any activity that either:

- Is "Research" as defined by DHHS and involves "Human Subjects" as defined by DHHS ("DHHS Human Research"); or
- Is "Research" as defined by FDA and involves "Human Subjects" as defined by FDA ("FDA Human Research").

Human Subject as Defined by DHHS

A living individual about whom an investigator (whether professional or student) conducting research (1) obtains information or biospecimens through Intervention or Interaction with the individual, and uses studies, or analyzes the information or biospecimens, or (2) obtains, uses, studies, analyzes, or generates identifiable private information or identifiable biospecimens. For the purpose of this definition:

- **Intervention** means 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.
- **Interaction** means communication or interpersonal contact between investigator and subject.
- **Private Information** means 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 that the individual can reasonably expect will not be made public (for example, a medical record).
- **Identifiable Private Information** means private information for which the identity of the subject is or may readily be ascertained by the investigator or associated with the information.

- **Identifiable Biospecimen** means a biospecimen for which the identity of the subject is or may readily be ascertained by the investigator or associated with the biospecimen.

Human Subject as Defined by FDA

An individual who is or becomes a subject in research, either as a recipient of the test article or as a control. A subject may be either a healthy human or a patient. A human subject includes an individual on whose specimen (identified or unidentified) a medical device is used.

Investigator

The person responsible for the design, conduct or reporting of the Human Research at one or more sites. If the Human Research is conducted by a team of individuals at a trial site, the investigator is the responsible leader of the team and may be called the principal investigator.

The principal investigator (PI) is the person with overall responsibilities for the Human Research study at one or more sites. Investigators can include physicians, scientists, nurses, administrative staff, teachers, and students, among others. If the research involves a team of individuals the PI is the responsible leader of the team.

Research as Defined by DHHS

A systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.ⁱⁱⁱ

The following activities are not considered Research as Defined by DHHS:

- Scholarly and journalistic activities (e.g., oral history, journalism, biography, literary criticism, legal research, and historical scholarship), including the collection and use of information, that focus directly on the specific individuals about whom the information is collected.
- Public health surveillance activities conducted by a public health authority, limited to those necessary to allow a public health authority to identify, monitor, assess, or investigate potential public health signals, onsets of disease outbreaks, or conditions of public health importance.
 - Including the collection and testing of information or biospecimens, conducted, supported, requested, ordered, required, or authorized by a public health authority.
 - Including trends, signals, risk factors, patterns in diseases, or increases in injuries from using consumer products.
 - Including those associated with providing timely situational awareness and priority setting during the course of an event or crisis that threatens public health (including natural or man-made disasters).

- Collection and analysis of information, biospecimens, or records by or for a criminal justice agency for activities authorized by law or court order solely for criminal justice or criminal investigative purposes.
- Authorized operational activities (as determined by the relevant federal agency) in support of intelligence, homeland security, defense, or other national security missions.
- Secondary research involving non-identifiable newborn screening blood spots.

Research as Defined by FDA

Any experiment that involves a test article and one or more human subjects, and that meets any one of the following:

- Must meet the requirements for prior submission to the Food and Drug Administration under section 505(i) of the Federal Food, Drug, and Cosmetic Act meaning any use of a drug other than the use of an approved drug in the course of medical practice;
- Must meet the requirements for prior submission to the Food and Drug Administration under section 520(g) of the Federal Food, Drug, and Cosmetic Act meaning any activity that evaluates the safety or effectiveness of a device; OR
- Any activity the results of which are intended to be later submitted to, or held for inspection by, the Food and Drug Administration as part of an application for a research or marketing permit.

Mission

The mission of this Institution's Human Research protection program plan is to protect the rights and welfare of subjects involved in Human Research that is overseen by this Institution.

Ethical Requirements

In the oversight of all Human Research, this Institution (including its investigators, research staff, students involved with the conduct of Human Research, the Institution's institutional review boards (IRBs), IRB members and chairs, IRB staff, the Institutional Official/Organizational Official (IO/OO), and employees) follows the ethical principles outlined in the April 18, 1979 report of The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research titled "Ethical Principles and Guidelines for the Protection of Human Subjects of Research," also known as "The Belmont Report":

- Respect for Persons
- Beneficence
- Justice

Legal Requirements

This Institution commits to apply its ethical standards to all Human Research regardless of funding.

