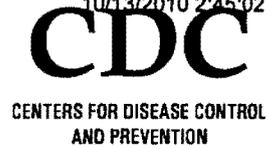




**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Public Health Service  
**Centers for Disease Control and Prevention**  
**INTER/INTRA-AGENCY AGREEMENT (IAA)**  
Payable Agreements (CDC is Procuring Agency)



1. CDC IAA #: (10 to 13 digits) 08FED830675-03	2. PARTICIPATING AGENCY IAA #: CPSC_IAG-01-1163	3. TYPE OF AGREEMENT: <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Administrative Modification Number: 3
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4. TITLE OF PROJECT:  
National Electronic Injury Surveillance System (NEISS) Special Study of Assault

5. DESCRIPTION OF WORK: <i>(Please attach)</i> See Attached Statement of Work	6. AMOUNT: <i>(Not to exceed without written modification)</i> \$ 147,000.00
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7. NAME AND ADDRESS OF PARTICIPATING FEDERAL AGENCY: U.S. Consumer Product Safety Commission (USCPSC) 4330 East West highway, Room 604H Bethesda, MD 20814-4408 DUNS #069287522	LIAISON NAME: Tom Schroeder  EMAIL ADDRESS: TSchroeder@cpsc.gov	PHONE #: (301) 504-7920  FAX #: (301) 504-0038
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8. NAME AND ADDRESS OF CDC, CENTER, INSTITUTE OR OFFICE: Centers for Disease Control and Prevention National Center for Injury Prevention and Control/OSP 4770 Buford Highway, Mailstop Atlanta, GA 30341-3724 DUNS #927645465	LIAISON NAME: Lisa Scott  EMAIL ADDRESS: LRScott@cdc.gov	PHONE #: 770.488.4805  FAX #: 770.488.1665
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9. PROJECT PERIOD: From: 10/1/2007 Through: 9/30/2012	FUNDING PERIOD: From: 10/1/2010 Through: 9/30/2011
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10. CDC AUTHORITY:  
 Economy Act approved June 30, 1932, as amended by 31 U.S.C. 1535 and 1536 (See also item #14)  
 Other *(Please specify)* \_\_\_\_\_

11. PARTICIPATING AGENCY AUTHORITY:

12. CDC FUNDING INFORMATION: FOR CDC USE ONLY *(CDC internal form 6012 - modified Document History Record)* APPROPRIATION NUMBER:  
75-11-0943

T.C. <small>(For Accounting Use Only)</small>	FY <small>(2 digits) (Required)</small>	DOC.REF. <small>(For Accounting Use Only)</small>	DOC.NO. <small>(Original 10 digits) (Required)</small>	CAN <small>(7 digits) (Required)</small>	OC <small>(5 digits) (Required)</small>	BACS <small>(10 digits) (For Budget Use Only)</small>	\$ AMOUNT
050	11	214	08FED830675	92122JK	25105	5609221201	\$147,000.00

6012 ADMINISTRATIVE APPROVAL NAME and EMAIL ADDRESS: <i>(Please print)</i> Lisa Scott LRScott@cdc.gov  (Should not be the same as Block #18)	FMO BUDGET ANALYST SIGNATURE:  ADMINISTRATIVE APPROVAL SIGNATURE: 
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
Centers for Disease Control and Prevention  
**INTER/INTRA-AGENCY AGREEMENT (IAA)**  
Payable Agreements (CDC is Procuring Agency)



CDC IAA #: 08FED830675

13. ADMINISTRATIVE BILLING REQUIREMENTS: CDC's ALC is **75090421**. Other Agency's ALC: *(required)* 61000001

Billing is to be made through the use of the Online Payment and Collection (OPAC) system. **Please include CDC's Official IAA # from Block #1 on all OPAC billings and correspondence.** When CDC provides funds to the performing agency, in advance of receiving the goods or services, the performing agency agrees to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. The statements shall be provided to the following address: **DHHS, CDC, FMO, AP, Attn: ADVANCES/OPAC Desk, MS D-06, 1600 Clifton Road, Atlanta, GA 30333.** (If required by other agency, CDC's Tax Identification # is 586051157.)

14. ADDITIONAL BILLING REQUIREMENTS: *(This block must be completed if procuring services under the Economy Act.)*

All funds provided by CDC under this agreement must be obligated by the performing agency by the end of the FY in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The CDC Financial Management Office (FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the FY so that the agreement may be modified to reduce the funding amount when appropriate. This notification shall be provided to the following address:  
**DHHS, CDC, FMO, AP, Attn: OPAC Desk, MS D-06, 1600 Clifton Road, Atlanta, GA 30333.**

15. PARTICIPATING AGENCY FUNDING and/or INFORMATION:

*(Please include name, telephone number, and email address of contact person.)*

Name:	Telephone	#:	Em	ail:
Arlene Clyburn-Miller		(301) 504-7675		aclymill@cpsc.gov

16.  The participating agency as a signatory to the Common Rule states that in accepting these Interagency Agreements funds, it will abide by the human subjects Research requirements stated in the Common Rule and certify that all necessary assurances and institutional review board (IRB) approvals are obtained.

