

 Phoebe	Origination	5/25/2016	Owner	Dawn Benson: SVP, General Counsel
	Last Approved	3/27/2025	Area	Institutional Review Board (IRB)
	Effective	3/27/2025	Applicability	Phoebe Putney Memorial Hospital
	Last Revised	2/7/2022	Reference Tags	Policy
	Next Review	3/26/2028		

Emergency Use of Drugs, Biologics, and Devices

Scope:

This policy applies to all Phoebe Putney Health System, Inc. affiliates including Phoebe Putney Memorial Hospital Inc., Phoebe Physician Group, Inc., Phoebe Sumter Medical Center, Inc. and Phoebe Worth Medical Center, Inc.

The Emergency Use of Drugs, Biologics, and Devices policy applies to all research involving human subjects, including behavioral, biomedical, and social sciences.

Purpose:

This emergency use policy outlines the responsibilities of the physician/investigator when an emergency requires that a patient be treated with an investigational test article such that there is not sufficient time to obtain Institutional Review Board (IRB) review and approval at a convened meeting. This is an exception to the general rule that investigational test articles may only be used in human subjects who are participating in a clinical investigation/research. Emergency uses are for the purpose of providing clinical *treatment*, and are not considered to be *research* according to OHRP regulations at 45 CFR 46.102(d). **Whenever possible, informed consent should be obtained before the investigational test article is used.** Emergency uses are exempt from the requirement to obtain prior IRB review and approval, provided that the use is reported to the IRB within 5 working days after initiation of the emergency use. 21 CFR 56.104(c). The physician should complete as many of the patient protection measures detailed in this policy as possible before using the investigational article. If a physician

anticipates using an investigational test article more than one time at Phoebe Putney Memorial Hospital, the physician should contact the PPMH IRB about the need to submit an IRB application for prospective IRB review and approval of a research study.

Definitions:

1. **Test Article:** Any drug for human use, biological product for human use, medical device for human use, human food additive, color additive, electronic product, or any other article subject to FDA regulation. 21 CFR 56.102(l).
2. **Emergency Use:** Use of a *test article* on a human subject in a *life-threatening* situation in which no standard acceptable treatment is available, and in which there is not sufficient time to obtain IRB approval. 21 CFR 56.102(d). For the purposes of 21 CFR 56.102(d), "life-threatening" includes the scope of both life-threatening diseases/conditions and severely debilitating diseases/conditions.
3. **IND:** Investigational New Drug Application is an FDA submission that requests permission to use an *investigational drug/biologic* in a patient. One type of IND is the "emergency IND," which allows the FDA to authorize the use of an investigational drug/biologic in an emergency situation that does not allow time for prior submission of an IND application in accordance with FDA regulations. It is also used for patients who do not meet the criteria of an existing study protocol, or if an approved study protocol does not exist for the drug/biologic.
4. **IDE:** Investigational Device Exemption, which requests FDA permission use an *investigational device* in a patient. An "emergency IDE" may be needed when an IDE for the device does not exist; when a physician wants to use a device in a way not approved under an approved IDE; or when a physician is not an investigator under the relevant IDE (*i.e.*, not participating in the clinical investigation of the device).
5. **Life-threatening:** diseases or conditions where the likelihood of death is high unless the course of the disease is interrupted and diseases or conditions with potentially fatal outcomes. The criteria for life- threatening do not require the condition to be immediately life-threatening or to immediately result in death. Rather, the subjects must be in a life-threatening situation requiring intervention before review at a convened meeting of the IRB is feasible.
6. **Severely debilitating:** diseases or conditions that cause major irreversible morbidity. Examples of severely debilitating conditions include blindness, loss of arm, leg, hand or foot, loss of hearing, paralysis or stroke.

Policy/Procedure:

Step 1: Determine whether an emergency use is appropriate.