- All non-exempt Human Research must undergo review by one of the institutionally designated IRBs.
- Activities that meet the definition of Human Research, but are exempt from federal regulations, must undergo review and confirmation of the exempt determination by a PPHS staff member who is a CIP.
- Activities that do not meet the definition of Human Research (e.g., most classroom activities, quality improvement activities, program evaluation, and surveillance activities that do not meet the definition of Human Research), or the definition of engagement in Human Research activities, do not require review and approval by one of the Institution's IRBs and do not need to be submitted to one of the Institution's IRBs unless there is a question regarding whether the activity is Human Research.
- When this Institution is engaged in DHHS Human Research that is conducted, funded, or otherwise subject to regulations by a federal department or agency who is a signatory of the Common Rule, the Institution commits to apply the regulations of that agency relevant to the protection of Human Subjects.
- When this Institution is engaged in FDA Human Research, this Institution commits to apply the FDA regulations relevant to the protection of Human Subjects.
- Any questions about whether an activity meets the regulatory definitions of Human Research should be referred to the IRB Office who will provide a determination.

Other Requirements

Community Engagement and Research

Conduits – The Institutes for Translational Sciences at Icahn School of Medicine - was established in 2009 when Mount Sinai received a prestigious Clinical and Translational Science Award (CTSA) from the National Institutes of Health. The central goal of Conduits is to transform the research environment at Mount Sinai to rapidly move scientific discoveries from the laboratory to clinical practice and out to the community so that our patients and society as a whole can benefit. ConduITS was renewed for a second five-year term in 2015 with a \$34 million grant. The CTSA Program of the National Center for Advancing Translational Sciences (NCATS) mission is to accelerate discoveries, development, and delivery of new treatments to improve health outcomes across the lifespan. The award supports the ISMMS Institutes for Translational Sciences' strategic plan to develop an infrastructure to support research and educate the next generation of investigators. ISMMS is one of 60 CTSA-funded hubs across the country. CTSA hubs are expected to streamline the research process to get studies up and running faster; to enhance collaborations with other hubs, community providers, patients, and industry; and to promote team science and develop effective methods for recruitment and retention of clinical research participants. ConduITS accomplishes this by:

- Providing consultation, oversight, and facilities for clinical and translational research
- Engaging the community and its affiliates to translate health benefits to the public
- Developing new methodologies to improve trial design and reduce participant burden

Investigators have access to many tools and resources available through programs supported by Conduits which foster unique collaborations. A particular service area supported by Conduits is “Community and Stakeholder Engaged Research and Outreach”. Under this service area, investigators have access to faculty consultations for community/stakeholder engagement, community/stakeholder partner consultations, engagement with key stakeholders of communities and academic leaders, community and population data studies, as well as training and mentoring for conducting community/stakeholder involved research. These services are provided through The Centers for Community and Academic Research Partnerships (CCARP). Founded to greatly improve health care and the understanding of health problems in diverse populations, such as minority and underserved communities, by building strong relationships of mutual trust and respect between diverse communities and Mount Sinai faculty. The partnerships formed by CCARP focus on the common interests in exploring community and population health problems scientifically to devise and deliver the optimal solutions for improving the health of individual patients and the communities.

CCARP will train and mentor researchers to conduct research with communities (locally and regionally) more effectively, and it will foster partnerships with a broad and diverse group of community members, who will serve as intellectual partners in the research and be available to participate in future research studies.

Conduits further encourages collaborative projects between researchers and community through its funding of pilot projects that demonstrate community engagement.

When reviewing research that involves community based research, the IRB considers the Community-Based Research Principles at <http://www.detroiturc.org/about-cbpr/cbpr-principles.html>

When reviewing research that involves community based research, the IRB obtains consultation or training.

All policies and procedures are applied identically to all research regardless of whether the research is conducted domestically or in another country, including:

- Confirming the qualifications of investigators for conducting the research
- Conducting initial review, continuing review, and review of modifications to previously approved research
- Post-approval monitoring
- Handling of complaints, non-compliance, and unanticipated problems involving risks to subjects or others
- Consent process and other language issues
- Ensuring all necessary approvals are met
- Coordination and communication with local IRBs

Local requirements that extend beyond the protections of the Mount Sinai policies and procedures are also implemented on a case-by-case basis.

For clinical trials, this Institution commits to apply the “International Conference on Harmonisation – Good Clinical Practice E6” (ICH-GCP) when required by industry-sponsored studies.

