



Evolution Research Group Risk Mitigation Response Plan COVID-19

Site: Endeavor Clinical Trials, San Antonio, TX

Version: 02

Version Date: 02JUL2020

Purpose:

This response plan's purpose is to provide structure surrounding the management and contingency plans during the COVID-19 pandemic or other crisis as determined by Corporate Management at Evolution Research Group (ERG).

This response plan is applicable to all staff at the Site location noted in the header of this document. It is the responsibility of the Site Director at the location to ensure proper execution of this plan.

This plan will be reviewed and further amended on a routine basis as new information is learned or provided as applicable from organizations such as the World Health Organization (WHO), the Center for Disease Control (CDC), the Food and Drug Administration (FDA) and other regulatory bodies and local agencies to ensure consistency with expectations, rules and guidelines.

Plan:

A. General Visitor Management

- a. Volunteers should be contacted by phone prior to arriving at the facility to ensure they are asymptomatic. When calling our subjects/ caregivers to remind them of their appointments, ask whether they are suffering from respiratory symptoms, fever, or any other symptom relevant to COVID-19 as guided by the CDC. If so, they should be rescheduled once they are feeling better, asymptomatic, and as approved by PI or Medical Director. These questions should be included in a prescreening/screening evaluation and the potential subject rescheduled once they are symptom free and approved to come in by a PI/Sub-I or Medical Director. The volunteer should then be instructed to contact their Primary Care Provider (PCP) or another healthcare provider to seek treatment and the sponsor should be notified, where applicable of the out of window visit due to this reason.
 - i. Note: Only Caregivers will be permitted to attend visits with subjects. Subjects will be reminded that any guests that accompany them will be requested to remain outside of the clinic.



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- b. If a volunteer requires transportation to the clinic and the clinic offers transportation, the driver will make every effort to only pick up one volunteer at a time and disinfect in between rides. If additional subjects require pick up, the subjects must be alerted prior to arrival to ensure they are comfortable. Masks will be made available prior to getting into the vehicle. The driver will take temperatures prior to entering the vehicle and document.
 - i. Note: If a driving service is utilized (e.g. Uber Health), volunteer will be instructed by site to not get into the vehicle and come to the site if they don't feel well. They will also be instructed to wear a face covering during the ride.
- c. Once volunteers arrive at the clinic, they will be required to have a temperature check prior to entering the facility and complete a health questionnaire (unless they were checked upon pick up from site transport). This information will be documented on the '*Site Visit Questionnaire for COVID-19*'. They then are required to be escorted to the nearest sink and instructed to wash their hands.
- d. Volunteers will only be taken to areas where they are required to be seen and will be instructed to wear a mask or face covering to get to the applicable area. Any additional PPE needed will be made available to the volunteer while onsite for their visit and replaced when necessary.
- e. Rooms where volunteers/study participants may be seen must have all unnecessary items removed prior to entry and only the required equipment available (i.e. not the whole lab cart, iPads should be removed from their cases so they can be cleaned, designated BP cuffs should be used, etc.). Immediately after a volunteer is removed from a certain area, the room must be disinfected inclusive of any equipment used.
- f. Any deviations to any required study procedures must be documented, *in detail*, and rationale outlined as it relates to the pandemic.
- g. COVID-19 testing for research participants may be performed by the sites' selected laboratory. Decision for testing will be made using a thoughtful approach and



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considerations applied as they relate to safety, protocol, sponsor requests or guidelines as noted in the 'Purpose' section of this document. The company's stance is as follows:

1. COVID-19 testing will not be conducted at Screening or for Outpatient studies, unless required per sponsor. This may vary as new information becomes available.
2. Testing may be considered for In Patient studies on a case by case basis or as required per sponsor at the time the subjects admit.

FDA guidance states that a listing of all participants affected by the COVID-19 related study disruption must be documented by unique subject number identifier and by investigational site, and a description of how the individual's participation was altered.

- h. Vendors or other visitors that come to the clinic will be instructed to remain in the lobby with a face covering. They will only be allowed to proceed into the clinic if they complete the '*Site Visit Questionnaire for COVID-19*' with questions and temperature check completed.

