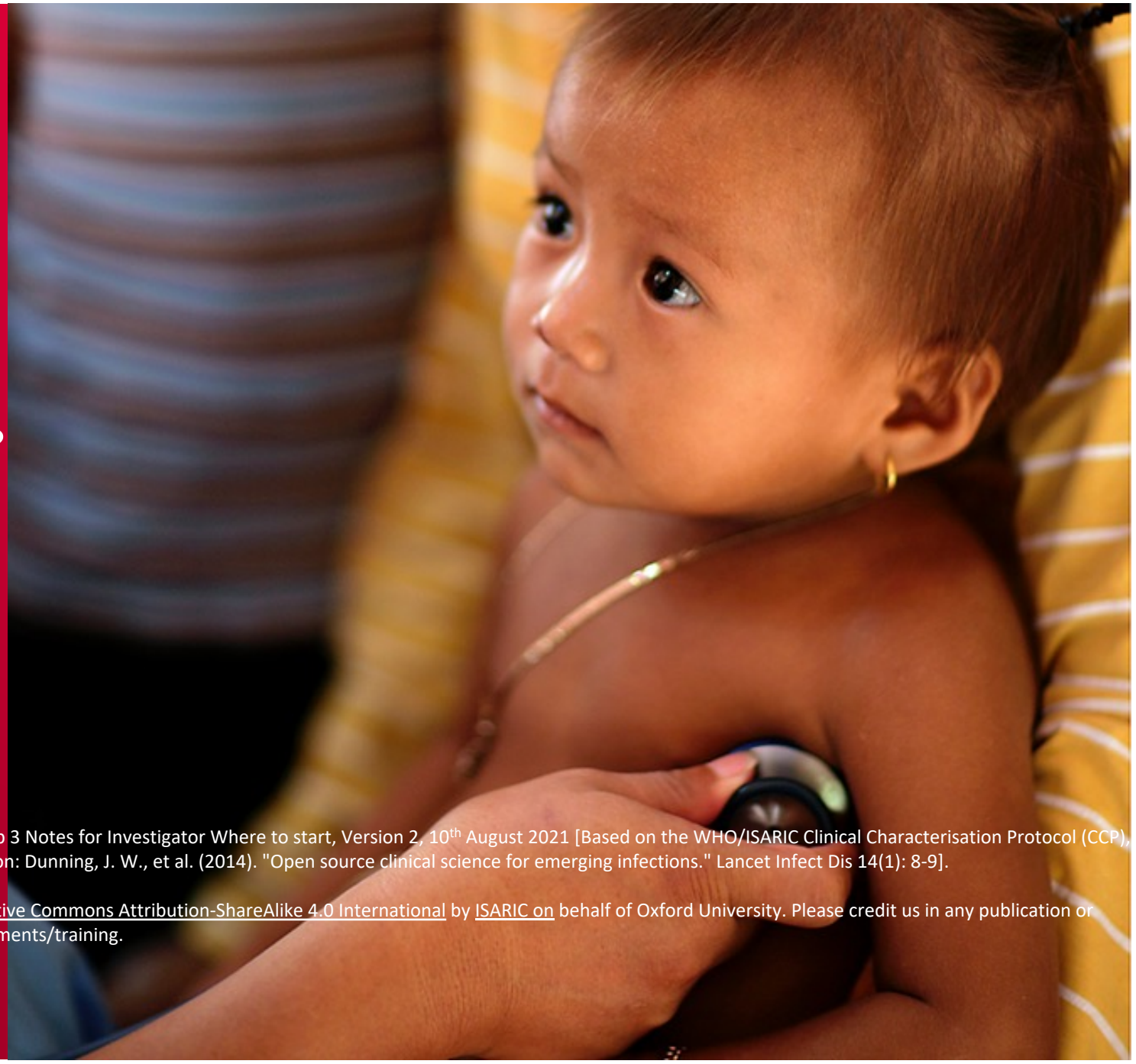
Clinical Characterisation Protocol

How do I operationalise CCP Global?

Notes for the Principal Investigator



CCP Global Toolkit Step 3 Notes for Investigator Where to start, Version 2, 10th August 2021 [Based on the WHO/ISARIC Clinical Characterisation Protocol (CCP), Version 3.1/3.2; Citation: Dunning, J. W., et al. (2014). "Open source clinical science for emerging infections." Lancet Infect Dis 14(1): 8-9].