This Institution prohibits payments to professionals in exchange for referrals of potential subjects (“finder’s fees”) and payments designed to accelerate recruitment that were tied to the rate or timing of enrollment (“bonus payments.”)

This Institution utilizes the IRB to review and approve the use of a Humanitarian Use Device (HUD) before it can be used at a facility for clinical care (with the exception of emergency use).

When Human Research is conducted or funded by the Department of Justice (DOJ), this Institution commits to apply 28 CFR §22. When Human Research is conducted with the federal Bureau of Prisons (DOJ), the Institution commits to comply with 28 CFR §512.

When Human Research is conducted or funded by the Department of Defense (DOD), this Institution commits to apply the Department of Defense (DOD) Directive 3216.02, which includes the requirement to apply 45 CFR §46 Subparts B, C, and D^{iv}. This Institution will comply with the terms of the DFARS clause or comparable language used in the agreement with the Department of Defense (DOD) Component supporting the research involving human subjects.

When Human Research is conducted or funded by the Department of Education (ED), this Institution commits to applying 34 CFR §97 Subpart D (equivalent to 45 CFR §46 Subpart D), 34 CFR §98.3, 34 CFR §98.4, 34 CFR §356.3, and 34 CFR §99.

When Human Research is conducted or funded by the Department of Energy (DOE), this Institution commits to applying the Department of Energy (DOE) O 443.1C which includes the requirements to apply 10 CFR §745 and Subparts B, C, and D of 45 CFR §46, as applicable, and additional DOE requirements outlined in HRP-318 - WORKSHEET - Additional Federal Agency Criteria.

DOE requirements apply to all research conducted with DOE funding, at DOE institutions (regardless of funding source), or by DOE or DOE contractor personnel (regardless of funding source or location conducted), whether done domestically or in an international environment, including classified and proprietary research.

When research involves contractors, DOE “Contractor Requirements Document” describing contractor responsibilities for protecting human research participants must be included in contracts.

When Human Research is conducted or funded by, or when the results of research are intended to be submitted to or held for inspection by the Environmental Protection Agency (EPA), this Institution commits to applying 40 CFR §26, which includes the requirement to apply 45 CFR §46 Subparts B and D.

When Human Research is subject to the European Union General Data Protection Regulations (GDPR), this Institution coordinates with legal counsel to ensure that the research activities conform to broader institutional policies related to GDPR, where applicable, as well as legal counsel’s interpretation of study-specific GDPR requirements.

Sponsored Human Research

For both sponsored and non-sponsored Human Research this Institution abides by its ethical principles, regulatory requirements and its policies and procedures.

Scope of Human Research Protection Program

The categories of Human Research overseen include:

- All forms of human research

The categories of Human Research not overseen include:

- Research conducted or funded by the Veteran Administration (VA)

Human Research Protection Program Policies and Procedures

Policies and procedures for the Human Research Protection Program are available in the Library in the electronic IRB system (RUTH) and on the following Web site:

<https://icahn.mssm.edu/research/pphs>

Human Research Protection Program Components

Institutional Official/Organizational Official (IO/OO)

The Dean of The Icahn School of Medicine at Mount Sinai is designated as the IO/OO. The IO/OO's authorities and responsibilities are listed below. These authorities and responsibilities may be executed by the IO/OO, or may be delegated to the Dean of Translational Biomedical Science and to the Executive Director of PPHS.

The IO/OO has the authority to take the following actions or delegate these authorities to a designee:

- Appoint and remove IRB members and IRB chairs.
- Hire and fire research review staff.
- Place limitations or conditions on an investigator's or research staff's privilege to conduct Human Research.
- Create policies and procedures related to the Human Research Protection Program that are binding on the Institution.
- Suspend or terminate research approved by one of the Institution's IRBs.
- Disapprove research approved by one of the Institution's IRBs.
- Establish a contingency plan for transferring oversight of one or more studies to another institution or IRB in the event the IRB is unable to continue oversight of the studies in an emergency/disaster scenario (e.g., natural disasters, man-made disasters, infectious disease pandemics, etc.).