Criteria for Emergency Use of a Test Article	
Drug/Biologics	Devices
Treating Physician determines that all of the following are met:	Treating Physician determines that all of the following are met:

1. Life-threatening or serious* disease or condition that needs immediate treatment;	1. The patient has a life-threatening* condition that needs immediate treatment;
2. No generally acceptable alternative for treating the patient is available; and	2. No generally acceptable alternative treatment for the condition exists; and
3. Due to the immediate need to use the test article, there is no time to follow existing procedures to obtain IRB approval prior to the use.	3. Because of the immediate need to use the device, there is no time to use existing procedures to obtain IRB and FDA approval for the use.
Additional determinations:	Additional determinations:
4. FDA also expects the physician to make the determination that the probable risk to the person from the investigational test article is not greater than the probable risk from the disease or condition. 21 CFR 312.310(a)(1).	4. FDA also expects the physician to assess the potential for benefit from the use of the unapproved device, and to have substantial reason to believe that benefits will exist .
<i>*Relevant definitions in the Drug/Biologic context:</i>	<i>*Relevant definitions in the Device context:</i>
• Immediately life-threatening disease or condition means a stage of disease in which there is reasonable likelihood that death will occur within a matter of months or in which premature death is likely without early treatment. • Serious disease or condition means a disease or condition associated with morbidity that has substantial impact on day-to-day functioning. Short-lived and self-limiting morbidity will usually not be sufficient, but the morbidity need not be irreversible, provided it is persistent or recurrent. Whether a disease or condition is serious is a matter of clinical judgment, based on its impact on such factors as survival, day-to-day functioning, or the likelihood that the disease, if left untreated, will progress from a less severe condition to a more serious one. 21 CFR 312.300(b).	• Life-threatening condition includes serious diseases or conditions such as sight-threatening and limb-threatening conditions as well as other situations involving risk of irreversible morbidity (e.g., blindness, loss of arm, leg, hand or foot, loss of hearing, paralysis or stroke).
FDA must determine (based on information physician provides) that: • The patient to be treated has a serious or immediately life-threatening disease or condition, and there is no	An uninvolved physician (not participating in the emergency use) determines that all of the above emergency use criteria are met. • Obtain documentation of the uninvolved physician's determination

comparable or satisfactory alternative therapy to diagnose, monitor, or treat the disease or condition; 21 CFR 312.305(a)(1). • The potential patient benefit justifies the potential risks of the treatment use and those potential risks are not unreasonable in the context of the disease or condition to be treated; 21 CFR 312.305(a)(2). • Providing the investigational test article for the requested use will not interfere with the initiation, conduct, or completion of clinical investigations that could support marketing approval of the expanded access use or otherwise compromise the potential development of the expanded access use. 21 CFR 312.305(a)(3). • The patient cannot obtain the test article under another IND or protocol. 21 CFR 312.310(a)(2).	whenever possible (usually via email). • If it is not possible to obtain a second opinion from an uninvolved physician (and/or documentation), the treating physician should make the determination and proceed with the emergency use process.
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Step 2: Take steps to obtain the investigational test article.

To Use Drug/Biologics → IND	To Use Devices → IDE
Identify the sponsor: There are two scenarios, depending on whether the manufacturer previously obtained an IND for the drug/biologic: • Manufacturer has an IND → Manufacturer serves as the "sponsor" of the emergency use. • Manufacturer has no plans to get an IND → Physician serves as the "sponsor-investigator" of the emergency use.	Identify the sponsor: Generally there will be a manufacturer who has applied for an IDE and will serve as the "sponsor" of the emergency use.
Contact the manufacturer/sponsor to determine whether they are willing to provide the investigational drug/biologic.	Contact the sponsor to determine whether they are willing to provide the investigational device.
Contact the FDA for an Emergency IND:	Not Required to Contact the FDA in Advance for an Emergency IDE:

• If the manufacturer will serve as the "sponsor," manufacturer/sponsor will usually contact the FDA on the physician's behalf for approval of an emergency IND. • If the physician will serve as the "sponsor," the physician contacts the FDA directly to obtain an emergency IND. An emergency use may be requested by telephone, facsimile, or other means of electronic communications. Contact information is provided below. • The physician or sponsor must explain how the expanded access use will meet the above criteria for emergency use.	• For devices, prior FDA approval for shipment or emergency use of an investigational device is not required. 21 CFR 812.35(a)(2). • Treating physician may contact the Office of Device Evaluation (ODE) at FDA to discuss his/her patient's condition. In this situation, ODE acts in an <i>advisory</i> role, rather than in an <i>approving</i> role. The responsibility for making the decision as to whether the situation meets the emergency use criteria and whether the investigational device should be used lies with the treating physician. Contact information is provided below.
The FDA usually provides a new IND number for the specific emergency use.	
If no IDE exists, the physician should follow the above procedures and report the emergency use to CDRH as directed in Step 6.	
Type of Test Article (Branch)	FDA Office/Division to Contact
Drugs (CDER)	Division of Drug Information 1-855-543-3784 or 1-301-796-3400 Email: druginfo@fda.hhs.gov
Biologics (CBER)	Office of Communication, Outreach and Development 1-800-835-4709 or 1-204-402-8010 Email: ocod@fda.hhs.gov
Devices (CDRH)	Office of Device Evaluation, Program Operations Staff 1-800-638-2041 or 1-301-796-7100 Email: DICE@fda.hhs.gov
All Products, after normal working hours (8am – 4:30pm ET)	FDA Emergency Call Center 1-866-300-4374 or 301-796-8240

Step 3: Follow as many patient protection measures as possible.

Patient care should not be compromised in the event there is insufficient time to complete all of these measures:

1. **Concurrence of the Institutional Review Board Chair or designee.**
 - a. Please **email** the **Emergency Use Report Form** to the IRB representative **before** calling, if possible, so the IRB representative can reference the form during the call.

- b. Please contact the IRB representatives in the following order:
1. IRB -Chair, Donald W. (Fred) Lee, leef@deflaw.com, 229-431-3036.
 2. IRB Administrator, Janine Sarti, jsarti@phoebehealth.com - 229-312-4124.
 3. IRB Coordinator, Denise Pardue, dpardue@phoebehealth.com - 229-312-1286.
2. **Written informed consent** from the patient or their legally authorized representative. Use the PPMH IRB's template **Emergency Use Consent Form** or a form provided by the manufacturer or sponsor.
- a. Since the FDA exempts emergency uses from the usual requirements for prior IRB approval, there is **no requirement to obtain IRB approval** of the **emergency use consent** form before using it with the patient.

OR

- **Determine that the criteria are met to waive consent** for the emergency use. **Before** using the test article, **determine** and, if possible, **document** (in writing/email) that criteria for waiving emergency use consent (see below) are met, in the opinion of both the:
 - Physician treating the patient with the test article; **and**
 - Physician not participating in the emergency use (independent/uninvolved physician)
 - If it is not possible to obtain consent, FDA regulations (21 CFR 50.23) allow a waiver of emergency use consent under the following conditions:
 - The patient is confronted with a life-threatening situation necessitating the use of the test article;
 - Informed consent cannot be obtained from the patient because of an inability to communicate with, or obtain legally effective consent from, the patient;
 - Time is not sufficient to obtain consent from the patient's legally authorized representative; **and**
 - No alternative method of approved or generally recognized therapy is available that provides equal or greater likelihood of saving the patient's life.
3. If immediate use of the test article is needed to preserve the patient's life, and there is not sufficient time to secure an independent physician's determination that the four conditions for a waiver of emergency use consent (described above) apply, the treating physician should **make the determination that consent cannot be obtained and proceed**, but must have his/her written determination reviewed in writing by an independent physician within five working days **after** the emergency use of the test article. 21 CFR 50.23(b) & (c); 21 CFR 812.150(a)(5).
4. **DEVICES ONLY** (not required for drugs/biologics): As noted above in Step 1, obtain a **written assessment from an uninvolved physician** that the **criteria for emergency use** (this is not about waiving consent) are satisfied by the patient.

5. **DEVICES ONLY:** As noted above in Step 2, obtain **authorization from the IDE sponsor**, if an approved IDE exists for the device.

Step 4: Initiate treatment with the investigational agent.

Initiate Use of Drug/Biologic (IND)	Initiate Use of Device (IDE)
Treatment may begin when the emergency use is authorized by the FDA reviewing official. 21 CFR 312.305(d)(2)(i).	Emergency use of the device may begin when the use is authorized by the IDE sponsor.

Step 5: Submit a follow-up report to the IRB within 5 working days of initiating treatment with the investigational agent.

The report should include the following:

- **Emergency Use Report Form;**
- All relevant attachments requested in the report form.

Step 6: Submit a follow-up report to the FDA or sponsor within 5 working days.