Key Points

Resources can be found on our website https://isaric.org/research/covid-19-clinical-research-resources/covid-19-ccp-global/

- For the collection of data and biological samples in a globally harmonised manner
- This is an observational study, using data collected routinely as a part of clinical care
- Adaptable protocol, depending on site resources

- For successful study implementation, it is important for the study not to be seen as a separate activity in the facility's response strategy to COVID-19

- A Principal Investigator (PI) must be appointed
  - They will be responsible for all aspects of the study, following the main steps outlined in these slides

6 Steps to Operationalise the CCP

Determine Site Capacity

Prepare Documentation/
Obtain Ethics/IRB Approval

Planning Resources

The Patients Journey

Community & Public
Engagement

Screening & Study
Enrolment

Overview of the Protocol

Inclusion Criteria

Children and adults with suspected or confirmed novel Coronavirus (COVID-19) infection

Data Collection (Tier 0 to Tier 3)

- ISARIC/WHO COVID-19 Case Report Form (paper CRF or web-based electronic "eCRF") to be completed e.g. the COVID-19 Core CRF, or the RAPID CRF
- Depending on local resources, interest and feasibility, chose which tier to use
- Sites are encouraged to enter data using the eCRF(s)

Tier 0

Patient data (CRF)

Sampling (Tier 1 to Tier 3)

Read the Clinical Characterisation Protocol to make an assessment to decide if you have the resources and capacity to do: Sampling on enrolment (Tier 1) and / or Serial Sampling (Tier 2 or 3)

Tier 1

Patient data (CRF)

Single Biological Sample

Tier 2

Patient data (CRF)

Serial Biological Sampling

Tier 3

Patient data (CRF)

Population Pharmacokinetics of antimicrobials & immune modulators

Step 2 – Prepare Documentation/Obtain Ethics/IRB Approval; Key Points

Check appropriate local/national guidelines;
As a guide, patients should only be enrolled once appropriate approvals have been obtained for the applicable site

✓ Example responses for ethics applications can be found in Step 2 of the tool kit

Organise a Study Master File (electronic/paper)

A file which contains key documents and procedures

✓ Documents are available

Develop standard operational procedures (SOPs) to be used by the study team

✓ Documents are available

Step 3 – Planning Resources; Key Points (1/3)

- Principal Investigator takes overall responsibility for the study at their site

  Requires a team who can undertake many roles (note: One person can carryout many roles) e.g.

  - People to take consent - can be done by clinical team caring for the patient
  - People to take samples from patient
  - People to transport the samples to the laboratory for analysis
  - People to process and analyse the samples
  - People to complete the CRF
    - May not require patient contact
    - May include a person who has access to medical records (if completing data retrospectively)

Step 3 – Planning Resources; Key Points, (2/3) continued…

Case Study, Malawi

First priority was staff safety and the difficulty in taking samples and collecting data per patient.

Established a team of three per patient – overview given in table below:

Team Member	PPE Context	Role
1	1 – full (single use)	Measures physiological observations and collects samples.
2	2 – less restrictive (sessional use)	Collects data from notes and witnesses Informed Consent.
3	2 – less restrictive (sessional use)	Supports Team Member 1 (double bagging and packing of samples; Runner – in case of unforeseen circumstances; Delivers samples to specimen collection reception before transfer to lab.

PPE guidance taken from the UK Governments' Public Health England Guide 'Recommended PPE for healthcare workers by secondary care inpatient clinical setting, NHS and independent sector'. Link below: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879107/T1_poster_Recommended_PPE_for_healthcare_workers_by_secondary_care_clinical_context.pdf

Step 3 – Planning Resources; Key Points, (3/3) continued…

- Consider establishing a core team e.g. nurse(s), physician(s), focal lab technician/assistant/pharmacist etc.
    - They can assist with the day-to-day study activities e.g. ensure all study resources are available for recruitment i.e. CRFs - digital PDA/tablet, or paper-based, sample collection kits etc.
- Ensure all relevant hospital staff are familiar with the study procedures from the Triage Room, to A&E, to ICU etc.
- Share contact information with other hospital staff
    - Provide regular study updates to all facility staff

More key points on planning and resources can be found in our toolkit; 'Site Capacity: Points to Consider' guidance document (Step 2)