The IO/OO has the responsibility to:

- Oversee the review and conduct of Human Research under the jurisdiction of the Human Research Protection Program.
- Periodically review this plan to assess whether it is providing the desired results and recommend amendments as needed.
- Establish policies and procedures designed to increase the likelihood that Human Research will be conducted in accordance with ethical and legal requirement.
- Ensure that the research review process is independent and free of coercion or undue influence, and ensure that officials of the Institution cannot approve research that has not been approved by one of the IRBs designated by the Institution.
- Ensure that the IRB Chair(s) and members have direct access to the IO for appeal if they experience undue influence or if they have concerns about the function of the IRB.
- Investigate and remediate identified systemic problem areas, and where necessary removal of individuals from involvement in the Human Research protection program.
- Ensure that the Human Research Protection Program has sufficient resources, including IRBs appropriate for the volume and types of Human Research to be reviewed, so that reviews are accomplished in a thorough and timely manner.
- Review and sign federal assurances (FWA) and addenda.

Dean, Translational Biomedical Science

The Dean of Translational Biomedical Science at Icahn School of Medicine at Mount Sinai has the authority to:

- Appoint and remove IRB members and IRB chairs.
- Place limitations or conditions on an investigator's or research staff's privilege to conduct Human Research.
- Suspend or terminate research approved by one of the Institution's IRBs.
- Establish a contingency plan for transferring oversight of one or more studies to another institution or IRB in the event the IRB is unable to continue oversight of the studies in an emergency/disaster scenario (e.g., natural disasters, man-made disasters, infectious disease pandemics, etc.).

The Dean of Translational Biomedical Science at Icahn School of Medicine at Mount Sinai has the responsibility for the following:

- Periodically review this plan to assess whether it is providing the desired results and recommend amendments as needed.
- Institute regular, effective, educational and training programs for all individuals involved with the Human Research Protection Program.

- Ensure that the research review process is independent and free of coercion or undue influence, and ensure that officials of the Institution cannot approve research that has not been approved by one of the IRBs designated by the Institution.
- Ensure that the IRB Chair(s) and members have direct access to the IO for appeal if they experience undue influence or if they have concerns about the function of the IRB.
- Implement a process to receive and act on complaints and allegations regarding the Human Research Protection Program.
- Follow-up on findings of serious or continuing non-compliance of IRB staff and IRB members.
- Investigate and remediate identified systemic problem areas, and where necessary removal of individuals from involvement in the Human Research protection program.
- Ensure that the Human Research Protection Program has sufficient resources, including IRBs appropriate for the volume and types of Human Research to be reviewed, so that reviews are accomplished in a thorough and timely manner.
- Fulfill educational requirements mandated by OHRP.

Executive Director, Program for the Protection of Human Subjects (PPHS)

The Executive Director, PPHS has the authority to:

- Create the Program for Protection of Human Subjects budget.
- Allocate resources with the Program for Protection of Human Subjects budget.
- Hire and fire research review staff.
- Determine what IRBs Mount Sinai will rely upon.
- Approve and rescind IRB authorization agreements.
- Place limitations or conditions on an investigator's or research staff's privilege to conduct Human Research.
- Create policies and procedures related to the Human Research Protection Program that are binding on the Institution.
- Suspend or terminate IRB approval of research.
- Establish a contingency plan for transferring oversight of one or more studies to another institution or IRB in the event the IRB is unable to continue oversight of the studies in an emergency/disaster scenario (e.g., natural disasters, man-made disasters, infectious disease pandemics, etc.).

The Executive Director, PPHS is responsible to:

- Periodically review this plan to assess whether it is providing the desired results and recommend amendments as needed.

- Establish policies and procedures designed to increase the likelihood that Human Research will be conducted in accordance with ethical and legal requirement.
- Institute regular, effective, educational and training programs for all individuals involved with the Human Research Protection Program.
- Ensure that the research review process is independent and free of coercion or undue influence, and ensure that officials of the Institution cannot approve research that has not been approved by one of the IRBs designated by the Institution.
- Ensure that the IRB Chair(s) and members have direct access to the IO for appeal if they experience undue influence or if they have concerns about the function of the IRB.
- Implement a process to receive and act on complaints and allegations regarding the Human Research Protection Program.
- Follow-up on findings of serious or continuing non-compliance of IRB staff and IRB members.
- Implement an auditing program to monitor compliance and improve compliance in identified problem areas.
- Investigate and remediate identified systemic problem areas, and where necessary removal of individuals from involvement in the Human Research protection program.
- Fulfill educational requirements mandated by OHRP.

Chief Risk Officer and Chief Compliance Officer

- Implement an auditing program to monitor compliance and improve compliance in identified problem areas.

