

University of Essex

Administrative Structure for Ethics Review

Annex B

Guidance for departmental Directors of Research/Ethics Officers about granting ethical approval on behalf of ESCs

Proposals involving the following protocols and techniques, although requiring ethical approval, can be approved by a departmental Director of Research/Ethics Officer on behalf of the Ethics Sub-Committee providing they are administered appropriately, and human participants are fully informed about procedures.

Applicable across all disciplines and departments

1. Approval from recognised external ethics committee (e.g NHS, MoD, Social Care, University) already obtained.
2. Well-established, ethically non-controversial and commonly used types of test or experimental procedure aimed at investigating IQ, memory, language and verbal abilities, attitudes or personality characteristics as employed in experiments aimed at investigating cognitive processes, social interactions, and personality or attitude characteristics.
3. Secondary analysis of survey data where anonymous.
4. Questionnaires and interview schedules applied to respondents in the workplace, or low risk research involving family, friends or other students.
5. Interviewing (structured and semi-structured), ethnographic research and participant observation.
6. Low risk research involving social media accounts and participants/users recruited or identified through the internet. Low risk social media research is research conducted:
 - a. In a context where the understanding of privacy and confidentiality is non contentious (e.g. public forums with non-restricted access and where content is visible to all, registered or not registered, aka open forum¹);
 - b. Where content is shared for purposes of dissemination or information sharing;
 - c. Where data is potentially less sensitive (for example, postings about the weather, recipes or consumer preferences);

¹ Examples of open forums: Facebook open groups or pages; hashtag-led discussions on X/Twitter by public accounts; business/product pages on Instagram; YouTube videos and channels. These can be considered public forums as they are online forums where no sign-in or pre-approval of moderators is required to read the posts or watch the content.

- d. Where data is not originating from young or vulnerable individuals.
 - e. In circumstances where consent is implied, or where an opt-out consent formula can apply (see [Research data and social media - some general principles](#)) and mitigation strategies are in place.
7. Routine non-invasive testing of children (minors below the age of 16 or minors lacking mental capacity above the age of 16) including photographic images and videorecording which is not shared or published outside the research team, when 'opt-in' parental consent has been obtained and providing that any researcher without a DBS check is under the active supervision of a DBS-checked researcher.
 8. The presentation of visual stimuli (e.g. tachistoscopic presentations, eye movement experiments) used in experiments in visual perception.
 9. The presentation of acoustic stimuli, e.g. dichotic listening tests, used in experiments in acoustic perception.
 10. Think aloud tests and other forms of non-invasive psycholinguistic instrument use.
 11. Experiments undertaken in the EssexLab offering monetary incentives in which: protocols do not involve deception by experimenters; participants remain anonymous to each other; incentives are not sufficiently large to create coercion (currently £15/hour with a maximum experiment length of 90 minutes) and payments are confidential; participants are at no risk of monetary loss; participants are not exposed to risk of physical, psychological or emotional harm by the experiment design.
 12. Swabbing of the skin surface using sterile swabs moistened with sterile saline or water.
 13. Non-invasive giving of saliva samples.
 14. Collection of sub-millilitre capillary blood samples from the finger or earlobe using an 'autolet'.
 15. Measurement of surface and core body temperature using skin and rectal probes.
 16. Near infra-red (NIR) research. Measurement of sub cutaneous fat, blood flow and blood volume using NIR spectroscopy. This is a non-invasive technique where the measuring device is strapped to the skin over the muscle of interest, using elastic bandage. NIR light is emitted into the tissues and its reflection measured by detectors in the instrument. The device has been specifically designed and built in the USA for use with human participants.
 17. Sub maximal exercise. Healthy volunteers exercise at intensities that can be sustained for longer than the duration of the test.
 18. Maximal exercise. Healthy volunteers exercise at progressively higher intensities until

volitional exhaustion. The point of volitional exhaustion is determined by the participant, who can terminate the exercise, without intervention of the experimenter, at any time.

19. 'Supra-maximal exercise'. Healthy volunteers exercise flat out for brief periods (30 seconds or less).
20. Dietary manipulation. Diets may be manipulated using conventional foodstuffs or approved 'over the counter' supplements (eg caffeine, creatine, vitamins). Supplements will only be administered within recommended dosage ranges.
21. Administration of 'over the counter' medicines (e.g. analgesics and/or anti-inflammatories) within recommended dosage ranges and advised by a supervising academic.
22. Measurement of body composition. Skin fold thicknesses and joint dimensions will be determined at multiple sites using callipers. Body density will be measured using underwater weighing (the participant is fully immersed for several seconds). Fat content will be estimated by bioimpedence in which skin electrodes measure the transmission of low magnitude electrical impulses (commercially available devices are used that are battery powered. The impulses cannot be felt by the participant.).
23. Measurement of respiratory gases. The participant breathes through a mouthpiece or is fitted with a facemask. Exhaled gases are collected into a bag for analysis or gas is sampled by an automated analyser.
24. Collection of venous blood samples (up to 20 millilitres per sample; not more than 200 millilitres per participant in any 3-month period) from consenting human participants by a person who has appropriate training.
25. Electroencephalograph (EEG) recording.
26. Induction of muscle soreness in consenting individuals by downhill running or resistance exercise.
27. Transcutaneous recording of neuromuscular electrical activity (EMG).
28. MRI scans.
29. Research involving transcranial magnetic stimulation (TMS) (provided the published TMS safety guidelines are adhered to).
30. Research involving transcranial and transcutaneous electrical stimulation techniques (providing published safety guidelines are adhered to).

Applicable only to research involving animals

31. Use of an animal by-product where the death of the animal is **not** brought about for the project, e.g. waste products from commercial fishing.
32. Non-invasive observational research that does not involve a procedure. For example,

- a. Observation of animal behaviour in the wild, e.g. birds on an estuary, or captivity, e.g. on a farm or in a zoo.
 - b. Observation of fishes, e.g. studies of behaviour in arena, growth, foraging rates, following Home Office ASPA guidance and providing a letter from the ASPA Advice Service granting permission is attached to the application.
33. Research involving invertebrates (apart from cephalopods) such as oysters, mussels, drosophila, corals
34. Research involving ringing, tagging or marking animals primarily for identification purposes which does not require an ASPA licence.
35. Practices undertaken primarily for the purposes of recognised animal husbandry as long as they comply with other animal welfare legislation or regulations.