B. Inpatient Visit Management

- a. The subject census will be reduced to a size that can be appropriately managed to protect the safety of the staff and other subjects.
- b. Admissions of subject's will be staggered. Upon arrival to the facility all subjects will be asked to wait outside of the clinic/in their cars and will be notified once they are able to safely come into the clinic (to ensure enough time for proper cleaning and physical distancing as applicable). Once allowed into the facility, the subjects will complete a health screen which consists of the completion of a health screening form and having their temperature checked (and pulse oximetry if determined by PI/SubI/Medical Director). If they pass the health screening, they will be instructed to wash their hands and don the mask provided by staff. **[Please note: Subjects will receive a new mask each day or as determined by the investigator].**



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- c. Once cleared for entry into the facility, subjects will be escorted to a private room or semi-private area that is unique to where their visit procedures/inpatient admission will be conducted. If seen in a semi-private area, every effort will be made to keep at least 6 feet of distance between subjects per CDC guidelines.
- d. Prior to starting any study procedures, the room will be sanitized / wiped down. Items such as tourniquets or writing pens (for subject completed assessments) will be assigned to subject during their stay and will be disposed upon discharge. Study equipment, such as but not limited to, pulse-oximeter, blood pressure equipment, IV pole, wires from ECG, clipboards, etc. will be disinfected prior to and after each use.
- e. Subjects will be separated during their confinement to the facility.
- f. Meals will be ordered and provided by an outside vendor to minimize handling of food. Subject's will be delivered their meals directly to their rooms and instructed to consume their meals in their private rooms to ensure limited exposure to other staff or volunteers. The use of a common area for dining may be considered for certain populations or protocols, with added supervision to ensure physical distancing if determined to be used.
- g. The number of staff members assigned to each subject will be limited. Staff traffic in and out of subject's room will be limited.
- h. The subject areas will be disinfected after discharge.
- i. Should a subject begin to experience symptoms, they will be taken to a prepared quarantine room and isolated. The Investigator will be immediately alerted to exam the subject. Should the Investigator determine that the subject should seek additional medical care, the subject will be instructed to go to the closest Emergency Room or urgent care facility. The sponsor will be notified immediately and will work with site on how to manage the subject's participation moving forward.



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j. AMBULATORY SURGICAL CENTER (ASC)

- i. In addition to what is outlined above, the following considerations will be applied in the ASC:
 1. Prior to entering the ASC, all subjects would have been screened in the IPU. They will continue to wear their mask that was provided by the IPU. Subject's will sign in, and continue to Pre-Op.
 2. Surgical unit staff don PPE in accordance with standard PPE and enhance for pandemic with goggles, coats, gloves, and masks when and where applicable. Sterile staff require added face shields, N95 masks, and sterile gowns/gloves.
 3. Masks remain on subjects until they are prepared for anesthesia induction. For general, a double filtered anesthesia circuit will be used. For Reginal, oxygen will be provided via nasal cannula while continuing to wear their mask.
 4. Pre-Op is decontaminated after subjects move to operating suites in between each use.
 5. Decontamination of the OR suite begins as soon as the patient leaves. This includes all furniture, equipment and instruments.
 6. Subjects in the recovery phase must have appropriate airway management which is of paramount priority. O2 saturation will be maintained until Phase II of post anesthesia care. At that time subjects may don a mask and are discharged and transported to the IPU.
 7. Recovery bay decontamination in the PACU will commence and all equipment/instruments/stretchers will be sterilized.



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C. Outpatient Visit Management

- a. Patients are asked to contact the front desk upon arrival prior to coming up to the clinic. They will then be contacted by the clinic as soon as the lobby has been sanitized and staged for the next participant to come in. Upon that contact call to come up, they then are asked the health screen questions and confirm they have a face covering/mask prior to allowing them up to the lobby. If they do not have one with them, they will be informed that one will be hanging on the doorknob for them to don before walking into the lobby.
- b. Upon arrival to the lobby, all subjects will complete a health screen which consists of the completion of a health screening form and having their temperature taken through a glass window to minimize interaction and exposure (and pulse oximetry if determined by PI/Sub-I/Medical Director). If they pass the health screening, they will be instructed to wash their hands and don the mask provided by staff.
- c. Wall mounted hand sanitizer is placed throughout the clinic if washing their hands is not achievable for any reason.
- d. Once cleared for entry, the subject will be escorted to a private room where their study procedures will take place. Prior to starting any study procedures, the room will be sanitized / wiped down in front of the subject for subject comfort. Items such as tourniquets or writing pens (for subject completed assessments) will be assigned to subject during their stay and will be disposed upon discharge. Study equipment, such as but not limited to, pulse-oximeter, blood pressure equipment, wires from ECG, clipboards, etc. will be disinfected prior to and after each use.
- e. Staff traffic in and out of subject room will be limited. Staff members assigned to each subject will be limited.
- f. Procedure areas will be disinfected after each visit completion.
- g. Based on pandemic conditions, other precautions may be put in place to mitigate exposure risk. The site, in coordination with and approval from Sponsors, would



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eliminate the need for subjects to come to the site by performing remote visits with the use of video conferencing (ie: telemedicine).