All members of the Institution

All individuals within the Institution have the responsibility to:

- Be aware of the definition of Human Research.
- Consult the PPHS when there is uncertainty about whether an activity is Human Research.
- Not conduct Human Research or allow Human Research to be conducted without review and approval by an IRB designated by the IO/OO.
- Report allegations of undue influence regarding the oversight of the Program for the Protection of Human Subjects or concerns about the Human Research Protection Program to the IO/OO/designee.
- Report to PPHS allegations or finding of non-compliance with the requirements of the Human Research Protection Program, unanticipated problems involving risks to subjects or others, and project suspension or termination of IRB approval

Individuals who are responsible for business development are prohibited from carrying out day-to-day operations of the review process.

IRBs

The list of IRBs designated by the IO/OO to be the IRBs relied upon by the Human Research Protection Program and the scope of review of these IRBs is listed in the IRB rosters available from the IRB Office. IRB members and IRB staff have the responsibility to follow Human Research Protection Program policies and procedures that apply to IRB members and staff.

Relying on an External IRB

This Institution may rely upon IRBs of another institution or organization when research is not a first-in-human trial and provided one of the following is true:

- The IRBs are part of an AAHRPP accredited institution or organization and utilizing the SmartIRB Master Common Reciprocal Institutional Review Board Authorization Agreement (SmartIRB Agreement).
- The IRBs are not part of an AAHRPP accredited institution or organization, but the institution is a CTSA hub utilizing the SmartIRB Master Common Reciprocal Institutional Review Board Authorization Agreement (SmartIRB Agreement) and has no OHRP/FDA warning letters
- An external IRB with which ISMMS already has an existing master agreement

Mount Sinai may rely upon the IRB of another AAHRPP accredited organization. In limited circumstances, Mount Sinai will only consider relying on non-accredited organizations provided one of the following is true:

- This Institution's investigator is a collaborator on Human Research that is primarily conducted at another institution or organization and the investigator's role does not include interaction or intervention with subjects.
- The Institution is engaged in the Human Research solely because it is receiving federal funds. (Employees and agents of the institution do not interact or intervene with subjects, gather or possess private identifiable information about subjects, nor obtain the consent of subjects.)

When a non-accredited organization is serving as the Reviewing IRB, each organization will be assessed on a case-by-case basis to ensure research is being reviewed appropriately and complies with applicable law and regulations. The extent of the review will be based upon the level of risk to participants in the research.

Reliance on an external IRB requires an Authorization Agreement and an active Institutional Profile, as well as a local review for compliance with local policies of the Institution. When Human Research carried out at this institution or by its agents is reviewed by an IRB at another institution or organization, this HRPP will follow established policies and procedures that specify which studies are eligible for reliance, how reliance is determined, and will provide information to researchers about reliance criteria and the process for seeking IRB reliance.

The IRBs relied upon by this Institution have the authority to:

- Approve, require modifications to secure approval, and disapprove all Human Research overseen and conducted by the Institution. All Human Research must be approved by one of the IRBs designated by the IO/OO. Officials of this Institution may not approve Human Research that has not been approved by one of the Institution's IRBs.
- Suspend or terminate approval of Human Research not being conducted in accordance with an IRBs' requirements or that has been associated with unexpected serious harm to subjects.
- Observe, or have a third party observe, the consent process and the conduct of the Human Research.
- Determine whether an activity is Human Research.
- Evaluate financial interests of investigators and research staff and have the final authority to decide whether the financial interest and management plan, if any, allow the Human Research to be approved.
- Serve as the Privacy Board, as applicable, to fulfill the requirements of the HIPAA Privacy Rule for use or disclosure of protected health information for research purposes.

This institution will comply with the determinations of the reviewing IRB, follow reporting and conflict of interest disclosure requirements as specified in the authorization agreement, conduct monitoring, identify an appropriate contact person, ensure researchers have appropriate qualifications and provide local context information (and any updates) to the reviewing IRB.

Serving as the IRB of Record

When this institution provides IRB review for other institutions, this HRPP will follow established policies and procedures to ensure that the composition of the IRB is appropriate to review the research and will comply with applicable laws of the relying site. This includes ensuring the IRB is appropriately constituted, members are appropriately qualified, members will not participate in the review of research in which they have a conflict of interest; and that the IRB separates business functions from ethical review.