The participating agency is NOT a signatory to the Common Rule. Upon issuance of these Interagency Agreement funds, it is the responsibility of the CDC Center, Institute, or Office (CIO) to certify that all necessary assurances and institutional review board (IRB) approvals are obtained. The CIO Associate Director for Science (ADS) must determine the Applicability of Human Subjects Regulations.

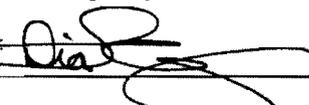
17. OTHER REQUIREMENTS:

A. Travel under this agreement is subject to allowances authorized in accordance with Federal Travel Regulations, Joint Federal Travel Regulations, and/or Foreign Service Regulations.

B. CDC will retain the title to any equipment procured under this agreement, unless otherwise justified in the statement of work.

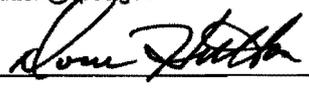
18. CDC ACCEPTANCE: *(please print)*

Name:  Robin Ikeda, M.D., M.P.H.  
Title: Acting Director, NCIPC  
Email address: Rlkeda@cdc.gov

Signature:  Date: 10/15/10

19. PARTICIPATING AGENCY ACCEPTANCE: *(please print)*

Name: Donna Hutton  
Title: Contracting Officer  
Email address: dhutton@cpsc.gov

Signature:  Date: 11/24/10

This agreement may be terminated by either agency upon a 30-day advance written notice. This agreement may be modified by mutual written consent of all parties.

**INTERAGENCY AGREEMENT BETWEEN  
THE CONSUMER PRODUCT SAFETY COMMISSION (CPSC)  
AND  
THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)  
(08FED830675-03)**

This document sets forth the terms of agreement for services, supplies, and/or material between the U.S. Consumer Product Safety Commission (CPSC) and the Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC).

This document serves as a modification Interagency Agreement between the CDC and CPSC covering the expansion of the National Electronic Injury Surveillance System All Injury Program (NEISS-AIP) to collect data on all injuries.

This agreement covers a special study entitled: “**The NEISS Special Study of Assault**” which is outlined below. Additional documentation is attached as Appendices.

**I. DESCRIPTION OF SERVICES**

**NEISS SPECIAL STUDY OF INTERPERSONAL VIOLENCE**

**Background:**

Annually about 18,000 deaths in the US are due to homicide. Many more people are injured in non-fatal violence. Of these, many seek treatment at emergency departments (EDs). During 2002 there were more than 1.6 million ED visits due to assault. Of these, about 40% were females and 24% were aged 17 years or younger. More information is needed on non-fatal injuries due to assault, especially on different types of violence such as intimate partner violence (IPV), sexual violence (SV) and child maltreatment (CM).

It is proposed that data collection continue using a second screen on assault that was developed, tested and added to the NEISS-AIP data collection system in order to:

- Provide more data on the circumstances of assault in general among persons presenting to EDs for interpersonal violence, in addition to what is available in the NEISS-AIP screen;
- Obtain more information for different types of assault, including IPV, SV and CM;
- Act as an early warning system on emerging trends in regard to assault; and
- Provide data on assault cases presenting to EDs to inform more in-depth studies.

**Purpose:**

This proposal concerns the continuation of data collection on interpersonal violence (IV) using the specifically designed special screen on assault for cases treated in participating NEISS-AIP hospitals.

**Methods:**

**1. Data collection**

- a. **Description:** Continue to collect data on cases of assault seen at NEISS-AIP hospitals, by using the second screen on assault.
- b. **Sample:** All hospitals participating in NEISS-AIP.
- c. **Case definition:** All cases where Intent=1 (Assault/intentional injury, confirmed or suspected) is to be included.
- d. **Schedule:** The data collection will continue till the end of **September 2011**.
- e. **Analysis** of the data will be done by CDC and results shared fully with CPSC.

**II. DURATION OF AGREEMENT**

This agreement is approved from the date of signature for both agencies through **September 30, 2012**.

