 APPENDIX 2.3

Risk Screening Checklist

* *This applies to research which involves human participants.*
* *Do not modify the content or formatting of this document in any way*
* *Part A of this questionnaire must both be completed and Part B if Health and Disability Ethics Committee Approval is required*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **The statements below are being used to determine the degree of ethical risk around your project.**  **Please answer all questions. Check either Yes or No - if you have checked yes, you must identify risk mitigation strategies in the appropriate section.** | | | | | | |
|  | | | | | | |
| 1. **Risk of Harm** | | | | | | |
| Does your project involve: | | | Yes | No |  | |
| 1. Situations in which the researcher may be at risk of harm? | | |  |  |  | |
| 1. User of questionnaire or interview, whether or not it is anonymous which might reasonably be expected to cause discomfort, embarrassment, or physical or spiritual harm to the participants? | | |  |  |  | |
| 1. Processes that are potentially disadvantageous to a person or group, such as the collection of information which may expose the person/group to discrimination? | | |  |  |  | |
| 1. Information gained during the research which could place the participants at risk of criminal or civil liability or be damaging to their financial standing, employability, professional or personal relationships? | | |  |  |  | |
| 1. The potential for any cultural and social issues? (refer Section 2 of *APP804a Information Requirements for Proposals)* | | |  |  |  | |
| 1. Collection of blood, body fluid, tissue samples or other samples? | | |  |  |  | |
| 1. Any physical pain, physical examination, form of exercise regime or deprivation (e.g. sleep, dietary)? | | |  |  |  | |
| 1. The administration of any form of drug, medicine (other than in the course of standard medical procedure), placebo? | | |  |  |  | |
| 1. Any Ara research or teaching which involves learners for the demonstration of procedures or phenomena which have a potential for harm? | | |  |  |  | |
| **Proposed Risk Mitigation** | | | | | | |
|  | Click to enter detail | | | | |  |
|  | | | | | | |
| 1. **Voluntary Participation and Informed Consent** | | | | | | |
| *A high level of justification is required to mitigate risk in this section.* | | | | | | |
| Does your project involve: | | | Yes | No |  | |
| 1. Participants who are unable to give informed consent? | | |  |  |  | |
| 1. The participation of children under 16 years old (18 years old if at school), even if parental consent in sought? | | |  |  |  | |
| 1. Participants who are in a dependent situation, such as those who are under custodial care, or residents of a hospital, nursing home or patients highly dependent on medical care? | | |  |  |  | |
| 1. Participants who are vulnerable due to disability, age, illness, or social circumstances? | | |  |  |  | |
| 1. The use of previously collected identifiable personal information or research data for which there was no explicit consent for this research? | | |  |  |  | |
| 1. The use of previously collected biological samples for which there was no explicit consent for this research? | | |  |  |  | |
| 1. Participants whose identity is known to the researcher giving **oral** consent rather than written consent? | | |  |  |  | |
| If yes, please explain how will consent be recorded and participants rights protected. | | | | | | |
|  | | Click to enter detail | | | |  |
| 1. Audio or video recording or photography without prior informed consent? | | |  |  |  | |
| **Proposed Risk Mitigation** | | | | | | |
|  | Click to enter detail | | | | |  |
|  | | | | | | |
| 1. **Privacy / Confidentiality Issue** | | | | | | |
| Any evaluation of organisational services or practices where information of a personal nature may be collected and where participants, o the organisation, may be identified? | | |  |  |  | |
| **Proposed Risk Mitigation** | | | | | | |
|  | Click to enter detail | | | | |  |
|  | | | | | | |
| 1. **Deception** | | | | | | |
| Does your research involve the deception of participants, including concealing the purposes of the research, covert observation and/or audio or visual recording without consent? | | |  |  |  | |
| **Proposed Risk Mitigation** | | | | | | |
|  | Click to enter detail | | | | |  |
|  | | | | | | |
| 1. **Conflict of Interest** | | | | | | |
| Could your research result in a conflict of interest for the researcher (e.g. are there any power relationships between the researcher and the participants such as a researcher and their learners? | | |  |  |  | |
| **Proposed Risk Mitigation** | | | | | | |
|  | Click to enter detail | | | | |  |
|  | | | | | | |
| 1. **Compensation to Participants** | | | | | | |
| Will your research involve payments or other financial inducements (other than reasonable reimbursement of travel expenses or time) to participants? | | |  |  |  | |
| **Justification and Proposed Risk Mitigation** | | | | | | |
|  | Click to enter detail | | | | |  |
|  | | | | | | |
| 1. **Procedural** | | | | | | |
| A requirement by an outside organisation (e.g. funding organisation, or collaboration) which requires Ara Human Ethics Subcommittee approval? | | |  |  |  | |
| **Details** | | | | | | |
|  | Click to enter detail | | | | |  |
|  | | | | | | |
| 1. **Are there any other ethical issues that should be drawn to the attention of the Human Ethics Subcommittee?** | | |  |  |  | |
| If you answered **Yes**, please provide additional information below explaining the ethical issue(s) and how it will be addressed | | | | | | |
|  | Click to enter detail | | | | |  |
|  | | | | | | |

**Part B**

**FOR PROPOALS WHERE HEALTH AND DISABILITY APPROVAL IS REQUIRED**

**Not all health and disability research require review. Confirm if you require approval from HDEC in Online Manual** [**http://ethics.health.govt.nz/applying**](http://ethics.health.govt.nz/applying)**.**

The flowchart on the next page should be used to determine if your project requires ethical approval by a Regional Health and Disability Ethics Committee.

**Determine the type of approval procedure to be used (choose one option):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If you answer YES to any of the questions 1 to 22 (Part A) and the HDEC flowchart result is “NO. HDEC review is NOT required for your study”, then  **Prepare an application for the Department Research Committee using this template and adapting the following model consent and information forms** |  | If you follow the HDEC flowchart and the result is “YES. HDEC review is required for your study”, then  **Prepare an application using the Health & Disability Ethics Committee Application Form** |  | If you answer NO to all of the questions in part A and do not required HDEC review, then  **Complete the Postgraduate Research Application Form** |

The HDEC website is: <http://www.ethics.health.govt.nz/applying-review>