The IRB will review the research in accordance with established policies and procedures to determine that research is ethically justifiable, according to all applicable laws, including initial review, continuing review, review of modifications to previously approved research and unanticipated problems involving risks to subjects or others. The IRB will also have the ability to suspend or terminate IRB approval; as well as have the final authority to decide whether researcher or research staff conflict of interest and its management, if any, allows the research to be approved and request audits of research reviewed.

The IRB will notify the researcher (and organization) of its decisions, make relevant IRB policies and records available to the relying institution or organization and specify an IRB contact for communication.

Investigators and Research Staff

Investigators and research staff have the responsibility to:

- Follow the Human Research Protection Program requirements described in HRP-103 - INVESTIGATOR MANUAL.
- Follow the Human Research Protection Program policies and procedures that apply to IRB members and staff.
- Comply with all determinations and additional requirements of the IRB, the IRB chair, and the IO/OO/designee.
- Develop and implement emergency/disaster response procedures for their research depending on location and nature of the research.

Legal Counsel

Legal Counsel has the responsibility to:

- Provide advice upon request to the IO/OO/designee, IRB, and other individuals involved with the Human Research Protection Program.
- Determine whether someone is acting as an agent of the Institution.
- Determine who meets the definition of “legally authorized representative” and “children” when Human Research is conducted in jurisdictions not covered by policies and procedures.
- Resolve conflicts among applicable laws.
- Determine whether any Human Research involving personal data about individuals located in (but not necessarily citizens of) European Union member states, Norway, Iceland, Liechtenstein, and Switzerland conforms with EU General Data Protection Regulations (GDPR).

Deans/Department Chairs

Deans and Department Chairs have the responsibility to:

- Oversee the review and conduct of Human Research in their department or school.
- Forward complaints and allegations regarding the Human Research Protection Program to the IO/OO/designee.
- Ensure that each Human Research study conducted in their department or school has adequate resources.

Grants and Contracts Office (GCO), Financial Administration of Clinical Trials Services (FACTS), and Mount Sinai Innovation Partners (MSIP)

The Grants and Contracts Office (GCO), Financial Administration of Clinical Trials Services (FACTS), and Mount Sinai Innovation Partners (MSIP) have the responsibility to review sponsor contracts and funding agreements for compliance with Human Research Protection Program policies and procedures.

Education and Training

Investigators and research staff must complete the initial and continuing training described in HRP-103 - INVESTIGATOR MANUAL and on the [IRB website](#).

This plan is made available to the human research community via the IRB website. To maintain awareness of HRPP policies and procedures, new information, revised materials and opportunities for continuing education are communicated to the research community by way of various email list-serve groups targeted to appropriate audiences.

IRB members, IRB staff, and others involved in the review of Human Research, including the IO/OO/designee, must complete initial and continuing training utilizing the Collaborative Institutional Training Initiative (CITI) human subjects online training program. Training is valid for a three-year period, after which time refresher training must be completed.

Investigators and research staff who conduct FDA-regulated research must also complete either the online CITI Good Clinical Practice (GCP) training course or a Mount Sinai Research Compliance training covering this topic.

From time to time the PPHS may add additional educational requirements, such as attendance at, or online viewing of a lecture.

When following DoD regulations, initial and continuing research ethics education is required for all personnel who conduct, review, approve, oversee, support or manage human subjects research. The PI is responsible for identifying specific educational or certification requirements of the sponsoring DoD Component and conveying any requirements to the IRB. The PI consults with the DoD Component, as appropriate, to identify specific additional education requirements and how these should be fulfilled. The DoD Component may evaluate Mount Sinai's education policies to ensure that personnel are qualified to perform the research, based on the complexity and risk of the research.

IRB staff, chairs, members and researchers and research staff are directed to Appendix A-4 of the Investigators Manual and to HRP-318- Worksheet- Additional Federal Agency Criteria for additional details regarding DoD requirements.

HRPP staff will coordinate with organizational officials in the development and implementation of training materials related to emergency preparedness and response plans specific to human research conducted at the organization. The HRPP emergency preparedness plan will be made available to the human research community via the IRB website. The organization is responsible for notifying research teams when the organization's emergency response plan is activated.

Emergency Preparedness

The organization routinely assesses potential emergency scenarios and threats to the institution to improve its emergency preparedness and response plan. The HRPP Director, or their designee, collaborates with organizational leadership to develop, implement, and assess, emergency preparedness procedures for the HRPP.