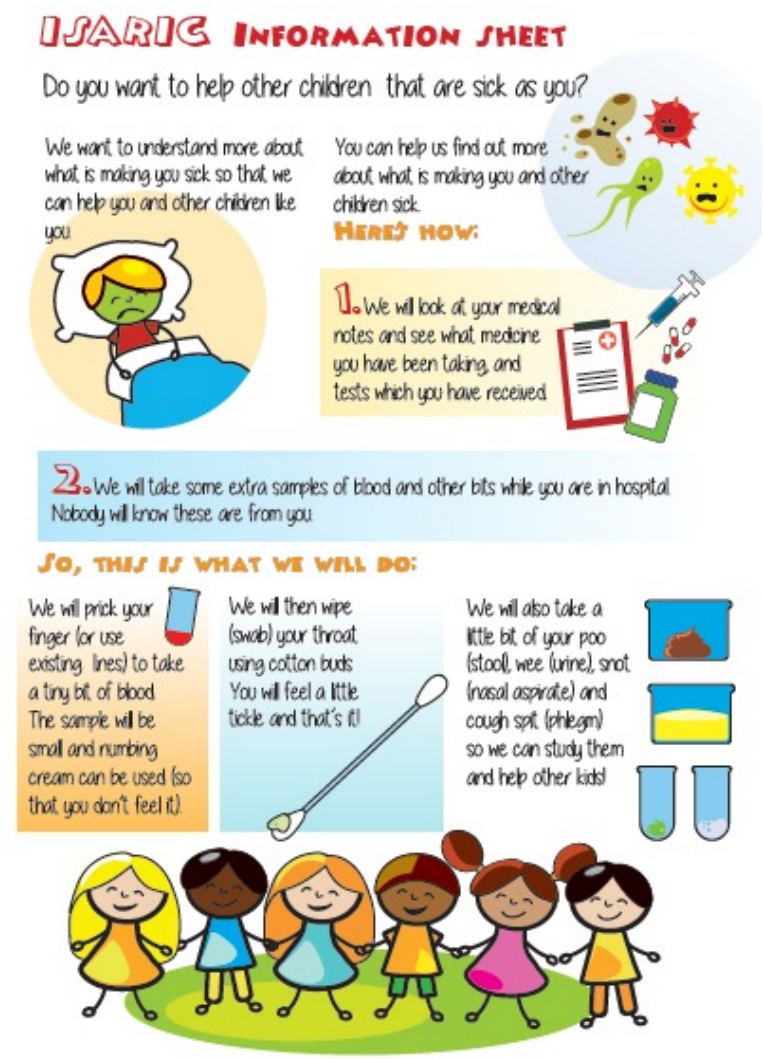
Step 4 – The Patients Journey; Key Points

- Ensure study is well integrated into the routine health/facility system e.g. use a 'dedicated isolation room', for treating, consenting, sample(s) collection etc.

- Ensure appropriate PPE is available at facility:
  - Staff safety must come first
  - Consider partnering with facility's nearby to share commodities/purchase equipment in bulk
  - Online training materials for PPE use:
    - ✓ UK National Health Service: https://www.youtube.com/watch?time_continue=2&v=kKz_vNGsNhc&feature=emb_title
    - ✓ Public Health England: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe
    - ✓ World Health Organization: https://apps.who.int/iris/bitstream/handle/10665/331695/WHO-2019-nCov-IPC_PPE_use-2020.3-eng.pdf
      COVID-19: How to put on and remove personal protective equipment (PPE): https://openwho.org/courses/IPC-PPE-EN
    - ✓ Centers for Disease Control and Prevention: https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

Step 5 – Community & Public Engagement; Key Points

Example leaflet:



- Community engagement – patient and family education
  - ISARIC have 'Participant Information Sheets' and 'Guidance notes for the Consultee'
  - Use these to personalise to local context (check with IRB/Ethics Committee)
  - Consider creating other materials e.g. Poster explaining the study for display on ward(s)/A&E etc.; other facilities may be interested in collaborating e.g. public health/epidemiologists etc.
- Where possible, translate materials into the local language
  - Use simple terms that can be well understood by patients, families, wider communities, lay hospital staff etc.

Step 6 – Screening & Study Enrolment; Key Points (1/2)

- Principal Investigator can decide who will do which procedures based on experience and training
    - For more information, review our 'Competency/Training Needs: Points to Consider' guidance document in Step 3
- All staff must understand the reason for the study and be familiar with local procedures
- Other training depends on role, e.g.
    - Consent training for those obtaining consent from participants
    - Data entry training for those using the eCRF
    - Hygiene and safety measures e.g. Putting on (donning) / taking off (doffing) PPE

Step 6 – Screening & Study Enrolment; Key Points, (2/2) continued…

Laboratories and samples (skip if working to tier 0 only)

- Laboratory biosafety procedures and the appropriate BSL2, BSL3 or BSL4 safety management and guidelines are in place (dependent on local/national guidelines)
    - Refer to WHO for general guidance https://www.who.int/docs/default-source/coronaviruse/laboratory-biosafety-novel-coronavirus-version-1-1.pdf?sfvrsn=912a9847_2
- Procedures for serial sampling, including the appropriate timings of serial samples, as per the protocol (Tiers 2 and 3)
- Procedures for biological sample processing involving manual techniques and/or use of laboratory equipment (as specified in the protocol)
- Documentation for sample processing, including sample handling and labelling

Thank you

Please visit the study website https://isaric.org/research/covid-19-clinical-research-resources/covid-19-ccp-global/ where resources i.e. checklists / templates, and case studies (describing how other site's have operationalised the CCP in their setting) are available for use

The resources provided will increase overtime

Please contact nina.jamieson@ndm.ox.ac.uk to let us know if you are undertaking CCP Global at your site; and/or wish to provide (for our website), any locally adapted resources

Partners supporting research preparedness and response