**FACULTY OF MEDICINE & HEALTH SCIENCES**

**HEALTH RESEARCH ETHICS COMMITTEE**

**RISK ASSESSMENT CHECKLIST**

***NB:*** *To accompany the application form when applying for ethics approval.*

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| **FOR WSU HREC OFFICE ONLY-** *to be attached as a coverpage to an application for research ethics review before sending it to the reviewer.* |
| **NB**: There are 5 major types of risk:  **Physical risk** (includes pain, bruising and infection associated with venipuncture, muscle soreness and pain as a consequence of exercise testing, heart attack induced by maximal exercise tests).  **Psychological risk** (includes, stress associated with experiments and testing, feelings of guilt or discomfort because of sensitive survey topics).  **Social risk** (includes, invasion of privacy, loss of community standing, isolation by others).  **Legal risk** (includes, criminal prosecution or revocation of parole).  **Economic risk** (includes, loss of employment, loss of potential monetary gain). |

1. **Risk Assessment** **Checklist**

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| --- | --- |
| Does your proposed research involve human participants? | Yes 🞏 No 🞏 |
| Does your proposed research use personal data from the living or  recently deceased? | Yes 🞏 No 🞏 |
| Does your proposed research involve vulnerable participants? (e.g., children, people with learning disabilities, your own students/employees) | Yes 🞏 No 🞏 |
| Does your proposed research involve participants who are unable to give informed consent? | Yes 🞏 No 🞏 |
| Will your proposed research require the co-operation of a gatekeeper for initial access to the groups or individuals to be recruited? (e.g., students at school, members of self-help group, residents of nursing home)? | Yes 🞏 No 🞏 |
| Will financial inducements be offered to participants in your proposed research beyond reasonable expenses and/or compensation for time? | Yes 🞏 No 🞏 |
| Will your proposed research involve collection of data relating to sensitive topics (e.g., sexual activity, drug use, abuse, discrimination)? | Yes 🞏 No 🞏 |
| Is pain or discomfort likely to result from your proposed research? | Yes 🞏 No 🞏 |
| Could your proposed research induce psychological stress or anxiety or cause harm or negative consequences beyond the risks encountered in normal life? | Yes 🞏 No 🞏 |
| Will it be necessary for participants to take part in your proposed research without their knowledge and consent at the time? (e.g. covert observation of people in non-public places) | Yes 🞏 No 🞏 |
| Does your proposed research involve deception? | Yes 🞏 No 🞏 |
| Will your proposed research require the gathering of information about unlawful activity? | Yes 🞏 No 🞏 |
| Does your proposed research involve access to, or the collection of, sensitive/confidential data from other organisations? | Yes 🞏 No 🞏 |

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| --- | --- |
| Will invasive procedures be part of your proposed research (e.g., blood sampling, temperature probes)? | Yes 🞏 No 🞏 |
| Will your proposed research involve prolonged, high intensity or repetitive testing? | Yes 🞏 No 🞏 |
| Does your proposed research involve collection of DNA, cells, tissues, or other samples from humans? | Yes 🞏 No 🞏 |
| Does your proposed research involve the testing or observation of animals? | Yes 🞏 No 🞏 |
| Does your proposed research involve collection of DNA, cells, tissues or other samples from humans or animals? | Yes 🞏 No 🞏 |
| Does your proposed research involve human remains or burial sites? | Yes 🞏 No 🞏 |
| Does your proposed research involve human remains or burial sites? | Yes 🞏 No 🞏 |
| Does your proposed research involve NHS patients, staff or premises? | Yes 🞏 No 🞏 |
| Is your proposed research externally funded? | Yes 🞏 No 🞏 |

**NB: If the responses given to any of these questions above change during your research, please advise the HREC within 14 days**.

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| **Signatures**:  Applicant: ……………………………………………………………. Date: …………………………………………  Supervisor: …………………………………………………………. Date: ………………………………………… |

1. **Risk Assessment Decision and Recommendation (For office use)**

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| --- | --- | --- | --- |
| **(Tick✓)** | **Type of Risk** | **Description** | **Type of Review** |
| 🞏 | No risk |  | Expedited |
| 🞏 | Minimal Risk | Record/ document reviews, studies reporting on existing data e.g., statistics | 1 reviewer  Expedited |
| 🞏 | Medium Risk |  | 1 reviewer  Full committee meeting |
| 🞏 | Major risk |  | 2 reviewers  Full committee meeting |