Depending on the nature of the event, the HRPP Director will collaborate with institutional leadership to determine the types of research that might continue and the types that the

organization may need to temporarily postpone. The organization proactively identifies external IRBs on which it can rely on temporarily during an emergency.

The IRB staff will work with IT resources and/or electronic system vendors to ensure continuity of operations in the event that electronic systems are inaccessible or not operational for extended periods of time during an emergency/disaster. *The HRPP Director will collaborate with the vendor of the IRB's electronic system to ensure that records are maintained on a secure server that is accessible in the event of an emergency.*

The organization will implement alternative review procedures, including leveraging online and virtual platforms, to ensure that IRB meetings can continue in scenarios where the IRB cannot meet in person. In instances where the convened IRB is unable to meet and IRB approval for a study may lapse, the IRB Chair can determine whether subjects can continue to participate in research activities if it is in the best interest of already enrolled subjects.

Questions and Additional Information for the IRB

The IRB Office wants your questions, information, and feedback.

Contact and location information for the IRB Office is:

Program for the Protection of Human Subjects
Icahn School of Medicine at Mount Sinai
150 E. 42nd Street, Suite 10B
New York, NY 10017
Email: irb@mssm.edu
(212) 824-8200

Reporting and Management of Concerns

Questions, concerns, complaints, allegations of undue influence, allegations or findings of non-compliance, or input regarding the Human Research Protection Program may be reported orally or in writing. Employees are permitted to report concerns on an anonymous basis. Concerns may be reported to the IO/OO, PPHS Executive Director, IRB Chairs, PPHS Office, Legal Counsel, Deans, or Department Chairs.

The IRB has the responsibility to investigate allegations and findings of non-compliance and take corrective actions as needed. The IO/OO/designee has the responsibility to investigate all other reports and take corrective actions as needed.

As stated in the Corporate Compliance & Ethics Code at Mount Sinai, employees who report in good faith possible compliance issues should not be subjected to retaliation or harassment as a result of the reporting. Concerns about possible retaliation should be immediately reported to the IO/OO/designee.

To make such reports, contact the IO/OO:

Dennis S. Charney, M.D.
Dean, Icahn School of Medicine at Mount Sinai; President for Academic Affairs, Mount Sinai Health System
1468 Madison Avenue, Annenberg Building Floor 21 Room 86
New York, NY 10029 Email: institutional_official@institution.com

(212) 241-5674
Email: dennis.charney@mssm.edu

Monitoring and Auditing

In order to monitor and ensure compliance, internal or external auditors who have expertise in federal and state statutes, regulations and institutional requirements will conduct periodic audits. Audits will focus on areas of concern that have been identified by any entity, i.e., federal, state or institutional. Random audits may also be conducted.

Disciplinary Actions

The IO/OO may place limitations or conditions on an investigator's or research staff's privilege to conduct Human Research whenever in the opinion of the IO/OO such actions are required to maintain the Human Research Protection Program.

Approval and Revisions to the Plan

This Human Research Protection Program Plan is to be approved by the President and Chief Executive Officer of the Mount Sinai Health System. This plan is intended to be flexible and readily adaptable to changes in regulatory requirements. The IO/OO has the responsibility to review this plan to assess whether it is providing the desired results. At the request of the IO/OO, the President and Chief Executive Officer have the authority to amend this plan as deemed necessary.

Approved:



Kenneth L. Davis, M.D.
Chief Executive Officer, Mount Sinai Health System

6/17/2023
Date

ⁱ This document satisfies AAHRPP elements I.1.A-G, I-2, I-3, I.4.B-C, I.5.A, I.5.C, I.5.D, I.6.B, I.7.A, I.7.C, I-9, II.1.B, II.2.C, II.2.G, II.2.H, II.2.E-II.2.E.2, II.3.C-II.3.C.1, II.3.E, II.3.F, III.1.A, III.1.C, III.2.A, III.2.D

ⁱⁱ <http://www.hhs.gov/ohrp/policy/engage08.html>

ⁱⁱⁱ For research conducted within the Bureau of Prisons: Implementation of Bureau programmatic or operational initiatives made through pilot projects is not considered to be research.

^{iv} Quick applicability table for DHHS Subparts:

| | DHHS | DOD | DOE | ED | EPA |
|-----------|------|-----|-----|----|-----|
| Subpart B | X | X | X | | X |
| Subpart C | X | X | X | | |
| Subpart D | X | X | X | X | X |