Reports for Drugs/Biologics = IND	Reports for Devices = IDE
Physician must submit an expanded access submission to FDA within 15 working days of FDA's authorization of the emergency use. 21 CFR 312.310(d)(2). See Form FDA 1571 and Instructions, http://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalsApplications/InvestigationalNewDrugINDApplication/ucm071098.htm	Deviations from the investigational plan: An investigator shall notify the IDE sponsor (who will notify the FDA) of any deviation from the investigational plan to protect the life or physical well-being of a subject in an emergency. Such notice shall be given as soon as possible, but in no event later than 5 working days after the emergency use occurred . 21 CFR 812.35(a)(2); 812.150(a)(4). • The report should contain a summary of the conditions constituting the emergency, the patient protection measures that were followed, and patient outcome information. • If no IDE exists, the physician should follow the above procedures and report the emergency use to CDRH or

	CBER. • Informed consent: If an investigator uses a device without obtaining informed consent, the investigator shall report such use to the sponsor and the reviewing IRB within 5 working days after the use occurs. 21 CFR 812.150(a)(5).
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Step 7: Convened IRB reviews follow-up report of the emergency use.

- The IRB will review whether the situation satisfied the emergency use criteria, whether the physician followed reasonable patient protection measures under the circumstances, the patient outcome information, and whether future uses of the investigational test article are anticipated such that an application should be submitted to the IRB.
- Subsequent emergency uses of the investigational test article for the same indication should not occur unless the physician or another Phoebe Putney Memorial Hospital's provider obtains **FDA and IRB approval** for the drug/biologic/device and its use. (FDA acknowledges that it would be inappropriate to deny emergency treatment to a second patient if the only obstacle is that the IRB has not had sufficient time to convene a meeting to review the application.)
- If an IND or IDE application for subsequent use has been filed with FDA and FDA *disapproves* the application, the drug/biologic/device may not be used even if the circumstances constituting an emergency exist.

Step 8: Physician/Investigator receives IRB correspondence.

The IRB outcome letter will either confirm that all regulatory requirements have been satisfied, or will highlight deficiencies and request additional actions.

References:

- 21 CFR 50.23(b) & (c)
- 21 CFR 56.104(c)
- 21 CFR 56.102(d)(1)
- 21 CFR 312.300(b)
- 21 CFR 312.305(a)(1, 2, 3) & (d)(2)(i)
- 21 CFR 312.310(a)(1) & (2)
- 21 CFR 312.310(d)(2)
- 21 CFR 812.35(a)(2)
- 21 CFR 812.150(a)(4) & (5)

- FDA Guidance for IDE Early/Expanded Access:
- <http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/HowtoMarketYourDevice/InvestigationalDeviceExemptionIDE/ucm051345.htm>
- FDA IRB Information Sheets – Drugs and Biologics – Updated 9/98 – Guidance for Institutional Review Boards and Clinical Investigators 1998 Update:
- <http://www.fda.gov/oc/ohrt/irbs/drugsbiologics.html>

Approval Signatures

Step Description	Approver	Date
CEO Final Approval	Deborah Angerami: CEO	3/27/2025
CMO Approval	Jason Smith: CMO, PPMH	3/10/2025
Chief Operating Officer	Jane Gray: PPMH Chief Operating Officer	3/7/2025
Owner/Legal Approval	Janine Sarti: Deputy General Counsel	1/30/2025

Applicability

Phoebe Putney Memorial Hospital

History

Sent for re-approval by Pardue, Sharon: Paralegal on 1/30/2025, 12:22PM EST

No Changes to the Policy. The Policy was approved by the IRB Committee on January 29, 2025.

Last Approved by Sarti, Janine: Associate General Counsel on 1/30/2025, 2:05PM EST

Administrator override by Williams, Mary: Paralegal on 2/28/2025, 11:31AM EST

Owner changed from Janine Sarti to Dawn Benson.

Last Approved by Gray, Jane: PPMH Chief Operating Officer on 3/7/2025, 4:18PM EST

Last Approved by Smith, Jason: CMO, PPMH on 3/10/2025, 10:08AM EDT

Last Approved by Angerami, Deborah: President/CEO PPMH on 3/27/2025, 3:18PM EDT

Activated on 3/27/2025, 3:18PM EDT

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