- i. Subjects would be supplied with necessary equipment (e.g. vital signs machine, scales for measuring weight) and trained to perform protocol specific activities at home.
- ii. For specific trials, subjects would be provided with enough Investigational Product so that self-administering can be performed at home under the supervision of a study staff member using video conferencing.

D. Notification of Potential Participant or Visitor Exposure

- a. As soon as a site has been notified of a participant or visitors' potential exposure in the community, minimally the Site Director, PI/Medical Director, and the Chief Medical Officer must be notified immediately. The Incident must be documented according to the sites process.
- b. An evaluation will be conducted as to who should be communicated this information and next steps on prevention. The sponsor/CRO must be notified in a timely manner as to this information and to discuss next steps as it applies to participant safety and possible continuation/discontinuation in their trial, as applicable. Documentation should be maintained for all decisions and all notified parties. If the participant is active in a trial, then their symptoms must be documented as Adverse Events and further assessed upon a potential positive test/outcome. All instances must be reported to the IRB.
- c. Should a positive result be confirmed for a clinic volunteer/subject, the checklist for a '*Confirmed Positive Case of COVID-19 for a Research Participant*' checklist must be completed.

E. Remote Study Visits with Subjects

- a. Upon the determination and input from the sponsor and investigator site, remote study visits may be an acceptable deviation to on-site visits, pending a participant



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agrees to do the visit in this manner. All correspondence must be documented and filed in the Regulatory Binders as it applies to these decisions and subject source documents where applicable.

- b. The sponsor and investigator site must review what the remote visits would entail in conjunction with the FDA Guidance provided for the pandemic in question. It is ideal but not always mandatory to obtain IRB approval prior to executing any procedures that would be in the best interest of a subject's safety and well-being (e.g. continuing them in the study, terminating them from the study, the benefits of remaining on study drug, etc.).
- c. Investigational Product Dispensing may vary based on study, risk, or benefit to the subject. Special considerations must be made on a study by study basis as to whether IP may be mailed, picked up or dropped off. Further, whether to continue study IP or not is in the best interest of the participants safety and wellbeing will be determined and course of action documented. Temperature controls must also be considered. Once established this will be required to be outlined in the study plan developed by the sponsor and site, with IRB oversight at applicable intervals.
- d. If safety decisions must be made prior to IRB approval or notification, then IRB notification must be done at the first available opportunity.
- e. All decisions made must be documented *in detail* in the participants study files.
- f. Subjects will be contacted on an ongoing basis by site personnel to review study compliance and monitor for adverse events.
- g. Refer to '*ERGs Remote Subject Visits During COVID-19 Guidance*' document for further details

F. General Employee Management

- a. General Precautions to be Taken by Staff
 - i. All staff are responsible to contact their supervisor immediately if they have any symptoms of illness or exposure that may increase risk of infection. The



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supervisor will work with the appropriate team to be determined if they should remain home, for how long, and assigned responsibilities and tasks if working from home is an option (dependent on illness). If a Site level Supervisor/Designee cannot be reached, they are to contact the Chief Medical Officer (CMO).

- ii. All staff are required to have their temperatures checked each time they present to the clinic for work. If a staff member is first to the clinic, they are responsible for taking their own temperature. Temperatures will be taken in the lobby or other designated entrance with an appropriate temperature recorder. Temperatures to be taken with Non touch infrared thermometers. Should one not be available, other alternatives are acceptable with physician or NP approval. The staff member taking the temperature should wear protective gloves. If an individual's temperature is greater than or equal to 100.4 F, they will not be allowed past the lobby/testing area pending further evaluation by the investigator.
 - iii. While employees are onsite, in addition to wearing their required Personal Protective Equipment (PPE) while working with biohazard materials, all staff should wear personal protective equipment in accordance with safe work practices issued by OSHA and CDC (refer to *Guidance on Preparing Workplaces for COVID-19 by OSHA*). Should supplies be low, contact the CMO on further directive.
- b. Modified Work Schedule
- i. Schedules may be modified to limit exposure and infection risks and to adhere to governmental restrictions.
 - ii. In an effort to limit exposure and infection risks, depending on staffing availability and current local status of infection, staff shifts will be modified such that there are 2 teams (Team A and Team B) working alternating shifts. Alternating shifts will consist of one team working on-site while the other



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team works remotely in one-week intervals. Teams will be divided so that there will be equal departmental representation on each team.