**III. ESTIMATED COSTS**

Estimated costs are \$147,000.00. This cost estimate is broken down into the following sub-categories:

Data collection and provision of data to CDC	\$147,000.00
Total	\$147,000.00

**IV. FUNDING**

All funds provided by CDC in this agreement must be obligated by the performing agency by the end of the fiscal year in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The CDC Financial Management Office (FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the fiscal year so that the agreement can be amended to reduce the obligated amount when appropriate. The notification must be provided to the address cited below (in paragraph V). **THIS AGREEMENT IS SUBJECT TO FUND AVAILABILITY.**

**V. ACCOUNTING AND BILLING INFORMATION**

Funds for this project for **FY2011** in the amount not to exceed \$147,000.00 will be transferred to CPSC via OPAC using the following account data:

	<u>From</u>	<u>To</u>
Agency	CDC	CPSC
Agency Symbol	75-09-0421	4610000010
Appropriation	75-11-0943	11 PS EXFM 4310 11179 252E D
CAN	11921 Z2JK	
Object Class	25101	25.25
Amount	\$147,000.00	\$147,000.00

When billing CDC through the OPAC system, CPSC will reference agreement number **08FED830675-03**.

When funds are provided to the performing agency in advance of services being performed or goods being delivered, the performing agency is required to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. These statements are also provided to the address below:

CDC, FMO  
Attn: OPAC Desk  
1600 Clifton Road, MS D-06  
Atlanta, GA 30333

**VI. EQUIPMENT**

There is no equipment to be covered under this agreement.

**VII. TRAVEL**

There is no travel involved in this agreement.

**VIII. CONFLICT WITH EXISTING AGREEMENTS**

There is no duplication or conflict with existing agreements, policy, or statute.

**IX. PROGRAM CONTACTS**

CDC: Annie Howerton  
NCIPC, DVP (K60)  
4770 Buford Highway, NE  
Atlanta, Georgia 30341-3724  
(770) 488-1282

CPSC: Tom Schroeder  
CPSC  
4330 East West Highway. Rm 604D  
Bethesda, MD 20814-4408  
(301) 504-7431

## X. BUDGET CONTACTS

CDC: Brigetta Jones  
NCIPC/OD (F-63)  
4770 Buford Highway, NE  
Atlanta, Georgia 30341-3724  
(770) 488-1477

CPSC: Lynette Bryant  
Contracting Officer, CPSC  
4330 East West Highway, Rm 517  
Bethesda, MD 20814-4408  
(301) 504-0444

## XI. MODIFICATION AND CANCELLATION

This agreement may be modified by mutual consent of both parties or canceled upon 60 days advance written notice by either party.

## XII. AUTHORITY

This agreement is entered into under Section 601 of the Economy Act, as amended (31 U.S.C. 1535) and the Consumer Product Safety Act.

## APPENDIX A: Proposed questions for NEISS-AIP 'Assault' screen

These questions apply for all cases where Intent=1 (Assault, confirmed or suspected)

Hospital name, Case ID Number, Treatment date, Hosp ID Number, Patient's age

1. **Time of arrival at ED (24 hour clock)**
  
  2. **Who was the perpetrator(s)/counterpart(s) involved in the assault?**  
[Please provide the text describing all perpetrator(s) involved in the assault]
- 

3. **How many perpetrators/counterparts were involved?**

- One
- Two or more
- Unknown/Not stated/No information

4. **What was the sex of the perpetrator(s)/counterpart(s)?**

- Male [Includes terms such as man, boy, father, boyfriend]
- Female [Includes terms such as woman, girl, mother, girlfriend]
- Both
- Unknown/Not stated/No information

5. **Was the perpetrator(s)/counterpart(s) a peer of the patient?**

- Yes [Includes terms such as classmate, colleague, etc.]
- No
- Unknown/Not stated/No information

**If this case involved violence against a child (0-17 years) please answer Question 6.**

*Note: on the final computer 2<sup>nd</sup> screen this item would read as a yes/no question with a skip pattern set up (e.g. Did this incident involve violence against a child).*

6. **Was the case referred to CPS (Child Protective Services)?**

- Yes
  - No (please specify why case was not referred, if known)
- 

- Unsure
- Unknown/Not stated/No information

**If this case involved a sexual assault please answer Questions 7–9 below.**

*Note: on the final computer 2<sup>nd</sup> screen this item would read as a yes/no question with a skip pattern set up.*

**7. Was an examination done by a SANE (Sexual Assault Nurse Examiner)/SART (Sexual Assault Resource Team) nurse?**

- Yes
- No (please specify why an exam was not done, if known *e.g. patient declined*)  
\_\_\_\_\_
- Unsure
- Unknown/Not stated/No information

**8. Were prophylactic antibiotics provided to the patient?**

- Yes
- No (please specify why not provided, if known *e.g. patient declined*)  
\_\_\_\_\_
- Unsure
- Unknown/Not stated/No information

**9. Was emergency contraception provided?**

- Yes
- No (please specify why not provided, if known *e.g. patient not at risk for pregnancy, patient declined, etc.*) \_\_\_\_\_
- Unsure
- Unknown/Not stated/No information