- iii. If the employee's job allows for working from home full-time, this will be encouraged.
- c. Remote Work Opportunities
 - i. If employees are required to work from home, Information Technology (IT) department will be contacted to confirm they have accessibility to all systems and hardware needed.
 - ii. Employees must discuss and work with their Site Directors on what work may be able to be taken home, and what type of Chain of Custody of those items must be employed. ***NOTE: Under no circumstances can original source data or any Protected Health Information (PHI) of our volunteers be removed from the facilities.***
 - iii. Should original source data or PHI of participants be needed to complete a remote task, then a protected electronic file (21 CFR Part 11 compliant) may be developed with restricted access so that the information may be uploaded for the purposes of data entry, data QC, etc. ***A Note to File will be generated and filed in instances where remote data entry may be completed.***
 - iv. Any emails sent to external email addresses that contain PHI or confidential information must be encrypted. All documents containing PHI or confidential information should be shared using SharePoint or OneDrive. (See section vii)
 - v. Redaction of scanned documentation must be implemented to ensure appropriate protection of volunteers PHI. If documents must be printed at home to facilitate the work, then all copies must be saved and brought back into the clinic for destruction when able.



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- vi. Any data reviews or entries made must be verified against original source data upon returning to the clinic unless someone that is at the clinic can do the Source Data Verification on the employee's behalf.
- vii. SharePoint online provides a solution to CFR 21, Part 11 Requirements. Security and data integration are provided by the following features:

Azure Active Directory Integration – Only authorized accounts can access the system.

Prevention of unauthorized users. - SharePoint can prevent unauthorized users from accessing areas of the system, where electronic records are created and maintained. It is also possible to configure the record center with separate access controls.

Restrict access to system administration.

For additional safety, SharePoint can also restrict access to system administration and configuration by setting up security groups or permissions.

Protect Data Records

SharePoint can protect data records from deletion and enable their accurate retrieval. The SharePoint Information Management Policy feature is implemented, and retention policies are applied to various content types for a required period. Versioning is also setup to preserve copies of data records.

G. Notification of Potential Employee Exposure

- a. As soon as an employee learns of any potential for exposure to a person with a positive result as it relates to the pandemic, (e.g. grocery store, place of worship, etc.), their Site Director and the Chief Medical Officer must be notified immediately.
- b. An evaluation will be conducted as to who should be communicated this information and next steps on prevention. Documentation should be maintained for all decisions and all notified parties.



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- c. The employee must remain at home for a minimum of 14 days post exposure and be asymptomatic prior to returning to work. A COVID-19 test may be requested of the employee where applicable.
- d. If a positive case of COVID-19 is confirmed for an employee, the site should execute the '*Confirmed Positive Case for COVID-19 for a Research Employee*' Checklist.

H. Communication Management with Sponsors and CROs

- a. All discussions and decisions made as they relate to the pandemic in question must be documented *in detail* and filed with the applicable studies. The participants that were active in those decisions must be identified, and documented approvals obtained when critical study impact decisions are made (e.g. Principal Investigator).
- b. Considerations must be made by the site if any remote activities will be entertained by the sponsor/CRO to ensure continued monitoring, close out visits, Study Initiation Visits, etc. Accommodations and resourcing must be factored in to ensure realistic timelines may be achieved. See Letter I below on Management of Remote Sponsor/CRO Visits.
- c. If ERG must decide to limit or even temporarily postpone activities at the clinical research site, a formal communication will be developed by Corporate Leadership to disseminate to the applicable clients.
- d. The IRBs must be notified in all scenarios to changes in trial execution. If it is not feasible to obtain IRB approval prior to executing some of the new contingency plans or decisions, then approval must be obtained by the CMO to proceed.

I. Remote Sponsor/CRO Visits

- a. Should remote monitoring, close out visits, audits, or meetings be requested, the Site Director will accommodate the requests unless other circumstances may prevent this (e.g. hold on beginning new trials would yield postponement of an SIV). If Remote Monitoring Visits/Close Outs or Audits will be considered and



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accommodated, then refer to *ERG Policy on Remote Study Monitoring During COVID-19* for guidance.

Version History

01: NEW – 21APR2020

02: Amended language in accordance with new information and site-specific changes in management of IP/OP visits (references to other internal guidelines, checklists, and tools being utilized). Addition of new Ambulatory Surgical Center.